

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?

**You want to look and then feel. First, you want to look to see if there is any difference between the two breasts and examine the nipples for changes such as redness and shape. Then, you want to feel for things that are different from the surrounding tissue.**

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

**Standing or sitting in front of the mirror and then lying down with one arm behind your head**

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

**Using three fingers to keep the breast tissue from separating you can either go in a circular motion all around the breast or you can go up and down all the way across**

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

**A pee, walnut, or marble**

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

**Same time each month**

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

**When the client notes any changes in their breasts**

## 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)?

**August 14**

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 L2**

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

**October 19**

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 A0 L4**

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

**September 20**

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 L3**

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

**April 4**

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 L1**

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

**May 12**

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 L5**

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

**January 27**

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: 2  
Skin Color: 1

**Score: 5**

**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: 1  
Reflex Irritability: 1  
Skin Color: 1

**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.
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	Caput Succedaneum is a fancy word for edema under the scalp. It is caused by pressure over the presenting part of the newborn’s head against the cervix during labor. The caput feels soft and spongy, crosses suture lines, and usually goes away within a few days.
B	Cephalohematoma	A cephalohematoma is a common finding following a vaginal delivery. It is a collection of blood between the skull and periosteum causing a distinct swelling on the newborn’s head. They are edges and are restricted by suture lines. Cephalohematomas are most found on the occipital and parietal bones. These can contribute to hyperbilirubinemia and jaundice if they are large but will generally resolve in several weeks or months.

C	Erythema Toxicum	AKA newborn rash appears a macular rash that may have papules and vesicles. It can appear anywhere on the body except for the palms of hands and soles of feet. This rash appears suddenly and usually disappears within 7 days. This rash does not require special treatment.
D	Port wine stain	A common birthmark also called nevus flammeus that is caused by dilated skin capillaries and is red to purple in color. They are present at birth and grow as the child grows.
E	Salmon patch	A common birthmark that is also referred to as nevus simplex, stork bites, or angle kisses. They are pink in color and do not blanch when pressure is applied. It may darken when the child cries. It is often referred to as a stork bite or salmon patch when the birthmark occurs on the nape of the neck and angle kisses when occurring on the face.
F	Mongolian spots	AKA dermal melanosis which is a common finding in darker skinned newborns including Asian, East Indian, or African descent. They appear bluish-gray or brown in color and are the result of trapped melanocytes in the skin. These are often confused as a bruise. These typically fades away completely by age 2. No treatment is required for Mongolian spots.
G	Epstein's pearls	Epstein's Pearls are 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	This is a rare condition that presents as a giant or enlarged tongue. This can cause difficulties with feeding, breathing, drooling, and speech. The tongue size can be reduced surgically
I	Palmar crease	The palms of the hands and soles of the feet should have creases. An absence of creases could indicate a motor defect.
J	Neonatal teeth	Neonatal teeth are rare and can cause injury or irritation to the infant's tongue when nursing. They may also be uncomfortable for a nursing mother. Neonatal teeth are often removed because they don't have any root structure and are at high risk of falling out and blocking the infant's airway, but if they are left in, they typically fall out within the first year of life.

### **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?

**Risk factors that put newborns at a greater risk for hypothermia 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, poorly developed metabolic mechanism for responding to thermal stress (ex. no shivering), and altered skin blood-flow (ex. peripheral cyanosis).**

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

**Latashia's mother should look for 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.

**The 4 methods of heat loss include evaporation, conduction, convection, and radiation. Heat loss via evaporation occurs when amniotic fluid evaporates from the skin. Heat loss via conduction occurs when the newborn is placed naked on a cooler surface, such as table, scale, or cold bed. Heat loss via convection occurs when the newborn is exposed to cool surrounding air or to a draft from open doors, 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. Heat loss via radiation 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?

**The hazards that occur with hypothermia include the risk of hypoxia, cardiorespiratory complications, and acidosis. In addition, it puts newborns at risk for hypoglycemia due to the increased glucose consumption that is necessary for heat production. Neurological complications, hyperbilirubinemia, clotting disorders, and death can also result from hypothermia that progresses.**

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

**Interventions that can be implemented to prevent hypothermia includes the “warm chain.” This includes having a warm delivery room at least 25 degrees Celsius, immediately drying the newborn after birth, breastfeeding within one hour of birth, postponing weighing and bathing the newborn, dressing the newborn in appropriate clothing and a blanket, keeping the mother and newborn together in a warm room 24 hours a day, keeping the newborn warm while transporting, performing the warm assessment if the newborn is not skin-to-skin with the mother, and training and raising awareness of the risks of hypothermia.**

### **Newborn Circumcision Care Questions**

**Directions:** Review the information provided and answer the questions.

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

**Vaseline or petroleum jelly directly on the penis. This prevents the penis from sticking to the diaper or from the skin coming up and sticking to the tip of the penis. It also provides a protective barrier when the newborn pees or poops it can easily be wiped off and can put on more.**

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

**It is important to educate the parents that as the circumcision heals it will get very red and swollen that peak around the third or fourth day. In addition, you might see a yellow film that is part of the scabbing process. Both are normal and a part of the healing process.**

## **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 Mild**

What would our pain management options be for Rose?

**Non-Pharmacologic (primary method): pacifiers, sucrose, hand-to-mouth, non-nutritive sucking, whiskey nipple, swaddling, nesting, holding, position changes, correct positioning for procedures, decrease environmental stimuli, decreased handling with rest periods between procedures, comfort measures noted to be effective with individual neonate, and soothing vocalizations, recorded intrauterine sounds.**

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

**1**

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 Severe**

What would our pain management options be at this level?

**Pharmacologic (primary method): narcotic intermittent bolus or consider narcotic drip**

Name 7 physiological effects of pain:

- 1. Tachycardia**
- 2. Increased O<sub>2</sub> consumption**
- 3. Decreased cerebrovascular autoregulation**
- 4. Temperature changes**
- 5. Hypoxemia**
- 6. Increased ICP**
- 7. Release of catecholamines, cortisol, endorphins**

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. Use minimal amount of tape and remove tape gently**
- 5. Ensure proper premedication before invasive procedures**