

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 exam is looking and feeling for lumps that may be present.**

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

**For looking the client will want to stand or sit in front of a mirror with their clothes off. Put their hands on their hips and turn from side to side. Then with the hands still on the hips bring the arms forward. Next raise arms above the head. For palpation the client will want to be in a supine position with one arm above the head.**

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

**In the laying down position with arm above head, using the other hand use the first three fingers to palpate in a circular motion around the breast tissue. Making sure to overlap the areas. The other method is palpating in a up and down motion of the breast tissue.**

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

**A lump would feel more like a pea, marble, or walnut.**

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

**The client should do a self examination the same time each month.**

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

**After the patient has noticed any changes or lumps in the breast.**

## 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- 1 P-1 A- 1 L-2

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**            **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?

**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: 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	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	Edema under the scalp.is caused by pressure over the presenting part of the newborn’s head against the cervix during labor. Resolves within a few days.
B	Cephalohematoma	Collection of blood between the skull and periosteum, which causes a distinct swelling on the newborn head. General will resolve in several weeks or months.
C	Erythema Toxicum	Newborn rash appears a macular rash that may have papules and

		vesicles. No special treatment required.
D	Port Wine Stain	Caused by dilated skin capillaries and is red to purple in color.
E	Salmon Patch	Are pink in color and do not blanch when pressure is applied. May darken when child cries.
F	Mongolian Spots	Common finding in darker skinned newborns especially those of Asian, East Indian, or African descent. They appear bluish-gray or brown in color and caused by trapped melanocytes in the skin. Can be confused as a bruise. No treatment needed.
G	Epstein's Pearls	White papules located on the roof of the mouth and gums. They usually disappear within a few weeks of appearing and do not require any treatment
H	Macroglossia	Tongues that are disproportionately large for their mouths.
I	Palmar Crease	Single line that runs across the palm of the hand. People most often have 3 creases in their palms.
J	Neonatal Teeth	Teeth that are present when a baby is born. The teeth are often not fully developed and may have a weak root.

### **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 I would educate Latashia's mother about would include:

- **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**

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**

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

- **Convection is a method of heat loss that can occur in newborns. This process works when the newborn is exposed to cold temperatures. The newborns temperature is then transferred by the air flow.**
- **Evaporation is also a method of heat loss. This process occurs when the newborns atomic fluid is evaporated from skin. Sweating and breathing can be a form of that evaporation.**
- **Conduction is a method of heat loss as well. This process occurs when the naked newborn is placed on a surface that is cold and the heat transfer between the baby and the object.**
- **Radiation is another method of heat loss. This occurs when the newborn is by objects that are cooler without being in contact with them, and the heat transfers between them.**

4. What are the hazards of hypothermia?

**If left untreated it can lead to neurologic complications, hyperbilirubinemia, clotting disorders, and death may even occur.**

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

**The nurses can implement the use of overhead heaters, heated mattresses, and incubators. The ten steps of the “warm chain” should be followed as well. This includes warm delivery rooms, immediate drying of the newborn, skin to skin contact with the mother, breastfeeding, postpone weighing and bathing during skin to skin contact and first feed, appropriate clothing/blanket, keep mother and newborn together for 24 hours, warm transportation, warm assessment, and training and raising awareness.**

### **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 that is provided to the penis after circumcision includes cleaning the area with warm a moist cloth, and covering gauze with Vaseline and place over head of penis.**

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

During post circumcision the parents should expect to:

- **loosely apply the diaper**
- **change diaper immediately after voiding**
- **clean with warm water**
- **swelling can occur on the 3rd or 4th day and not to be alarmed by it**
- **It is normal for there to be a yellowish scab like over the incision.**
- **If there is excessive bleeding that doesn't stop with bleeding contact HCP**
- **Signs of infection contact 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? **Rose pain management options would be pacifiers, swaddling, decreased environment stimuli, and acetaminophen if needed.**

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

According to the NIPS pain scale, what is Bobby's pain level? **9**

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

Name 7 physiological effects of pain:

- 1. Tachycardia**
- 2. Temperature changes**
- 3. Hypoxemia**
- 4. Increased intracranial pressure**
- 5. Flushing**
- 6. Increased oxygen consumption**

## **7. Pupillary dilation**

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

- 1. Reduce number of needle punctures**
- 2. Avoid invasive monitoring when possible**
- 3. Select most competent staff to perform invasive procedures.**
- 4. Use minimal amount of tape and remove tape gently.**
- 5. Ensure proper premedication before invasive procedures.**