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?

This is where a person is examining the breast for any lumps or abnormalities.

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

The person can sit or stand for the self-exam.

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

One method for palpating the breast tissue is to go in circular motions around the breast. The second method for palpating is to go up and down.

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

The lump will feel like a pee, marble, or walnut.

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

This should be preformed one time a month.

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

The client should notify their healthcare provider about their self-examination if they notice any 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 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?

October 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-4

Her LMP was last known to be June 28. According to Nagele's Rule, what is her EDD?
May 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?
June 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-6 L-5

Her LMP was last known to be April 20. According to Nagele's Rule, what is her EDD?
February 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: 1
Respiratory Effort:2
Muscle Tone: 2
Reflex Irritability: 2
Skin Color: 2

Score:

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:2

Score:
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:

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: 1
Reflex Irritability:1
Skin Color:1

Score:

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	This is the swelling of the scalp of the newborn. No treatment is needed.
B	Cephalohematoma	This is the swelling of the head that does not cross the suture line. This will resolve within days or weeks.
C	Erythema Toxicum	This is known as the newborn rash, and it will resolve usually within 7 days.
D	Milia	This is when the sebaceous glands are occluded with Keratin. These require no special care.
E	Salmon Patch	This appears in 40% of newborns and does not need

		treatment.
F	Mongolian Spots	This is when there are spots caused by melanocytes trapped deep in the skin. No treatment is needed but it should be documented in the patient's chart.
G	Epstein's Pearls	These look like little teeth, but they are cysts. These will usually disappear on their own. Document the findings.
H	Macroglossia	This is when the newborn is born with a large tongue that is protruding out of the mouth. This needs to be treated to prevent further complications.
I	Palmar Crease	This is a crease that goes across the newborn's palm.
J	Neonatal teeth	These are teeth the baby is born with. They do not cause harm to the baby but can make it hard for mom to breast feed.

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 following characteristics put newborns at a greater risk of heat loss a large surface area-to-body mass ratio, decreased subcutaneous fat, greater body water content, and immature skin leading to increased evaporative water and heat losses. This helps Latashia be more aware of the risk factors.

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

Some signs and symptoms of hypothermia are 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, and decreased weight gain.

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

One method of heat loss is evaporation which occurs when amniotic fluid evaporates from the skin. The second method is conduction which occurs when the newborn is placed naked on a cooler surface, such as table, scale, cold bed. The third method is convection which occurs when the newborn is exposed to cool surrounding air. The fourth method is radiation which occurs when the newborn is near cool objects, walls, tables, cabinets, without actually being in contact with them.

4. What are the hazards of hypothermia?

Neurological complications, hyperbilirubinemia, clotting disorders, and even death may occur if the hypothermia is not treated properly.

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

A newborn's temperature should be monitored closely when there is difficulty maintaining the "warm chain" or providing an optimal thermal environment. low birth weight and/or ill newborn, resuscitation required at birth, suspicion of hypothermia or hyperthermia, with rewarming or cooling down, and finally if the newborn has been re-admitted to hospital.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

The area is cleaned with a warm moist cloth and then gauze is placed over it with Vaseline on it.

2. What education should be provided to parents about what to expect post circumcision?
   The parents should watch for a beefy red appearance, excessive bleeding, excessive swelling, and blood clots post circumcision. If any of these appear they should call 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? Give her a pacifier if she starts to fuss. Use nonpharmacological approaches.

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? 8

What would our pain management options be at this level?
We would use a pharmacological approach and give narcotic intermittent bolus.

Name 7 physiological effects of pain:

1. Tachycardia
2. Increase O2 consumption
3. Reduced tidal volume
4. Prolonged catabolism
5. Hypoxemia
6. Pallor, flushing
7. Pupillary dilation

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. Use indwelling venous or arterial catheters when appropriate
3. Avoid invasive monitoring when possible
4. Select most competent staff to perform invasive procedures
5. Use minimal amount of tape and remove tape gently