

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 breast self-exam is when you assess your own breasts to note any changes or abnormalities that might occur. This should be done once a month, and on the same day of every month.

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

The first position the patient should be in while performing a self-exam is standing in front of the mirror, and the other is laying down flat with your head propped up on a pillow and one hand behind your head.

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

The first method is taking three finger and going in a circular motion around the breast, and the other is by taking three fingers and going up and down. The most important thing is to make sure you have checked all of the breast tissue.

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

The lump will different from the surrounding tissue, and might feel like a pea, walnut, or even a marble.

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

You should do the breast exam once a month, on the same day every month.

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

You should contact your HCP if you notice any changes in your breasts such as feeling lumps or other abnormalities.

### **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?

G - 1                      T - 0                      P - 0                      A - 0                      L - 0

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 10th

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?

G - 4                      T - 0                      P - 1                      A - 1                      L - 1

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?

G- 5                      T- 2                      P- 2                      A- 0                      L- 4

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?

G- 6                      T-2                      P-1                      A-2                      L-3

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?

G-2                      T-1                      P-0                      A-0                      L-1

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?

G-9                      T-2                      P-3                      A-3                      L-5

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: 1

**Score:** 9

#### **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: 2

Muscle Tone: 1

Reflex Irritability: 1  
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: 1  
Skin Color: 1

**Score: 4**

**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 breast fed 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

Neonatal Teeth

Macroglossia

Erythema Toxicum

Caput Succedaneum

Salmon Patch

Mongolian Spots

Palmar Crease

Port Wine Stain

Epstein’s Pearls

Cephalohematoma

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	<ul style="list-style-type: none"> <li>- Swelling and bruising of scalp due to the pressure it endured during delivery</li> <li>- Not treatment; goes away in about 3-4 days after birth</li> </ul>
B	Cephalohematoma	<ul style="list-style-type: none"> <li>- Pooling of blood in the newborns head</li> <li>- Usually goes away on its own, however HCPs can drain it, but it is not recommended</li> </ul>
C	Erythema Toxicum	<ul style="list-style-type: none"> <li>- Very common rash that occurs on newborns</li> <li>- No treatment needed</li> <li>- Typically goes away within 1-4 months after birth</li> </ul>
D	Milia	<ul style="list-style-type: none"> <li>- Caused by clogged sweat glands</li> <li>- Do not use ointments or cream</li> <li>- Rubbing skin could cause irritation</li> <li>- Do not try to pop the pimples</li> <li>- Typically goes away on its own</li> </ul>
E	Salmon Patch	<ul style="list-style-type: none"> <li>- A type of birthmark that typically fades on its own within 1-2 years after birth</li> <li>- No treatment needed; this is harmless</li> </ul>
F	Mongolian Spots	<ul style="list-style-type: none"> <li>- This is a grey birthmark that is completely harmless</li> <li>- Does not require any treatment</li> </ul>
G	Epstein's Pearls	<ul style="list-style-type: none"> <li>- White or yellow bumps on upper gums</li> <li>- Type of gingival cyst</li> <li>- No treatment for it, however things that causes friction such as pacifiers and breastfeeding can help dissolve them</li> </ul>
H	Macroglossia	<ul style="list-style-type: none"> <li>- Unusually enlarged tongue</li> <li>- Can be a sign of benign or malignant tumor</li> <li>- Treatment typically involved corticosteroids to reduce swelling, as well as possible surgery</li> </ul>
I	Palmar Crease	<ul style="list-style-type: none"> <li>- This is when a crease in the right hand goes all the way across to the other side</li> <li>- No interventions are necessary</li> </ul>
J	Neonatal teeth	<ul style="list-style-type: none"> <li>- Teeth that are present above the gumline at birth</li> <li>- No treatment is necessary unless it is bothering infant or mother</li> </ul>

## 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?

Some of the risk factors for hypothermia in newborns that I would include would be if the infant has a low body weight especially if she has not received any prenatal care. Another risk factor would be if the newborn is ill at birth or placed in cooler environments such as by a fan or air conditioner.

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

- Cool, mottled, or pale skin
- Hypoglycemia
- Poor feeding
- Bradycardia
- Tachypnea
- Respiratory distress
- Apnea

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

Evaporation – amniotic fluid evaporates from the skin such as sweating or from the skin and breathing. Evaporation is the biggest form of heat loss in newborns.

Conduction – when the newborn is placed naked on a cooler surface such as a table. The heat is lost quickly because it transfers into the colder object.

Convection – when the newborn is directly exposed to cooler temperatures in the environment such as being by a window and a cool draft comes in.

Radiation – placing the newborn next to a cool object, but they are not touching it, such as a table, or cold wall. The heat is transferred into the cool wall from the newborn.

4. What are the hazards of hypothermia?

- Increased O<sub>2</sub> consumption
- Increased respiratory rates
- Pulmonary vasoconstriction
- Tissue hypoxia
- Metabolic acidosis

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

- Ensure the delivery room is warm
- Dry the newborn immediately after birth with a warm towel
- Promote skin to skin contact with mother
- Dress newborn in loose clothing and a blanket
- Lay baby on a warm surface in a warm room

### **Newborn Circumcision Care Questions**

**Directions:** Review the information provided and answer the questions.

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

Keep the area clean by using vaseline or petroleum jelly on the circumcision to avoid it from sticking to diaper and causing irritation to the site.

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

Area will get very red and swollen on about the third or fourth day following the procedure which is normal. A yellowish firm will develop, but do not be alarmed this is part of the scabbing process. Notify the HCP if excessive bleeding occurs.

## **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?

Pain level = 0 Mild pain

What would our pain management options be for Rose?

Pacifier, swaddling, position changing, soothing vocalizations

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

Rose's score would be a 0 still.

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 receiving 0.5L O2 via cannula to maintain O2 saturation above 95%.

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

Pain level = 8 Severe pain

What would our pain management options be at this level?

Narcotic intermittent bolus and consider a narcotic drip

Name 7 physiological effects of pain:

1. Rigidity
2. Loud crying
3. Screaming
4. Thrashing
5. Body stiffness

6. Clenched teeth
7. One-word verbal expressions

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

1. Pain medications
2. Distraction
3. Heat/cold packs
4. Meditation
5. Massage for pt