

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 self-exam that helps women detect breast masses that need to be examined further by a doctor.

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

Standing or sitting while looking in a mirror with hands on hips and arms raised above head while moving side to side.

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

Laying down with one arm behind head, using three fingers on the other hand in a circular motion to feel breast. The other method is going up and down.

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

It would feel like a pea, marble, or walnut.

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

Same time once a month

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

If you notice any 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?

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 abortions. 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 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?

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 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	C. Hep B
B. Tdap	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	C. Ibuprofen
B. Dilaudid	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 37.5°C
 - 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 37.8°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."
 - 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

Neonatal Teeth

Erythema Toxicum

Macroglossia

Salmon Patch

Caput Succedaneum

Mongolian Spots

Port Wine Stain

Palmar Crease

Epstein's Pearls

Cephalohematoma

a

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	Swelling that crosses suture lines and feels spongy. Resolves in a couple days.
B	Cephalohematoma	Swelling on occipital area that does not cross suture lines. Monitor for jaundice. Resolves in over weeks.
C	Erythema Toxicum	Macular erythema rash. No intervention needed.
D	Port Wine Stain	Permanent, flat, red, and vascular lesion present at birth. May require referral to dermatology.
E	Salmon Patch	Redden area on back of infants' head that does not blanch.
F	Mongolian Spots	Grey-blue pigmentation on coccyx and buttocks. Does not harm the baby. Document to avoid abuse confusion.
G	Epstein's Pearls	White cysts on gums and palate. Resolves by itself.
H	Macroglossia	Large protruding tongue. Monitor feeding and airway.
I	Palmar Crease (Single Transverse)	Single line that runs the length of palm. Further evaluation if other features present.
J	Neonatal Teeth	Teeth that are present at birth.

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?
 - 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
 - altered skin blood flow
 - poorly developed metabolic mechanism for responding to thermal stress

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

- Acrocyanosis and cool, mottled, or pale skin
- Hypoglycemia
- transient hyperglycemia
- bradycardia
- tachypnea, restlessness, shallow and irregular respirations
- respiratory distress, apnea, hypoxemia, metabolic acidosis
- decreased activity, lethargy, hypotonia
- feeble cry, poor feeding
- decreased weight gain

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

- Evaporation- When amniotic fluid evaporates from the skin. Evaporative losses may be insensible or sensible. Other factors that contribute to evaporative loss are the newborn surface area, vapor pressure and air velocity. This is the greatest source of heat loss at birth.
- Conduction- when the newborn is placed naked on a cooler surface, such as a table, scale, cold bed. The transfer of heat between two solid objects that are touching, is influenced by the size of the surface area in contact and the temperature gradient between surfaces.
- Convection- when the newborn is exposed to cool surrounding air or to a draft from open doors, windows or fans, the transfer of heat when the newborn to air or liquid is affected by the newborn's large surface area, air flow, and temperature gradient.
- Radiation- when the newborn is near cool objects, walls, tables, cabinets, without actually being in contact with them. The transfer of heat between solid surfaces that are not touching. Factors that affect heat change due to radiation are temperature gradient between the two surfaces, surface area of the solid surfaces and distance between solid surfaces. This is the greatest source of heat loss after birth.

4. What are the hazards of hypothermia?

Increased cellular metabolism takes place as the newborn tries to stay warm, leading to increased oxygen consumption, which puts the newborn at risk of hypoxia, cardiorespiratory complications, and acidosis. These newborns are also at risk for hypoglycemia because of the increased glucose consumption necessary for heat production. Neurological complications, hyperbilirubinemia, clotting disorders, and even death may result if the untreated hypothermia progresses.

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

The Warm Chain

1. **Warm delivery room**
2. **immediate drying after birth**
3. **skin to skin contact with mother**
4. **early breastfeeding initiation within one hour**
5. **postpone weighing/bathing until stable**
6. **use appropriate clothing and blankets**
7. **keep mother and newborn together**
8. **warm transportation**
9. **warm assessments**
10. **training staff and families on thermal protection**

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

Keep it clean and apply Vaseline or petroleum jelly directly on the penis.

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

There will be a yellowing crust that is normal. Keep it clean and apply plenty of petroleum jelly.

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?

Non-Pharmacologic (primary method)

- Pacifiers, sucrose, hand-to-mouth, non-nutritive sucking
- Whiskey nipple*
- Swaddling, nesting, holding
- Position changes, correct positioning for procedures
- Decrease environmental stimuli (light, noise, abrupt movements)
- Decreased handling with rest periods between procedures
- Comfort measures noted to be effective with individual neonate
- Soothing vocalizations, recorded intrauterine sounds

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? 6

What would our pain management options be at this level?

Pharmacologic: (primary method)

- Narcotic bolus

Non-Pharmacologic

- Pacifiers, sucrose, hand-to-mouth, non-nutritive sucking
- Whiskey nipple*
- Swaddling, nesting, holding
- Position changes, correct positioning for procedures
- Decrease environmental stimuli (light, noise, abrupt movements)
- Decreased handling with rest periods between procedures
- Comfort measures noted to be effective with individual neonate

-Soothing vocalizations, recorded intrauterine sounds

Name 7 physiological effects of pain:

- Tachycardia
- Blood pressure changes (↑ or ↓)
- ↑ O₂ consumption
- Hypoxemia
- ↓ cerebrovascular autoregulation
- ↑ intracranial pressure
- Temperature changes
- Pallor, flushing
- Reduced tidal volume
- Abnormal respirations
- Prolonged catabolism
- State changes
- Release of catecholamines, cortisol, endorphins
- Pupillary dilatation

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

- Reduce number of needle punctures by drawing blood tests at one time if feasible.
- Use indwelling venous or arterial catheters when appropriate.
- Avoid invasive monitoring when possible.
- Select most competent staff to perform invasive procedures.
- Use minimal amount of tape and remove tape gently.
- Ensure proper premedication before invasive procedures.

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 (fundus assessment)
2. List the assessment section where you would chart leg swelling/edema.

OB General Assessment (extremities/edema)

3. List the assessment section where you would chart mother's emotional state.

OB General Assessment (psychosocial/emotional state)

4. List the assessment section where you would chart if you witnessed a breastfeeding session.

Breast Assessment or Teaching Record: Infant Care

5. List the assessment section where you would chart an episiotomy.

OB General Assessment (perineum/incision)

6. List the assessment section where you would chart infant safe sleep practices education.

Teaching Record: Infant Care

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

Pain Assessment

8. List the assessment section where you would chart a head molding.

Newborn Assessment

9. List the assessment section where you would chart the cord clamp being in place.

Newborn Assessment

10. List the assessment section where you would chart a testicle assessment

Newborn Assessment (GU)

11. List the assessment section where you would chart the moro reflex.

Newborn Assessment (neurological/reflexes)

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

Newborn Assessment (skin/musculoskeletal)

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

Newborn I/O

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

Screenings