Firelands Regional Medical Center School of Nursing

Online Laboratory Document

Fall 2025

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 August 20, 2025 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 where an individual checks their breasts for any changes. This could include lumps, changes in size, symmetry, shape, nipple appearance, color, or the appearance of rashes.

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

   When completing a breast self-exam, the client will be in two positions. Standing straight with arms at side and then with arms in different positions while in front of a mirror. Another position that the client will be in is laying down on a flat surface to then complete an examination.

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

   Two methods for palpating the breast tissue include the circular motion method and the vertical strip method.

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

   A lump would feel like a distinct harder mass typically feeling like a pea, marble, or walnut. A lymph node is typically within the armpit area and is soft and usually mobile within the skin.

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

   A breast self-exam should be completed once a month at the same time. Ideally a couple days post menstrual cycle.

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

   A client should notify their HCP regarding their self-examination when there are new concerning findings. This could include a lump, changes in breast appearance, changes in nipple appearance, pain, or skin changes.

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: 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

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: 4 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 (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 abortions. What is her GTPAL?

G: 5 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

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?

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?

G: 2 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

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?
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 had acrocyanosis, good flexion, active motion, good vigorous cry, cough, and sneeze 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 D. was born at 34 weeks gestation by and uneventful spontaneous, normal vaginal delivery. The baby is blue, non-reactive, and is flaccid and limp. The baby is not breathing and the heart rate is 70. Determine the APGAR Score with the information provided.

Heart Rate: 1
Respiratory Effort: 0
Muscle Tone: 0
Reflex Irritability: 0
Skin Color: 0

Score: 1

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 is flaccid and limp with slow, irregular weak cry and grimace. Baby has

acrocyanosis. 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: 4

Activity 4:
Baby B. was born at 36 weeks gestation after 8 hours of normal labor and delivery. The baby has acrocyanosis, some flexion of extremities, weak cry and grimace, slow and irregular cry. The respiratory rate is now 30 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: 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 vaccine 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. Peri-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 37.5ºC
   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 it's 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 37.8ºC (100ºF) axillary.
   C. Notify HCP if there is discoloration of the penis.
   D. Notify HCP if the "yellow crust" is not able to be washed off.
   E. Notify 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 Band-Aid 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. 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 2.5 hours.
   D. Newborns need to eat "on demand" once breastfeeding is well established.
   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	Swelling due to delivery pressure that is at suture lines. No intervention needed should go away on one's own within few days.
B	Cephalohematoma	Collection of blood under the scalp from ruptured blood vessels. Typically resolve with time, however, can cause anemia and jaundice so monitor newborn and labs.

C	Erythema Toxicum	Red blotch rash that involves no intervention and should resolve on own.
D	Port Wine Stain	Dark red/purple flat birthmark that will not go away and is caused by abnormal blood vessel development. Typically a referral to dermatology is made.
E	Salmon Patch	Flat pink/red mark birthmark commonly called stork kiss or angel kiss caused by dilated blood vessels. No intervention needed should fade with time.
F	Mongolian Spot	Bluish-gray spots are caused by pigment cells. No intervention needed should fade over years.
G	Epstein Pearls	White cysts on gums or roof of mouth, caused by trapped cells. No intervention needed, disappears over weeks.
H	Macroglossia	Enlarged tongue can indicate illness and other health issues. Monitor for obstructed airway, difficulty breathing, or additional symptoms.
I	Palmar Crease	Additional creases and line on palm of hand. Could indicate further medical conditions. Monitor for additional signs, no additional interventions immediately needed.
J	Neonatal Teeth	Interventions include evaluating the possibility of aspiration risk. Newborns should not have teeth, removal may be necessary along with a pediatric dentist consult.

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 of hypothermia for her newborn include being born prematurely and having a low birth weight. Additional potential risks of hypothermia in newborns can include inadequate clothing, poor feeding, wet skin, and too cold of a delivery environment.

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

Signs and symptoms of hyperthermia in her newborn can include cool skin, pale skin, weak crying, lack of eating, respiratory distress, and irritability.

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

1. **Conduction:** Heat loss through contact with a cold surface. For example, placing a baby on a cool examination table.
2. **Convection**: Heat loss to the surrounding air. For example, placing a baby in front of a fan.
3. **Radiation:** Heat loss to surrounding cool surfaces. For example, placing a baby by a window.
4. **Evaporation:** Heat loss when moisture from the skin evaporates. For example, having wet skin after being removed from water source.

4. **What are the hazards of hypothermia?**

Hypothermia in newborns can lead to additional medical problems. These can include an increased risk of infection, respiratory distress, hypoglycemia, metabolic acidosis, and impaired overall health including nutrition.

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

Interventions that can be implemented to prevent hypothermia include drying baby immediately after removing from water, skin to skin contact, appropriately dress and warm, keep the environment warm at appropriate temperatures, and educate caregivers properly.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

Post circumcision care for a newborn includes keeping the area dry and clean, applying petroleum jelly to a gauze pad and placing on top on baby's area, watching for normal healing or signs of infection, and ensuring that diapers and not on too tight.

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

Education pieces for parents that are caring for a newborn post circumcision includes expecting mild swelling and redness, a fussier baby especially post void, small blood spots of diaper freshly post procedures, and scab formation after the first week or two.

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?
No pain management options would be utilized since she scored a zero. However, ensuring comfort interventions including soothing sounds, decreasing stimuli, and pacifiers may be utilized.

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 receiving 0.5L O2 via cannula to maintain O2 saturation above 95%.
According to the NIPS pain scale, what is Bobby's pain level?
Pain Level: 9

What would our pain management options be at this level?

At this pain level the primary management option would be pharmacologic. Possibly a narcotic intermittent bolus or a drip.

Name 7 physiological effects of pain:

1. Tachycardia
2. Hypoxemia
3. Pupil Dilation
4. Temperature changes
5. Pallor
6. Increased intercranial pressure
7. Abnormal respirations

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

1. Use minimal tape and remove gently
2. Reduce number of needle punctures
3. Ensure proper premedication
4. Select most competent staff to perform invasive procedures
5. Avoid invasive monitoring when possible

Meditech Postpartum and Newborn Documentation

*Make sure to include the assessment and specific section of the assessment for your response

1. **List the assessment section where you would chart the uterus position.**
   OB General Assessment, Postpartum Assessment.

2. **List the assessment section where you would chart leg swelling/edema.**
   OB General Assessment, Cardiovascular Assessment, Cardiovascular Parameters, Edema.

3. **List the assessment section where you would chart mother's emotional state.**
   OB General Assessment, Psychosocial Assessment.

4. **List the assessment section where you would chart if you witnessed a breastfeeding session.**
   Breast Assessment, Breast/Breastfeeding Assessment, Breastfeeding Effectiveness.

5. **List the assessment section where you would chart an episiotomy.**
   OB General Assessment, Postpartum Assessment.

6. **List the assessment section where you would chart infant safe sleep practices education.**
   Teaching Record: Infant Care, Teaching Newborn, Record.

7. **List the assessment section where you would chart a NIPS pain scale.**

Newborn Assessment, NIPS Pain Scale.

8. **List the assessment section where you would chart a head molding.**
   Newborn Assessment, Head/Face/Neck.

9. **List the assessment section where you would chart the cord clamp being in place.**
   Newborn Assessment, Abdomen/GI.

10. **List the assessment section where you would chart a testicle assessment**
    Newborn Assessment, Genital/GU, Newborn Genital.

11. **List the assessment section where you would chart the moro reflex.**
    Newborn Assessment, Neurological/Musculoskeletal.

12. **List the assessment section where you would chart a sacral dimple.**
    Newborn Assessment, Neurological/Musculoskeletal.

13. **List the assessment section where you would chart if a newborn is eating breastmilk or formula.**
    Newborn I/O, Newborn Intake Assessment, Type/Method.

14. **List the assessment section where you would chart a newborn failing their hearing screening.**
    Screenings, Newborn Hearing Screening, Results of Hearing Screen.