

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-breast exam is an exam that women should do themselves to make sure there are not any breast lumps or abnormalities to be concerned about.

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

Stand or sit in front of a mirror or lay down

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

Look and feel

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

A lump feels like a marble, walnut or pea

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

Once a month at the same time every month

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

When you notice changes in your breasts that are not normal

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 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?

G 4 T 0 P 0 A 1 L 0

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 20

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? March 5th

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: 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: 1
Skin Color: 1

Score: 6

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: 2

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: 0

Muscle Tone: 2

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	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 Succedaneum	Prolonged delivery and the use of forceps or other devices can cause swelling in a newborn's scalp. It is temporary and normally does not need treatment. Only should be monitored.
B	Cephalohematoma	Blood collection newborns scalp after a difficult delivery. It normally goes away without treatment but may cause jaundice, anemia, infections or skull fractures.
C	Erythema Toxicum	Common harmless skin condition in newborns that causes red patches and fluid filled bumps. Typically improves within 1-2 weeks and goes away on its own. You should contact the HCP if skin bumps worsen, or the baby develops a new rash or a fever.
D	Port Wine Stain	A permanent birthmark that usually appears on the face. It can get larger, thicker or darker over time. It is caused by abnormal

		distribution of blood vessels. It may be harmless but could be related to an underlying condition. Treatment can include laser surgeries to lighten the birthmark.
E	Salmon Patch	Irregular shaped pink, red or purple marks that appear on the face or back of the neck. They disappear on their own in a few months and are harmless.
F	Mongolian Spots	Type of pigmented birthmark that appear on the buttox or lower back but can be found on arms or legs. They are flat and blue-gray marks. They normally fade before adolescence.
G	Epstein's Pearls	Small cysts that form in a newborns mouth during the early weeks and months of development. They appear within the first 6 weeks of life and go away by the time the baby is 3 months old. They are harmless. They are caused by a buildup of keratin in the palates.
H	Macroglossia	When a baby is born with an enlarged tongue. This can be linked with down syndrome or can happen after a birth in response to a medical condition. Treatment can include orthodontic treatment and speech therapy or surgery. It can cause feeding or breathing issues.
I	Palmar Crease	Develops while a baby is growing in the womb. Some single palmar creases may indicate problems with development and be linked with down syndrome and other disorders.
J	Neonatal Teeth	Emerge through gumline during first month of life. Normally found on the top gums. It may cause irritation during breastfeeding. The teeth are not fully developed and can have a weak root. It is harmless but can create breastfeeding problems for the mom.

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?
 - Poorly developed metabolic mechanism for responding to thermal stress
 - Altered skin-blood flow
 - Immature skin leading to increased evaporative water and heat loss
 - Large surface area to body mass ratio
 - Decreased subcutaneous fat

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
 - Acrocyanosis, mottled or pale skin
 - Hypoglycemia
 - Bradycardia
 - Tachypnea
 - Feeble cry, poor feeding
 - Lethargy
 - Weight loss

3. List the 4 methods of heat loss and how they can occur in the newborn.
 - Evaporation: when amniotic fluid evaporates from the skin this is the greatest source of heat loss at birth
 - Conduction: when a newborn is placed naked on a cooler surface such as a table, scale or cold bed
 - Convection: when a newborn is exposed to cool surrounding air from open doors, windows or fans
 - Radiation: when a newborn is near cool objects, walls, tables, cabinets, without being in contact with the,

4. What are the hazards of hypothermia?

Hazards of hypothermia can lead to risk of hypoxia, cardiorespiratory complications, acidosis, neuro complications, hypoglycemia, hyperbilirubinemia, clotting disorders and even death may result if untreated.

5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
 - Immediately dry newborn after birth with warm towels to prevent heat loss
 - Leave the newborn skin to skin on mom and keep them covered
 - Initiate breastfeeding as soon as possible
 - Bathing newborn soon after birth can cause a drop in baby's body temp
 - Dress newborn in loose clothes and a blanket
 - Lay newborn on warm surface in a warm room for assessments
 - Teach principles of thermal protection to parents

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

1. What care is provided to the penis after circumcision?
 - apply petroleum jelly to prevent it from sticking to the diaper
 - clean the area with a warm moist wipe
 - document first void after circumcision
 - change petroleum jelly gauze after each diaper change

2. What education should be provided to parents about what to expect post circumcision?
 - As it heals it will become very red and swollen 3-4 days after, it is normal. Will also get a yellow film which is the normal scabbing process. If your baby has excessive bleeding that does not stop with pressure or develops anything that looks like an infection, contact the HCP. Apply the diaper loosely and change diaper immediately after voiding.

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? 0/10

What would our pain management options be for Rose? Pacifiers, swaddling or changing positions

Using Rose's assessment, what would she score using the CRIES pain scale? 1/10

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? 8/10

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

Name 7 physiological effects of pain:

1. Increase in O2 consumption
2. Increase/decrease in BP
3. tachycardia
4. State changes
5. hypoxemia

6. Pupillary dilation
7. Temperature changes

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

1. Reduce number of needle punctures
2. Avoid invasive procedures if possible
3. Ensure proper medication before invasive procedures
4. Use minimal tape
5. **Select most competent staff to perform invasive procedures**