Firelands Regional Medical Center School of Nursing

Online Laboratory Document

Fall 2024

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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 a exam conduct by oneself to examine the breasts for any abnormalities such as shape, color, or positional differences and lumps.

2. **What position(s) should the client be in while performing a self-exam?**
   Standing or sitting up while in front of a mirror to check visual appearance and supine during the palpation portion of the exam.

3. **What are two methods for palpating the breast tissue?**
   The two methods are palpating in circular motions all the way around the breast or palpating going up and down over the entire breast.

4. **What would the lump feel like compared to a lymph node?**
   A lump should feel hard, like a pea, walnut, or marble.

5. **How often should your client do a self-exam?**
   The client should do one on the same day of every month, for example, the 1st of every month.

6. **When should the client notify their healthcare provider about their self-exam?**
   The client should alert their healthcare provider when they find anything abnormal that was not there upon the last self-examination.

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 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 A0 L1

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: 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: 0
Skin Color: 1

Score: 3

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: 2
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 37.5ºC
   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 from pressure on the head during delivery. Monitor edema and ensure it decreases in a couple of days, support the head.
B	Cephalohematoma	Collection of blood between skull and periosteum. Will dissipate on it's own without medical intervention. Monitor the size and notify HCP if the size increases.
C	Erythema Toxicum	Macular rash that can appear anywhere except hands and feet. Measure the spread of the rash and the tolerance by the baby, no special interventions are required.
D	Port Wine stain (Nevus flammeus)	This occurs with dilated skin capillaries, will grow as child ages. This causes no harm to the child so there are no main treatments. Educate on this being safe and unharmful to the child.

E	Salmon Patch (Nevus Simplex)	Vascular birthmark on nape of neck. Monitor for increased redness with child is crying or agitated. This does not harm the child and no medical interventions are needed. Educate parents on the normalcy of the mark.
F	Mongolian Spots	There are trapped melanocytes in the skin. This will resolve itself without a need for intervention
G	Epstein's Pearls	There are harmless white nodules on the roof of the mouth. No intervention required, don't try to pop them.
H	Macroglossia	Tongue has excess adipose tissue forcing it to protrude out of the mouth. Monitor airway effectiveness of the infant, and SpO2, monitor baby as they are fed and ensure their airway does not become obstructed.
I	Palmar Crease	Provides designated area for skin to follow when hand forms a fist. Opposes no harm to the baby, ensure the fold is clean and dry to prevent any yeast infections. Do not allow excessive moisture to accumulate in the folds
J	Neonatal Teeth	Teeth in infancy can be an indication of future growth problems in the future. Determine if teeth are loose, call provider if the teeth are loose. Recommend a dental consult to physician to determine further actions. Ensure child does not swallow tooth when feeding.

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?**
   I would educate Latashia's mother that Latashia is considered to have a small weight but a long body meaning there is a larger surface area where heat can get lost. That larger surface area but low body mass makes it very difficult to contain heat that is made by the body. I would also inform her that a 4.8 pound baby lacks adipose tissue which causes an extreme decrease in the amount of heat able to be contained.

2. **What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?**
   Latashia's mother should look for a dropping temperature and a temperature below 36.3*C, cool, blue toned or pale skin, hypoglycemia, transient hyperglycemia, bradycardia, tachypnea, respiratory distress, decreased activity, poor feeding, decreased weight gain.

3. **List the 4 methods of heat loss and how they can occur in the newborn.**
   Conduction: Conduction occurs when a naked newborn is placed on a surface that is lower than their body temperature. Through thermal gradients the heat will naturally flow from the newborn to the surface they are on and unfortunately drop the newborns temperature to be equal with that surface. The more body surface area that is making contact increases the amount of heat lost.
   Evaporation: Evaporation primarily occurs abruptly after birth when the warm amniotic fluid is evaporating off of the infant's skin. Although it can also occur due to sweat evaporating off of the infant.
   Convection: Convection normally occurs when there is a draft or heat gradient in the air around the infant. The colder air drafts by the infant exposed to air and can lead to the infant losing body heat. The more surface area the infant has exposed, the more heat they will lose.
   Radiation: Radiation occurs when an infant is placed near a colder object. The cold that is radiating off of the object creates a temperature gradient where the heat will leave the warmer object to go to the colder object. In this case the heat would end up leaving the newborn and going to the colder object such as a cold wall or window nearby.

4. **What are the hazards of hypothermia?**
   Hypothermia can lead to hypoglycemia from their bodies using more sugar in attempt to make heat, neurological complications, hyperbilirubinemia, clotting disorders, and death.

5. **What are some interventions the nurse can implement to help prevent hypothermia in the newborn?**
   Maintain a warm room, keep the newborn dry, encourage skin to skin contact, dress them appropriately, and always have a warm way of transportation.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

1. **What care is provided to the penis after circumcision?**
   It is important to keep the circumcision site clean and lathered in Vaseline or petroleum jelly to and provide protection from eliminations and prevent the penis from sticking to the diaper and the skin from sticking to the penis.

2. **What education should be provided to parents about what to expect post circumcision?**
   The parents should expect the glands of the penis to be very swollen for a couple of days post circumcision. Parents should also expect a yellow crust/film forming around the cite of the circumcision, this is a sign of healing, and they should be told to leave it on. Lastly they should be educated on signs of infection such as excess bleeding, foul smells, redness longer than the first few days, a fever, and excessive inflammation worsening past day 3.

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?
- Use pacifier when awake

- Swaddle, nest, or hold her
- Change positions to adjust if she's uncomfortable
- Decrease external environmental stimuli
- Continue effect comfort measures

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?
- Narcotic intermittent bolus
- Consider narcotic drip

Name 7 physiological effects of pain:
1. Tachycardia
2. Increased O2 consumption
3. Release of catecholamines, cortisol, and endorphins
4. Hypoxemia
5. Abnormal Respirations
6. State changes
7. Blood pressure changes

Name 5 things we can do to prevent or minimize pain:
1. Administer ordered pain medications
2. Swaddle and hold
3. Position change
4. Soothing vocalizations
5. Provide pacifier