

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 when an individual looks and feels their breast for any lumps or abnormalities to identify any signs of breast cancer.

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

The position the client should be in is a sitting or standing position in front of a mirror while performing their breast exam.

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

The two methods for palpating the breast are in a circular motion all the way around the breast or an up and down motion covering the whole breast.

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

A lump would feel like a pea or a marble which is more of a hard lump that your breast does not usually have where lymph nodes appear under the arm mostly and are enlarged.

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

A client should do a self-exam at the same time each month to get the most accurate results.

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

The client should notify their healthcare provider when they are seeing a difference between the two breast, difference in the nipples, any soreness with palpating the breast and the feeling of any lumps.

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)?

According to Nagele's Rule August 14th would be her estimated date of delivery.

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?

According to Nagele's Rule her estimated delivery date is October 19th.

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?
Her estimated delivery date would be September 20th.

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?
According to Nagele's Rule her estimated delivery date is April 4th.

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?
Her estimated delivery date is May 12th according to Nagele's Rule.

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?

According to Nagele's Rule her estimated due date would be January 27th.

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**

Respiratory Effort: **Good vigorous cry**

Muscle Tone: **Good flexion and active motion**

Reflex Irritability: **Vigorous cry cough and sneeze**

Skin Color: **Acrocyanosis**

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: **70**

Respiratory Effort: **Absent**

Muscle Tone: **Flaccid and limp**

Reflex Irritability: **Non-reactive**

Skin Color: **Blue**

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: 80
Respiratory Effort: Slow and irregular weak cry
Muscle Tone: Flaccid and limp
Reflex Irritability: Weak cry and grimace
Skin Color: Acrocyanosis

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: 150
Respiratory Effort: Slow and irregular weak cry
Muscle Tone: Some flexion of extremities
Reflex Irritability: Weak cry and grimace
Skin Color: Acrocyanosis

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 37.5°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

Port Wine Stain

Mongolian Spots

Salmon Patch

Neonatal Teeth

Erythema Toxicum

Epstein's Pearls

Some signs and symptoms she should look for are 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 and decreased weight gain.

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

The 4 methods of heat loss are evaporation when amniotic fluid evaporates from the newborn's skin, conduction when newborn is placed naked on cool surfaces like tables, convection when newborn is exposed to cool surrounding air and radiation when placed by cool objects such as walls but not in direct contact.

4. What are the hazards of hypothermia?

The hazards are hypoxia, cardiorespiratory complications, hypoglycemia, death, neurological disorders, clotting disorders, and hyperbilirubinemia.

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

Some interventions are a warm delivery room, immediate drying of newborn, skin to skin contact, breastfeeding, postpone weighing and bathing, and providing appropriate clothing and blankets.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

The care provided is keeping the area clean with every diaper change, Vaseline will be applied to area with a piece of gauze that is replaced every diaper change.

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

The education provided is that there will be a yellowish film that hardens around and that is not considered pus. Bleeding is normal but if it cannot be stopped with applied pressure to see a health care

provider, also to know it is normal for there to be a considerable amount of swelling within the first week.

Infant Swaddling

1. Review video and handout online and be prepared to practice swaddling during lab.

Completed

Newborn Bath

1. Review video online and be prepared to practice bathing a newborn during lab.

Completed

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?

Roses pain level is at a 0.

What would our pain management options be for Rose?

Swaddling, pacifiers, position change and Tylenol.

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

She would score a 0 using this pain scale as well.

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?

Bobbys pain level would be scored as a 9.

What would our pain management options be at this level?

The options would be a narcotic bolus or drip for him.

Name 7 physiological effects of pain:

Some physiological effects of pain are changes in blood pressure, increased intracranial pressure, abnormal respirations, pupillary dilation, tachycardia, temperature changes, state changes, and pallor/flushing.

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

Things we can do to prevent or minimize pain are to reduce the number of needle punctures, avoid invasive monitoring, use minimal amount of tape and take it off carefully, ensure proper premedication's before invasive procedures, and select most competent staff to perform 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.

It would be located in the OB general assessment documentation in the postpartum assessment.

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

It would be charted with your head-to-toe assessment in the cardiovascular section.

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

This would be a chart with psychosocial assessment when documenting the head-to-toe assessment.

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

This would be documented in the breast assessment under breastfeeding assessment.

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

You would chart this under OB general assessment in the postpartum assessment.

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

It would be under teaching record under infant care.

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

It would be documented under newborn assessment under NIPS pain scale.

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

It would be under newborn assessment in the head/face/neck section.

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

It would be in the newborn assessment under the documentation abdomen/GI.

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

It would be documented under newborn assessment in the genital/GU section.

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

It would be under the newborn assessment in the neurological/musculoskeletal section.

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

It would be under the newborn assessment under the neuro assessment.

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

It would be under newborn I/O in the section newborn intake assessment.

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

You would chart it under screenings in the section newborn hearing screen.