

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 focused on changes to look and feel of the breasts.

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

The position that one wants to use when looking at the breasts is to sit or stand in front of the mirror. One should put their hands at their hips and turn side to side to see if there is any changes and put your arms forward at your hips because this will show lumps that could not be seen before. Raise arms above the head and this will draw any puckering or dimpling for masses that may be under the nipple.

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

For the first method of palpating the breast using 3 fingers go in a circular motion around the breast or for the second method with 3 fingers go up and down the breast.

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

The lump can feel like a pea, marble or a walnut.

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

The client should do an examination at the same time each month.

6. When should the client notify their healthcare provider about their self-exam?
The client should notify their healthcare provider about their self-exam is when they note any changes.

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)?

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?

G4 T1 P1 A1 L3

Her LMP was last known to be January 12. According to Nagele's Rule, what is her EDD?
EDD is October 18th

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 A1 L5

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?
The EDD would be next expected on 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 L4

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?
The EDD would be next expected on 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 L2

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

L6

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

Her EDD would be 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: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: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:2
Muscle Tone:1
Reflex Irritability:1
Skin Color:1

Score: 7

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

Erythema Toxicum

Macroglossia

Salmon Patch

Caput Succedaneum

Port Wine Stain

Mongolian Spots

Palmar Crease

Epstein’s Pearls

Cephalohematoma

a

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	This is often formed after a long delivery and it is because of the fluid in the amniotic sac is no longer providing a cushion for the baby's head. Treatment wise for this would not be any because this often goes away on its own within a few days.
B	cephalhematoma	This is caused because blood pools under a newborn's scalp after a vaginal delivery or also using something called a vacuum extractors. Treatment wise for this if it is a mild case that it can clear up on its own with time but more severe causes may need surgery such a doctor going in to remove blood clots, fix bleeding veins, or to drain any excess blood.
C	Erythema Toxicum	This is a skin condition that looks similar to acne. There is not a specific treatment for this but the rash typically goes away within 5 to 14 days of forming but the baby may run the chance of getting it again and go away soon after. The baby should avoid picking or touching the bumps.
D	Port Wine stain	A Port wine stain is a birthmark in which swollen blood vessels created a reddish discoloration. Treatment wise laser therapy has been to be most successful in removing port-wine stains.
E	Salmon patch	A salmon patch is a dilated blood vessel that is close to the surface of the skin. There is no treatment for a salmon patch as the child begins to grow it fades away.
F	Mongolian spots	Mongolian spots is birthmark that is blue gray in color. There is no treatment needed.
G	Epstein's Pearls	Epstein pearls are caused by a build up of keratin in the soft and hard palate. There is no treatment needed since this will go away in 3 months.
H	Macroglossia	Macroglossia is most often caused by an increase in the amount of tissue in the tongue. Children can outgrow this by having a change in size of their face and mouths giving their tongue more room but some other treatments can include corticosteroids, orthodontic treatment, and surgery.
I	Palmar Crease	This is a single line that runs across the palm of the hand. No treatment is needed
J	Neonatal teeth	These are teeth that are brought up within the first month. Treatment

		for this would be to inspect the infants gums and tongue to make sure the teeth are not injuring the child.
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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 risk factors of hypothermia in a newborn is a large surface area to body mass ratio, decreased subcutaneous fat, greater body water content, immature skin leading to increased evaporative water and heat losses, altered skin blood flow, and poorly developed metabolic mechanism for responding to thermal stress.

2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
Some signs and symptoms of hypothermia would be hypoglycemia, bradycardia, tachypnea, restlessness, shallow and irregular respirations, respiratory distress, apnea, hypoxemia, metabolic acidosis, decreased activity, lethargy, hypotonia, feeble cry, poor feeding, decreased weight gain, and transient hyperglycemia.
3. List the 4 methods of heat loss and how they can occur in the newborn.
1.evaporation:when amniotic fluid evaporates from the skin. The evaporative losses may be from skin and breathing or sweating. Some other factors can be vapor pressure and air velocity.

2.conduction:When a newborn is placed naked on a cooler surface such as a cold bed or scale. The heat transferring between two solid objects that are touching, is influenced by the size of the surface area in contact and the temperature gradient between surfaces.

3.convection:When a newborn is exposed to a cool surrounding air or a draft from open doors, windows, or fans and by the transferring of heat from the newborn to air or liquid is affected by the newborn's large surface area, air flow.

4.radiation: When the newborn is near cool objects, walls, tables, cabinets, and without actually being in contact with them. This is the transfer of heat between solid surfaces that aren't touching.

4. What are the hazards of hypothermia?

The hazards would be an increase in cellular metabolism that happens as the newborn tries to stay warm, leading to increased oxygen consumption which puts the newborn at risk for hypoxia, cardiorespiratory complications, and acidosis. Other risk can be hypoglycemia, hyperbilirubinemia, clotting disorders, and death.

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

Some interventions that can be done to help prevent hypothermia can be warm delivery room, skin to skin contact, breastfeeding, postpone weighing and bathing, blanket, warm transportation, and appropriate clothing.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

The care provided to the penis after circumcision is to keep it clean so one would use Vaseline or Petroleum Jelly on the circumcision and this is going to prevent the penis from sticking to the diaper or the skin sticking up to the tip of the penis.

2. What education should be provided to parents about what to expect post circumcision?
Some education that one would provide to the parents about post circumcision is that it will get very red and swollen typically peaks around 3rd to 4th day. Typically one will get that yellow film and this is like a scabbing process. If there is excess bleeding that doesn't stop with some pressure or signs of infection one needs to notify the HCP.

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?

Our pain management options for Rose would be non-pharmacological such as a pacifier, swaddle, nesting, holding, position changing, and soothing vocalizations.

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?

Our pain management option would be pharmacologic treatment such as a narcotic intermittent bolus or considering a narcotic drip.

Name 7 physiological effects of pain:

1. tachycardia
2. Increased O₂ consumption
3. Temperature changes
4. hypoxemia
5. Pallor, flushing
6. Pupillary dilation
7. Abnormal respirations

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

1. Reduce number of needle punctures by drawing blood tests at one time if feasible
2. Avoid invasive monitoring when possible
3. Ensure proper premedication before invasive procedure
4. Use indwelling venous or arterial catheters when appropriate
5. **Select most competent staff to perform invasive procedures.**