

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 when someone examines their breast tissue to see if there is any differences in the tissue through feeling for lumps or changes in breast tissue.

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

The position that the client should be in while performing a self-exam is lying flat on their back with one arm up and bent to where the hand is under the head with a pillow under hand and head.

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

The two methods for palpating the breast tissue is either circular around the breast with the client's first three fingers making sure to overlap and cover the entire breast or use first three fingers to go up and down all the way across.

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

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

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

A client should perform a breast exam the same time and day every month.

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

A client should notify their healthcare provider when there is a change in their breast in any way.

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 P A L

Her last menstrual period (LMP) was known to be November 7. According to Nagele's Rule what is her estimated date of delivery (EDD)?

Laura's EDD is 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 3 **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?

Katie's EDD is 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** 1 **L** 4

Her LMP was last known to be December 13. According to Nagele's Rule, what is her EDD?

Anna's EDD is 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?

Sara's EDD is 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 A L 1

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

Emily's EDD is 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?

Debra's EDD is 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:1
Respiratory Effort: 2
Muscle Tone: 1
Reflex Irritability: 1
Skin Color: 2

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: 2
Muscle Tone: 1

Reflex Irritability: 0
Skin Color: 2

Score: 6

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: 1
Respiratory Effort: 1
Muscle Tone: 1
Reflex Irritability: 1
Skin Color: 2

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.

	Nevus flammeus/port wine stain	form of a birth mark.
F	Mongolian spots	Most disappear by two years of age, but should be documented in chart.
G	Epstein's pearls	Cysts that contain trapped mucous membrane cells. Not painful and disappear in a few weeks
H	Macroglossia	Treatment ranges from speech therapy to surgery. Possibly linked to Down's Syndrome or Beckwith-Wiedemann syndrome.
I	Single Transverse Palmar crease	Associated with Down's syndrome and other genetic disorders. No treatment necessary.
J	Odontiasis/neonatal teeth	Baby's teeth are starting to come in. No treatment unless baby is fussy and then can rub orajel for numbing or acetaminophen for pain.

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 information that I would include about risk factors of hypothermia in a Latashia are 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, poorly developed metabolic mechanism for responding to thermal stress, and altered skin-blood flow.

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

Signs and symptoms of hypothermia that Latashia's mother should look for in her newborn are bradycardia, tachypnea, restlessness, shallow and irregular respirations; respiratory distress, apnea, hypoxemia, and metabolic acidosis; lethargy, decreased activity, and hypotonia; feeble cry, poor feeding; decreased weight gain; hypoglycemia; transient hyperglycemia; and acrocyanosis and cool, mottled, or pale skin.

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

The four methods of heat loss and how they can occur in the newborn are Evaporation when the amniotic fluid evaporates from the skin. Evaporation may occur from sweating, through the skin, or breathing. The greatest sources of heat loss in newborns are vapor pressure, air velocity, and newborn surface area. A second method of heat loss is Conduction which is when a newborn is placed naked on a cooler surface, such as a table, scale, or new bed. The transfer of heat between two solid objects that are touching, is influenced by the size of the surface area in contact and the temperature gradient between surfaces. A third method of heat loss is Convection when the newborn is exposed to cool surrounding air or to a draft from an open door, windows, or fans, the transfer of heat from the newborn to air or liquid is affected by the newborn's large surface area, air flow and temperature gradient. A fourth method of heat loss is Radiation when the newborn is near cool objects, walls, tables, cabinets, without actually being in contact with them. The transfer of heat between solid surfaces that are not touching. Factors that affect heat change due to radiation are temperature gradient between the two surfaces, surface area of the solid surfaces and distance between solid surfaces. This is the greatest source of heat loss after birth.

4. What are the hazards of hypothermia?

The hazards of hypothermia is that most cooling of a newborn occurs immediately after birth. During the first 10-20 minutes, the newborn may lose enough heat for the body temperature to fall by 2-4°C if appropriate measures are not taken. Continued heat loss will occur in the following hours if proper care is not provided. The temperature of the environment during delivery and the postnatal period has a significant effect on the risk to the newborn of developing hypothermia.

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

Some interventions the nurse can implement to help prevent hypothermia in a newborn are

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 is cleaning and placing a large amount of petroleum jelly to the circumcision site to keep it from sticking to the diaper or anything else.

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

The education that should be provided to the parents about what to expect post incision would be that 3-4 days after circumcision the area will be a little red and swell.

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?

According to the NIPS pain scale, Rose's pain level is mild.

What would our pain management options be for Rose?

Our pain management options for Rose would be swaddling, nesting, and holding; non-nutritive sucking, pacifiers, sucrose, and hand-to-mouth; decrease environmental stimuli (lighting, noise, or abrupt movements); decreased handling with rest periods between procedures; acetaminophen; recorded intrauterine sounds.

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

The score Rose would receive using the CRIES pain scale is a 1 (one).

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?

According to NIPS pain scale, Bobby's pain level is severe.

What would our pain management options be at this level?

Our pain management options at this pain level would be narcotic intermittent bolus and/or consider a narcotic drip.

Name 7 physiological effects of pain:

1. Tachycardia
2. Changes in BP (increased/decreased)
3. Temperature changes
4. Hypoxemia
5. Increased intracranial pressure
6. Pallor, flushing
7. Pupillary dilatation

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

1. Reduce number of needle punctures by drawing blood tests at one time
2. Avoiding 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 prior to invasive procedures**