

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?  
**-To detect breast cancer, lumps, or swelling.**
2. What position(s) should the client be in while performing a self-exam?  
**-Standing in front of a mirror with clothes off look at both breasts and see if there's any difference between the two, check nipples if one is redder than the other, put hands on hips and inspect for any shape changes or dimpling.**  
**-Lying down with arm raised. Use three fingers in a circular motion or up, down, all the way across the collar bone, to the sternum below the breasts all the way out into the under arm**
3. What are two methods for palpating the breast tissue?  
**-Circular motion all away around the breasts, up down and all the way around the breast**
4. What would the lump feel like compared to a lymph node?  
**A lump may feel hard or fixed in one place a lymph node is sometimes bigger and under the underarm**
5. How often should your client do a self-exam?

**-Monthly exams are recommended**

6. When should the client notify their healthcare provider about their self-exam?
- **For any new noticeable changes, new lumps, or nipple changes, or changes in the skin (redness, swelling)**

### **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<sup>th</sup> EDD.**

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<sup>th</sup> EDD**

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**  
**indicates good variability, it is not a sign of fetal distress. Could be caused by maternal fever,**

Intervention- **Yes**/No – **if the FHR**

**medications, early fetal hypoxia, or fetal heart failure – so these would need to be evaluated. Treat the cause, such as by decreasing or stopping the infusion of oxytocin. Change maternal positions, administer tocolytic medication if ordered, increase IV rate to improve hydration, support the laboring woman and her family, evaluate fetal oxygenation. Pg. 150-151 chapter 9 (Nursing care during labor and childbirth)**

**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<sup>th</sup> EDD**

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 5<sup>th</sup> EDD**

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 – **Monitor for occiput**

**posterior or transverse position of the fetus or check for severe deterioration of the health of the fetus. Possible fetus distress or cord compression.**

**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<sup>th</sup>, EDD**

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<sup>th</sup> EDD**

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:160-2

Respiratory Effort:50-2

Muscle Tone: well flexed-2

Reflex Irritability: vigorous cry - 2

Skin Color: acrocyanosis - 1

**Score: 9/10**

**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: 70- 1

Respiratory Effort: Absent 0

Muscle Tone: Flaccid 0

Reflex Irritability: 0

Skin Color: Blue 0

**Score: 1/10**

**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: 80-1

Respiratory Effort: slow irregular, weak cry- 1 RR 20

Muscle Tone: Flaccid -0

Reflex Irritability: Grimace- 1

Skin Color: acrocyanosis - 1

**Score: 4/10**

**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: 150 above 100-2

Respiratory Effort: weak cry - 1

Muscle Tone: some flexion of extremities - 1

Reflex Irritability: grimace - 1

Skin Color: acrocyanosis - 1

**Score: 6/10**

**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- if any woman tested susceptible to rubella during pregnancy
  - B. **Tdap- anyone who will be in contact with baby should be up to date on these immunizations**
  - 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 – perineal hygiene**
  - B. Tampons – NO not recommended right after giving birth
  - C. Pamphlet on sedentary lifestyle – doesn't say anything about woman living a sedentary lifestyle?
  - D. **Anesthetic spray – perineal pain relief**
  - E. **Small bottle of hand sanitizer, - yes**
  - F. **Pamphlet on birth control after delivery – patient education**
  - G. Medication order for loperamide – for diarrhea
  - H. Water container no?
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 – possible hemorrhage**
  - C. Passing dime sized clots
  - D. **Increased abdominal pain**
  - E. **Increased discharge from incisions (c/section or episiotomy)**
  - F. **Foul smelling lochia – infection possible endometritis**

**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 37.8°C (100°F) 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."



D	<b>Port wine stain</b>	<b>Nevus flammeus</b> Dilated skin capillaries. Frequently located on the face and is red to purple in color. (birthmark) is not raised and does not blanch if pressure is applied. Will not fade on it's own. <b>Laser surgery is the treatment of choice if the patient desires to have it removed.</b>
E	<b>Milia</b>	Sebaceous glands occluded with keratin. They resemble tiny white papules about 1 mm in size, located on the nose, chin, cheeks and forehead. Usually disappear within 4 weeks and require no special care or intervention.
F	<b>Mongolian Spots</b>	<b>"Dermal melanosis"</b> common finding in infants of darker skin (Asian, East Indian, or African descent. Spots caused by melanocytes trapped deep in the skin. Appear flat and bluish gray- or brown, located on the back or buttocks. Can be mistaken for a bruise; however, bruises have yellow, green, and red areas in addition to the dark colors. Should be documented in medical record. Usually disappears by 1 year of age, rarely persisting to 6 years of age. <b>NO special care or interventions</b>
G	<b>Epstein's Pearls</b>	<b>White papules on the roof of the mouth or gums.</b> Sometimes they appear as little emerging teeth, but they are really cysts that contain trapped mucous membrane cells. It is commonly found at the midline of the palate and are formed when the palate fuse during early fetal development. They are NOT painful and disappear within a few weeks. <b>Document:</b> asymmetrical movement of the lips or tongue, mucous membranes that are not pink, excessive bubbly saliva, absent suck reflex, and a hole in the palate.
H	Macroglossia	Abnormally large tongue that often protrudes from the mouth, either constantly or intermittently. Can be normal, but if persistent it can indicated an underlying condition.
I	Palmar crease	<b>Palms of the hands and the soles of the feet should have creases.</b> The creases in the sole develop from toe to heel. <i>An absence of creases could indicate a motor deficit.</i> It is thought that <i>the sole creases develop in the uterus because of fetal movement of the lower extremities.</i> A <b>preterm infant</b> will have <b>minimal creases</b> , and a <b>postterm infant</b> will have <b>increased creasing of the soles.</b>
J	Neonatal teeth	Teeth present at birth. Normally not a concern, but monitor that it does not interfere with feedings and does not cause any injury to baby or mom

### 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?
  - Low birth weight or an ill newborn
  - Resuscitation required after birth
  - Suspicion of hypothermia or hyperthermia
  - Rewarming or cooling down
  - If the newborn has been re-admitted to hospital for any reason
  - Difficulty maintaining the "warm chain"
  
2. What signs and symptoms of hypothermia should Latashia's mother look for in her newborn?
  - Cold hands/feet**
  - Hypoglycemia (CMNRP, 2013).**
  - Transient hyperglycemia**
  - Tachypnea, restlessness, shallow and irregular respirations**
  - Respiratory distress, apnea, hypoxemia, metabolic acidosis**
  - Decreased activity, lethargy, hypotonia**
  - Feeble cry, poor feeding**
  - Decreased weight gain**
  - (All of these signs are non-specific and may indicate other significant conditions such as bacterial infection in the newborn)**
  
3. List the 4 methods of heat loss and how they can occur in the newborn.
  - Evaporation**- The loss of heat as the amniotic fluid is on the infant evaporates
  - Conduction**-Transfer of heat from the infant's body to cooler surfaces such as towels or the cold base of warming unit.
  - Convection**-The transfer of the infant's body heat to the surrounding cool air
  - Radiation**-The transfer of the infant's body heat to a cooler object that the infant is not in contact with, such as a window

4. What are the hazards of hypothermia?
  - An increased need for oxygen
  - A decrease in surfactant production
  - An increase in the use of stored glycogen, which can lead to hypoglycemia
  - Rapid metabolism of brown fat, leading to metabolic acidosis(The prevention of cold stress is a priority. As the infant tries to increase body temperature, an increase in the metabolic rate occurs)
  
5. What are some interventions the nurse can implement to help prevent hypothermia in the newborn?
  - Drying the infant immediately after birth and removing wet towels
  - Placing the infant skin-to-skin with the mother as soon as possible and covering with a warmed blanket
  - Covering the head with a hat as soon as possible
  - Monitoring the newborn's temperature every 15 minutes for the first hour
  - Avoiding uncovering or exposing the infant's entire body for procedures
  - If unable to maintain skin-to-skin contact with the parent, place the infant under a preheated radiant warmer for procedures
  - Not bathing the newborn until the temperature has been stable for 2 hours
  - Not place the baby's crib near a draft or a window

### Newborn Circumcision Care Questions

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

1. What care is provided to the penis after circumcision?
  - For a few days wrap the penis in a small amount of gauze with a dab of petroleum jelly to keep it from sticking to the diaper.
  
  - Do not remove or try to wash off the yellow crust that forms. It is not a sign of infection.

**Give sponge baths until healing is complete and the “ring” falls off. If a plastibell appliance was used.**

**Keep the penis clean and dry.**

**-Call the doctor if any of the following are noted:**

**-Discoloration of the penis**

**-Discharge from the penis or surgical site that includes pus**

**-A spot of blood in the diaper larger than 2 inches**

**-Lack of urination**

**-A fever greater than 37.8 C (100 F) axillary occurs.**

**-The baby cannot be calmed or soothed.**

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

**-A small amount of blood tinged- drainage may be noted on the diaper after the procedure, and a yellow crust may form on the circumcision site. Document when the newborn urinates for the first time after circumcision.**

### **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?

**-According to NIPS pain scale, Rose's pain level is 0.**

What would our pain management options be for Rose?

**-No pharmacological intervention is needed, continue ongoing observation**

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

**-Rose's CRIES pain scale would be 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?

**-Bobby's pain level would be a 7.**

What would our pain management options be at this level?

**-Swaddling Bobby, Skin-to-skin contact, rocking, dimming lights.**

Name 7 physiological effects of pain:

**Decreased oxygen saturation**

**Increased heart rate**

**Increased blood pressure**

**Heart rate variability**

**Decreased peripheral blood flow and poor wound healing**

**Increased caloric consumption – potential for periods of hypoglycemia**

**Stressed response leading to prolonged hypoglycemia**

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

**-Offer a sucrose dipped nipple or prescribed quantity of sucrose to infant before any procedure**

**-Distraction**

**-relaxation**

**-deep breathing**

**-Guided imagery**

**-Position or comfort**

**-Factor blanket or stuffed animal**

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### **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.  
**-Postpartum**
2. List the assessment section where you would chart leg swelling/edema.  
**-Cardiovascular**
3. List the assessment section where you would chart mother's emotional state.  
**-Psychosocial**
4. List the assessment section where you would chart if you witnessed a breastfeeding session. –  
**Under breast/breastfeeding assessment/breastfeeding effectiveness**
5. List the assessment section where you would chart an episiotomy.  
**-Postpartum assessment under perineum description**
6. List the assessment section where you would chart infant safe sleep practices education.  
**-Teaching newborn under teaching record: infant care**
7. List the assessment section where you would chart a NIPS pain scale.  
**-NIPS pain scale under newborn assessment**
8. List the assessment section where you would chart a head molding.  
**-Under newborn assessment head/face/neck**
9. List the assessment section where you would chart the cord clamp being in place.  
**-Abdomen/GI –**
10. List the assessment section where you would chart a testicle assessment  
**-Genital/GU**
11. List the assessment section where you would chart the moro reflex.  
**-Neurological/musculoskeletal**

12. List the assessment section where you would chart a sacral dimple.

**-Neurological/musculoskeletal**

13. List the assessment section where you would chart if a newborn is eating breastmilk or formula.

**– Newborn intake**

14. List the assessment section where you would chart a newborn failing their hearing screening.

**Newborn hearing screen**

*Self-learning modules.* Self-Learning Modules - Champlain Maternal Newborn Regional Program.  
(n.d.). [https://www.cmnrp.ca/en/cmnrp/SelfLearning\\_Modules\\_p4046.html](https://www.cmnrp.ca/en/cmnrp/SelfLearning_Modules_p4046.html)