

Firelands Regional Medical Center School of Nursing

Online Laboratory Document

Fall 2024

Please complete the following questions based on information given in the Lessons MCN Week 1 Lab tab. Submit to the MCN Online Lab Dropbox by **Wednesday at 0800**. Bring a copy of this document to lab on Wednesday to receive the answers.

Women's Health Questions

Online lab activity: Breast Self-Exam

Objectives: 1, 4, 5, 6

<https://www.youtube.com/watch?v=nkPR4ar1EQ4&t=19s>

Please follow the link. Watch the video and follow the steps on how to conduct a breast self-exam then answer the following questions:

1. What is a breast self-exam?

A self-performed exam looking and feeling for lumps, masses, or any abnormalities in or on the breast tissue.

2. What position(s) should the client be in while performing a self-exam?

Lying, sitting, or standing up

3. What are two methods for palpating the breast tissue?

Circular motion or up and down

4. What would the lump feel like compared to a lymph node?

pea, marble, or walnut

5. How often should your client do a self-exam?

Same time every month

6. When should the client notify their healthcare provider about their self-exam?

Any abnormal changes in breasts

Pregnancy History Questions

Activity 1:

Laura is scheduled for her first prenatal visit today. She is 12 weeks gestation. She is a primigravida. What would her GTPAL be?

G1 T0 P0 A0 L0

Her last menstrual period (LMP) was known to be November 7. According to Nagele's Rule what is her estimated date of delivery (EDD)?

August 14th

The Fetal Heart Rate (FHR) is found using a hand-held Doppler. The FHR is 145. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal

Intervention- Yes/No

Activity 2:

Katie is scheduled for a prenatal visit today. She is 25 weeks gestation today. She has had three previous pregnancies, one preterm-living and well, one term-living and well, and one spontaneous abortion at six weeks gestation. What is her GTPAL?

G3 T1 P1 A1 L2

Her LMP was last known to be January 12. According to Nagele's Rule, what is her EDD?

October 19th

FHR is found with the hand-held Doppler. The FHR is 175. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal

Intervention- Yes/No

Activity 3:

Anna is scheduled for a prenatal visit today. She is 30 weeks gestation today. She has had four previous pregnancies, two preterm-living and well, two term-living and well, and no spontaneous abortion at six weeks gestation. What is her GTPAL?

G5 T2 P2 A0 L4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?

September 20th

FHR is found with the hand-held Doppler. The FHR is 110. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal

Intervention- Yes/No

Activity 4:

Sara is scheduled for a prenatal visit today. She is 36 weeks gestation today. She has had five previous pregnancies, one preterm-living and well, two term-living and well, and two spontaneous abortion at six weeks gestation and 12 weeks gestation. What is her GTPAL?

G6 T2 P1 A2 L3

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?

April 4th

FHR is found with the hand-held Doppler. The FHR is 95. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal

Intervention- Yes/No

Activity 5:

Emily is scheduled for a prenatal visit today. She is 18 weeks gestation today. She has had one previous pregnancy, no preterm, one term-living and well, and no spontaneous abortions. What is her GTPAL?

G2 T1 P0 A0 L1

Her LMP was last known to be August 5. According to Nagele's Rule, what is her EDD?

May 12th

FHR is found with the hand-held Doppler. The FHR is 130. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal

Intervention- Yes/No

Activity 6:

Debra is scheduled for a prenatal visit today. She is 29 weeks gestation today. She has had eight previous pregnancies, three preterm-living and well, two term-living and well, and three spontaneous abortions at six, eight, and 12 weeks gestation. What is her GTPAL?

G9 T2 P3 A3 L5

Her LMP was last known to be April 20. According to Nagele's Rule, what is her EDD?

January 27th

FHR is found with the hand-held Doppler. The FHR is 160. Is this a normal or abnormal finding (circle one answer)? Do you anticipate a potential intervention to be performed (circle one answer)?

Heart Rate Finding- Normal/Abnormal

Intervention- Yes/No

Newborn Assessment of Fetal Well-Being (APGAR)

Directions: Review the information provided and answer the questions.

Activity 1:

Baby A. was born at 38 weeks gestation after 16 hours of normal labor and delivery. He was a ruddy pink in the head and chest, dusky hands and feet, active, and crying loudly with a respiratory rate of 50 and a heart rate of 160. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Effort: 2

Muscle Tone: 2

Reflex Irritability: 2

Skin Color: 2

Score: 10

Activity 2:

Baby B. was born at 36 weeks gestation after 8 hours of normal labor and delivery. The baby's arms and legs are dusky with head and chest pink and baby has a weak cry. Arms and legs are flexed some but moving. Respiratory effort was slow to start but after suctioning the baby cried. The respiratory rate is now 60 and the heart rate is 150. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Effort: 1

Muscle Tone: 1

Reflex Irritability: 2

Skin Color: 1

Score: 7

Activity 3:

Baby C. was born at 28 weeks gestation after the mother's water broke at home. A normal labor and delivery is noted. Baby's arms and legs are limp, and there is a weak cry. The baby's arms and legs are noted to be dusky in color, chest and head are pink. The respiratory rate is 20 and the heart rate is 80. Determine the APGAR Score with the information provided.

Heart Rate: 1

Respiratory Effort: 1

Muscle Tone: 0

Reflex Irritability: 2

Skin Color: 1

Score: 5

Activity 4:

Baby D. was born at 34 weeks gestation by and uneventful spontaneous, normal vaginal delivery. The baby's arms and legs are flexed, the baby is grimacing, and the baby has dusky arms and legs with chest and head pink in color. The respiratory rate is 45 and the heart rate is 170. Determine the APGAR Score with the information provided.

Heart Rate: 2

Respiratory Effort: 1

Muscle Tone:1

Reflex Irritability: 1

Skin Color:1

Score: 6

Postpartum and Newborn Discharge Education Lab Questions

POSTPARTUM (pg. 216-222 in text may be helpful)

1. You are preparing discharge instructions for Stella and Leopold. As the primary nurse, what vaccines would you recommend Stella's family and friends receive to keep Leopold healthy
 - A. MMR
 - B. Tdap
 - C. Hep B
 - D. Meningitis
2. Stella states she is having pain 6/10 in her perineal area. What medication would be recommended for her pain?
 - A. Vicodin
 - B. Dilaudid
 - C. Ibuprofen
 - D. Percocet
3. After giving Stella her discharge instructions, you help her go through her room to gather items she has been using during her stay that she can also use at home. What items would you collect and send? (Select all that Apply)
 - A. Periwash bottle
 - B. Tampons
 - C. Pamphlet on sedentary lifestyle
 - D. Anesthetic spray
 - E. Small bottle of hand sanitizer
 - F. Pamphlet on birth control after delivery

- G. Medication order for loperamide
- H. Water container

4. As you are going through the discharge instructions for Stella, she asks when would be appropriate to call her healthcare provider. You advise her that she should notify the healthcare provider if which of the following occurs?
- A. Temperature 37.5°C
 - B. Increased vaginal bleeding
 - C. Passing dime sized clots
 - D. Increased abdominal pain
 - E. Increased discharge from incisions (c/section or episiotomy)
 - F. Foul smelling lochia

NURSERY (pg. 263-267 in text can help)

1. In preparing to discharge Leopold home with Stella, which statement made by Stella requires further investigation by the nurse?
- A. "The car seat faces the trunk."
 - B. "Leopold is using my nephew's old car seat."
 - C. "I need to sleep when he sleeps."
 - D. "I need to keep his head covered."
2. In teaching Stella about umbilical cord care, you know she understands education when she makes which statement?
- A. "I can put him in the shower with me."
 - B. "I need to sponge bath him until the cord falls off."
 - C. "I can put antimicrobial cream all over the cord until it falls off."
 - D. "I can dry the cord after a bath with the hairdryer as long as its on the lowest setting."
3. In teaching Stella about circumcision care, which of the following would be included? (Select all that apply)
- A. Notify HCP if baby has not urinated.
 - B. Notify HCP if baby temp is greater than 37.8 axillary.
 - C. Notify HCP if there is discoloration of the penis.
 - D. Notify the doctor if the "yellow crust" is not able to be washed off.
 - E. Notify the HCP if there is a blood spot in the diaper larger than 2".

4. You are teaching Stella how to use the bulb syringe. Which option lists the correct steps in using the bulb syringe?
 - A. Put the tip of the syringe into the nose and compress to remove air. Release the compression to provide suction and squeeze the mucous into a tissue.
 - B. Put the tip of the syringe into the nose and wait for it to fill with mucous. Then compress to squeeze the mucous out into the tissue.
 - C. Compress the syringe, and then gently place into a nostril. Release the compression to provide suction and squeeze the mucous into a tissue.
 - D. Do not use a bulb syringe. Instead have the infant blow his nose.

5. You are demonstrating how to trim baby Leopold’s nails. You realize further teaching is needed when Stella makes what statement?
 - A. “I will have him wear cuffed, long sleeved onesies.”
 - B. “I can use baby clippers or scissors.”
 - C. “Apply a bandaid on his finger if I cut it.”
 - D. “I will trim to make rounded edges.”

6. Stella has some questions about breastfeeding. Based on the information given, what is important to educate her on about breastfeeding? (Select all that Apply)
 - A. Crying, rooting, and chewing on hands are hunger cues.
 - B. Getting Leopold on a regular schedule should be an easy process.
 - C. Newborns that are breastfed should be fed every 2-2.5 hours.
 - D. Newborns need to eat “on demand”.
 - E. Unless the healthcare provider states its necessary, the baby does have to be woken up to feed.

Newborn Assessment Variations Matching

Directions: Identify what the picture is showing in a newborn assessment. Discuss what the finding means and if there is any associated interventions.

Milia	Erythema Toxicum	Caput Succedaneum
Salmon Patch	Mongolian Spots	Palmar Crease
Port Wine Stain	Epstein’s Pearls	Cephalohematoma
Neonatal Teeth	Macroglossia	

Letter	What is it?	What it means/Interventions
A	Caput Sucedaneum	Occurs from pressure on the head as the baby moves through the birth canal during a prolonged or difficult vaginal delivery. It's temporary, harmless condition doesn't need treatment.
B	Cephalohematomoma	Caused by pressure on the fetal head during birth, which can rupture blood vessels and cause a collection of fluid. The swelling appears as a firm, discrete bulge at the back of the head that doesn't cross the suture lines. It can take months to go away.
C	Erythema Toxicum	Red or reddish macules, which are flat, distinct, discolored areas of skin that are less than 1 cm wide. The macules may be studded with yellowish or erythematous papules. ETN is benign and self-limited, and usually resolves on its own within 7–14 days.
D	Port Wine Stain	Caused by dilated blood vessels and can be pink, red, or purple. They are usually found on the face, but can also appear on the head or neck. The patches may fade after a child turns 1 to 2 years old, but they often last into adulthood but contact HCP if patches grow, get darker, or elevate on skin.
E	Salmon Patch	Cluster of pink to reddish-purple blood vessels (capillaries) that appear on a newborn's skin on the back of their head or neck. Are harmless and may fade over time. About 50% of adults still have them.
F	Mongolian Spots	Bluish- to bluish-gray skin markings commonly appearing at birth or shortly thereafter. Mongolian spots are benign and are not associated with any conditions or illnesses.
G	Epstein's Pearls	White or yellow bumps that can appear in a newborn baby's mouth, either on the gums or on the roof of the mouth. They are benign cysts made of excess keratin, they are harmless and don't cause any discomfort the cysts will improve over a period of weeks and go away on their own within three months.
H	Macroglossia	Tongue that's larger than normal in proportion to the mouth. Treatment for macroglossia can include medications, surgery, radiotherapy, or psychotherapy.

I	Palmar Crease	A single line that runs across the palm of the hand. People most often have 3 creases in their palms. Treatments include topical application and surgery as needed.
J	Neonatal Teeth	Teeth that erupt in a baby's mouth within the first 30 days of life. Treatment includes no treatment, smoothing, or extraction

Thermoregulation Questions

Directions: Review the information provided and answer the questions.

Mini Case Scenario:

Baby Latashia's mom is a 17-year-old who arrived at the emergency room with c/o abdominal pain. This is her first pregnancy, and she did not receive any prenatal care. Latashia was born early by normal spontaneous vaginal delivery (NSVD) at 36 weeks gestation. She weighed 4.8 pounds and was 17 inches long.

1. When educating Latashia's mother about hypothermia, what information would you include about risk factors of hypothermia in her newborn?

The baby weighs under 5 lbs so the smaller or more premature the newborn is, the greater the risk of heat loss. Treating hypothermia in the newborn is important to avoid serious and potentially life-threatening complications. Don't place the newborn on a cold surface naked because it can cause body temperature to plummet. Factors that affect heat change due to radiation are the temperature gradient between the two surfaces, the surface area of the solid surfaces, and the distance between solid surfaces. This is the greatest source of heat loss after birth.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?

- Acrocyanosis and cool, mottled, or pale skin
- Hypoglycemia
- Transient hyperglycemia
- Bradycardia
- Tachypnea, restlessness, shallow and irregular respirations

- Respiratory distress, apnea, hypoxemia, metabolic acidosis
- Decreased activity, lethargy, hypotonia
- Feeble cry, poor feeding
- Decreased weight gain

3. List the 4 methods of heat loss and how they can occur in the newborn.

Evaporation: Evaporative losses may be insensible (from skin and breathing) or sensible (sweating). Other factors that contribute to evaporative loss are the newborn's surface area.

Conduction: the newborn is placed naked on a cooler surface, such as a table, scale, or cold bed. The transfer of heat between two solid objects that are touching,

Convection: when the newborn is exposed to cool surrounding air or a draft from open doors, windows, or fans, the transfer of heat from the newborn to air or liquid.

Radiation: when the newborn is near cool objects, walls, tables, or cabinets, without actually being in contact with them. The transfer of heat between solid surfaces that are not touching.

4. What are the hazards of hypothermia?

The newborn is at risk of hypoxia, cardiorespiratory complications, and acidosis. These newborns are also at risk for hypoglycemia because of the increased glucose consumption necessary for heat production. Clotting disorders and even death may result if the untreated hypothermia progresses.

5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?

The "warm chain" is a set of interlinked procedures to be performed at birth and during the next few hours and days after birth to minimize heat loss in all newborns. Immediately dry the newborn after birth with a warm towel or cloth to prevent heat loss from evaporation. While the newborn is being dried, place it on the mother's chest or abdomen to prevent heat loss. Initiate breastfeeding and postpone weighing and/or bathing. Also can use additional equipment such as overhead heaters, heated mattresses, incubators, and low-reading thermometers that read temperatures down to 25°C.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

1. What care is provided to the penis after circumcision?

Wrap the penis in a small amount of gauze with a dab of petroleum jelly to keep it from sticking to the diaper.

2. What education should be provided to parents about what to expect post-circumcision?

Do not remove or try to wash off the yellow crust that forms, this is not a sign of infection. Keep penis clean and dry, and give sponge baths until healing is complete and the “ring” falls off if Plastibell was used. Report discoloration of the penis, discharge from the penis that includes pus, spot of blood in the diaper larger than 2 inches, lack of urination, fever >100 degrees F axillary, or if the baby cannot be soothed or calmed.

Infant Swaddling

1. Review video and handout online and be prepared to practice swaddling during lab.

Newborn Bath

1. Review video online and be prepared to practice bathing a newborn during lab.

Pediatric Pain Scale Questions

Please use the **NIPS pain scale** to determine the pain level and management options for the following patients.

Rose was delivered 16 hours ago. She is relaxed and is resting quietly in bed, sleeping for the past hour. Extremities are relaxed X four. Heart rate is within 10% of baseline and O2 saturation is 97% on room air.

According to the NIPS pain scale, what is Rose's pain level? 0

What would our pain management options be for Rose? Pacifier, sucrose, non-nutritive sucking, swaddling, nesting, holding, decrease stimuli, and position changes

Using Rose's assessment, what would she score using the CRIES pain scale? 0

Bobby is a one-day-old infant. He is vigorously crying and intermittently holding his breath. All four extremities are tense and rigid. He is fussy and restless in his crib. His heart rate is 15% above baseline and he is receiving 0.5L O₂ via cannula to maintain O₂ saturation above 95%.

According to the NIPS pain scale, what is Bobby's pain level? 8

What would our pain management options be at this level? Narcotic intermittent bolus or consider narcotic drip

Name 7 physiological effects of pain:

1. Tachycardia
2. Hypoxemia
3. Blood pressure changes
4. Increased ICP
5. Increased O₂ consumption
6. State changes
7. Abnormal respirations

Name 5 things we can do to prevent or minimize pain:

1. Reduce the number of needle punctures by drawing blood tests at one time if possible
2. Use indwelling venous or arterial catheters when appropriate
3. Avoid invasive monitoring when possible
4. Select the most competent staff to perform invasive procedures
5. Use minimal amount of tape and remove tape gently