

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 an examination of the breast tissue using observation and palpation, for the purpose of reporting abnormal tissue to a healthcare provider.

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

The client should first stand or sit and look at themselves in a mirror where they will view themselves in several angles, with hands on the hips. Then, the client will lay in the supine position with the arm of the same side as the inspected breast reaching behind the head and folded.

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

Two methods for palpating the breast tissue are to use three fingers (index to ring finger) to either perform a large circular motion which palpates all of the tissue, or to use the same three fingers in an up and down motion which moves after a full column of tissue is palpated.

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

The lump might feel more similar to a marble or smaller ball-like object, and is soft, while swollen lymph nodes are often hard.

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

Once per month.

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

As the exam is performed, any changes in the tissue are worth reporting, especially if the change is unique to only one 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?

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 5

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:

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: 2
Skin Color: 1

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: 2
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°Cw
 - 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	A swelling of the scalp of the newborn caused by pressure

		from the uterus or vaginal wall during delivery.
B	Cephalohematoma	A swelling on the head that does not cross the suture line.
C	Erythema Toxicum	Rash that appears as macules, papules, or vesicles on any part of the body besides palms and soles.
D	Port Wine stain	A reddish purple skin deformity that is made up of dilated skin capillaries.
E	Salmon patch	A benign capillary malformation which fades over time.
F	Mongolian spots	A congenital birthmark caused by trapped melanocytes in the skin. Appears flat and bluish-gray, and is located on the buttocks or back.
G	Epstein's pearls	Appear as teeth, but are cysts made of mucous membrane cells.
H	Macroglossia	Enlarged tongue. May indicate Beckwith-Wiedemann syndrome.
I	Palmar crease	A crease across the palm. May indicate Down's syndrome.
J	Neonatal teeth	Teeth present at birth or within 30 days after. Often not strong and may need to be removed.

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 information about risk factors I would include would be the surface area-to-body mass ratio of the newborn and the potential of immature skin leading to overall greater heat loss.

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

Signs and symptoms of hypothermia Latashia's mother should look for include a temperature of 36.3 C (~97.4 F) or below, altered skin color (acrocyanosis, cool, mottled, pale skin), bradycardia, tachypnea, and decreased activity and trouble feeding.

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

The four methods of heat loss are evaporation, conduction, convection, and radiation. Evaporation is when fluid evaporates from the skin or with breath. Conduction is the loss of heat between the baby and a cooler surface when they are in direct contact. Convection is heat loss from drafts or air currents that are cooler than the baby, such as fans, doors or windows. Radiation is heat loss the baby may sustain from nearby cool objects, such as any solid large constructions or objects that come in contact with a cooling force, such as a closed window.

4. What are the hazards of hypothermia?

The hazards of hypothermia include risk of hypoxia, cardiac and respiratory complications, and acidosis due to the increased need for oxygen. Hypoglycemia is also a concern due to increased glucose consumption for heat production.

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

Interventions the nurse can perform to help prevent hypothermia include steps listed in the “warm chain”: have a warm delivery room, dry the newborn and ensure skin-to-skin contact is maintained for some hours and with an additional towel, postpone weighing and bathing, and warm towels should be provided when not in skin-to-skin.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

Infection control is the main care provided, petroleum jelly is applied directly to the penis to act as a protective layer and to prevent complications.

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

The healing process of the procedure will include swelling, swelling, and a yellow film which is normal. However, excessive bleeding (greater than quarter diameter in diaper) should be reported, and bleeding greater than 2 inches in diameter in diaper necessitates an ER visit.

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?

Soothing or comfort measures, acetaminophen

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 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?

9

What would our pain management options be at this level?

Narcotic bolus or drip

Name 7 physiological effects of pain:

1. Tachycardia
2. increased O2 consumption
3. temperature changes
4. release of catecholamines, cortisol and endorphins
5. blood pressure changes
6. increased intracranial pressure
7. abnormal respirations

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

1. Reduce number of needle punctures
2. use indwelling venous or arterial catheters if possible
3. Use minimal tape and remove gently
4. ensure proper medication before invasive or painful procedures
5. avoid invasive monitoring if possible