

## PAIN SCALE

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?

**Mild**

What would our pain management options be for Rose?

**Non-pharm, swaddling, nesting, pacifier, and Tylenol**

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?

**severe**

What would our pain management options be at this level?

Narcotic intermitten bouls or consider drip

Name 7 physiological effects of pain:

1. \_flushing
2. \_temp change
3. \_tachy
4. \_pupil dilation
5. \_pallor
6. \_hypoxicemia
7. Reduced tital vol

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

1. \_reduce of needle punctures
2. \_use indwelling venous or arterial cathethers
3. \_avoid invasive monitoring
4. \_select most competent staff to perform invasive procedures
5. \_remove tape gentle

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

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Pregnancy History

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 14<sup>th</sup>

The Fetal Heart Rate (FHR) is found using a hand-held Doppler. The FHR is 145. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

Normal

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-1                  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 19

FHR is found with the hand-held Doppler. The FHR is 175. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

Abnormally high – continuous monitoring

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-1                  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 20<sup>th</sup>

FHR is found with the hand-held Doppler. The FHR is 110. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

WNL

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-1                  T-2                  P-2                  A-2                  L4

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

Apriln 4<sup>th</sup>

FHR is found with the hand-held Doppler. The FHR is 95. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

Abnormal – low

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-1                  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?

May 12<sup>th</sup>

FHR is found with the hand-held Doppler. The FHR is 130. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

WNL

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-1                  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?

Jan 27<sup>th</sup>

FHR is found with the hand-held Doppler. The FHR is 160. Is this a normal or abnormal finding? What would you anticipate the physician to do with this information?

WNL

Discharge Education Lab Questions:

POSTPARTUM

1. You are preparing discharge instructions for Gloria and Gary Scary. You are very busy and still need to schedule the doctors' visits as well as the lactation follow-up. With who would it be appropriate to delegate this task to?  
A. Unlicensed Assistive Personnel      C. CRNA  
B. **Charge Nurse**      D. Lactation Consultant
2. After reviewing Gloria's history, what is a potential complication she must watch out for?  
A. Postpartum depression      **C. Mastitis**  
B. Urinary tract infection      D. Placenta Previa
3. After giving Gloria 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. Tucks pads**  
**C. Lanolin cream**  
**D. Dermaplast spray**  
E. Small bottle of hand sanitizer  
**F. Pamphlet on birth control after delivery**  
**G. Pamphlet on postpartum nutrition**  
H. Water container
4. Write a brief description of why you chose these items to send home with Gloria.

Helps in the recovery process

**NURSERY (Refer to pages 240-243 in your text)**

1. In preparing to discharge Gary Scary to Gloria, you realize she needs to still watch the "Car Seat Safety" video on the hospital's education network. To who would it be appropriate to delegate this task to?  
A. Charge nurse      C. Medical student  
**B. Housekeeper**      **D. Unlicensed assistive personnel**

2. In teaching Gloria 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 can sponge bath him until the cord falls off.
  - C. I can put rubbing alcohol 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 Gloria 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" cannot be washed off.
  - E. Notify the HCP if there is a blood spot in the diaper larger than 2".
  
4. You are teaching Gloria 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 Gary's nails. You realize further teaching is needed when Gloria makes what statement?
  - A. I might cut his skin.
  - B. I can put a bandaid on his finger if I cut it.
  - C. I can use baby clippers or scissors.
  - D. I should trim to make rounded edges.
  
6. Gloria is excited to breast feed. She describes herself as a very organized person and can't wait to get Gary on a schedule. She has some questions though about breastfeeding. Based on the information given, what is most important Gloria understand about babies and feeding? (Select all that apply)
  - A. Cues the baby is hungry are crying, rooting, and chewing on hands.
  - B. Newborns that are breast fed should be fed every 5 hours.
  - 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 not have to be woken up to feed.

## Maternal Child Nursing Competency Online Lab

### Thermoregulation

#### 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?

- 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 (e.g. no shivering)
- Altered skin blood-flow (e.g. peripheral cyanosis)

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

Cooler, pallor skin, hypoglycemia, restlessness, bradycardia, lethargic

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

Evaporation, conduction, convection, and radiation.

4. What are the hazards of hypothermia?

Metabolic processes, voluntary muscle activity, peripheral vasoconstriction, and no shivering thermogenesis.

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

Warm delivery room, immediate drying, skin-to-skin contact, breast feeding, appropriate clothing, warm transportation, warm assessment, and raising awareness.

### Newborn Assessment Variations Matching

**Directions:** Identify what the picture is showing in a newborn assessment. Discuss what the finding means and if there are any associated interventions.

Milia

Salmon Patch

Port Wine Stain

Neonatal Teeth

Erythema Toxicum  
Macroglossia

Mongolian Spots

Epstein's Pearls

Caput Succedaneum

Palmar Crease

Cephalhematoma

Letter	What is it?	What it means/Interventions
A	Caput succedaneum	Localized swelling of the soft tissue of the scalp caused by pressure on the head during labor. No treatment needed should resolve within 3-4 days.
B	Cephalohematoma	Collection of blood between the periosteum and the skull bone that it covers. It is a result of trauma during labor. Treatment is that it resolves on its own with 2-8 weeks
C	Erythema Toxicum	Pink rash that appears suddenly anywhere on the body of a newborn during the first 3 weeks. No treatment required
D	Salmon Patch	Flat pink or red marks that are easily blanched and are found on the face and back of neck. No treatment- fades by second year of life
E	Port Wine Stain	Capillary anginoma below the surface of the skin that is purple or red does not blanch. No treatment
F	Mongolian Spots	Spots of pigmentation that are blue, grey, brown, or black commonly found in newborns with darker skin and can be linked to genetics. Make parents aware and

		document location of spots
G	Epstein Pearls	Small white cysts in a newborns mouth during the early weeks of development. No treatment - resolve on own within first weeks
H	Macroglossia	Congenital enlargement of the tongue. Surgery will be required
I	Palmar Creases	Develop while baby is growing in the womb most often during the 12 <sup>th</sup> week of gestation. Can be linked to developmental disorders further treatment required
J	Milia	Pearly white spots that appear on the nose, chin, and forehead. Do not pop. No treatment needed