

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?

What would our pain management options be for Rose?

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?

What would our pain management options be at this level?

Name 7 physiological effects of pain:

1. _
2. _
3. _
4. _
5. _
6. _
7. _

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

1. _
2. _
3. _
4. _
5. _

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

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 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)?

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?

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 T P A L

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

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?

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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 T P A L

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

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?

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 T P A L

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

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?

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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 T P A L

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

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?

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 T P A L

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

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?

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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
 - B. Charge Nurse
 - C. CRNA
 - D. Lactation Consultant
2. After reviewing Gloria's history, what is a potential complication she must watch out for?
 - A. Postpartum depression
 - B. Urinary tract infection
 - C. Mastitis
 - 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.

NURSERY (pg 263-267 in text can help)

1. In preparing to discharge Gary Scary to Gloria home, which statement made by Gloria requires further investigation by the nurse?
 - A. "The car seat faces the trunk."
 - B. "Gary 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 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. "Apply a bandaid on his finger if I cut it."
 - C. "I can use baby clippers or scissors."
 - D. "I will 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. Crying, rooting, and chewing on hands are hunger cues.
 - 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.

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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?
2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
3. List the 4 methods of heat loss and how they can occur in the newborn.
4. What are the hazards of hypothermia?
5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?

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 | Salmon Patch | Port Wine Stain | Neonatal Teeth |
| Erythema Toxicum | Mongolian Spots | Epstein's Pearls | Macroglossia |
| Caput Succedaneum | Palmar Crease | Cephalhematoma | |

Letter	What is it?	What it means/Interventions
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		