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?
   It is an examination that uses both look and feel to examine the breast for any changes that may be present.

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

When performing the self-exam you will start by either standing or sitting in front of a mirror with clothes off to see if there are any visual differences including the nipples, checking shape by moving putting your hands on hip and moving hips side to side, leaning forward, and raising arms above the head to try to observe any masses or lumps that may be present. The next position is a lying position with your head on a pillow and one arm behind the head. In this position you will feel for any possible masses.

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

The first method is going in circular motions all the way around the breast overlapping every area or going up and down all the way across. From the collar bone, sternum, below the breast and to the underarm are all areas to be covered within the examination.

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

You are looking for something that stands out and feels like a pea, marble or walnut.

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

It should be done once a month around the same time to take notice of any changes.

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

The client should notify their healthcare provider about an abnormal self-exam right away.

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)?

Her estimated date of delivery would be 8/14 according to Nagele's Rule.

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?

Her EDD would be 10/19

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?
According to Nagele's Rule her EDD is 9/20

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?
According to Nagele's Rule her EDD is 4/4

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?
Her EDD according to Nagele's Rule would be 5/12

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?
Her EDD according to Nagele's rule would be 1/27

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 37.5°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

Letter	What is it?	What it means/Interventions

A	Caput succedaneum	Swelling of the scalp caused by pressure from the uterus or vaginal wall during devilry causing soft and spongelike scalp with possible bruising; superficial and does not cross the suture lines, no treatment needed and swelling decreases over a few days.
B	Cephalohematoma	Develops from birth trauma that causes a rupture of blood vessels between the skull and periosteum; appears by day 2 of life and may worsen over a few days but resolved over days or weeks as blood is reabsorbed.
C	Erythema toxicum	Newborn rash; appears as macules, papules, or vesicles on any part of the body except palms and soles of feet; appears suddenly and disappears quickly; does not cause any discomfort and no medical treatment needed.
D	Port Wine Stain	Dilated skin capillaries, will not fade on its own and laser surgery is the treatment of choice to be removed
E	Salmon Patch	Pink color that does not blanch when pressure is applied prominent when newborn cries and no treatment required; usually fades by 18 months of age.
F	Mongolian spot	Spots caused by melanocytes trapped deep in the skin that appear flat and bluish gray or brown and are located on the back/buttocks; can be mistaken for a bruise; no medical interventions required and usually disappears by 1 year of age rarely persisting to 6 years of age.
G	Epstein Pearls	Appear as little emerging teeth but are really cysts that contain trapped mucous membrane cells; commonly found on the midline of the palate and are formed when the palate fused during early fetal development; not painful and disappear within a few weeks
H	Macroglossia	Visible enlargement of the tongue, treatment includes surgery, speech therapy, monitor growth and development
I	Palmar Crease	Can be associated with other genetic conditions, can indicate abnormal fetal development, interventions include determining underlying cause especially when single palmar crease.
J	Neonatal Teeth	Teeth present in the first 30 days, can cause feeding difficulties and risk for aspiration interventions include none if it does not pose risk, removal, smoothing of the edges

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?

When educating Latashia's mother about hypothermia some risk factors for hypothermia in her newborn would be decreased subcutaneous fat, immature skin leading to increased evaporative water and heat losses, poorly developed metabolic mechanism for responding to thermal stress, altered skin blood-flow, and a large surface area-to-body mass ratio.

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

Signs and symptoms of hypothermia to look for in her newborn would be acrocyanosis, cool/mottled or pale skin, hypoglycemia, bradycardia, tachypnea, restlessness, shallow and irregular respirations, respiratory distress, hypoxemia, decreased activity/lethargy, decreased weight, poor feeding, feeble cry, apnea, metabolic acidosis, and irregular respirations.

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

The four methods of heat loss are evaporation, conduction, convection, and radiation. Evaporation occurs when amniotic fluid evaporates from this skin which can be insensible or insensible, factors affecting this could be surface area, vapor pressure, and air velocity. Conduction occurs when the newborn is placed on a cooler surface causing the transfer of heat between two solid objects that are touching. Convection occurs when the newborn is exposed to cool surrounding air or to a draft from open doors, windows, fans, transfer of liquid is affected by the newborns large surface area. Radiation occurs when the newborn is close to cool objects, walls, tables, cabinets and other objects without actually being in contact with them.

4. What are the hazards of hypothermia?

The hazards or hypothermia are the metabolism of brown fat leading to hypoglycemia or metabolic acidosis. This starts with the activation of non shivering thermogenesis leading to metabolism of brown fat and then either increasing the oxygen consumption causing a ripple effect to metabolic acidosis or increased glucose use leading to hypoglycemia.

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

Some interventions the nurse can implement to help prevent hypothermia in the new born are a warm delivery room, immediate drying, skin-to-skin contact, breastfeeding, postpone weighing/bathing, appropriate clothing/blanket, mother and newborn together, warm transportation, warm assessment, training and raising awareness through the teaching of 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?
   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, Give a sponge bath until healing is complete and "ring" falls off (if appliance was applied). Keep the penis clean and dry.

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

Education that should be provided to parents to expect post circumcision is to apply the diaper loosely, administer analgesia as orders, change diper immediately after voiding, clean wound with warm water. If bleeding is noted apply pressure with sterile gause. Change Vaseline gauze with each diaper change and if gauze is stuck moisten with warm water.

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? Her pain level is 0

What would our pain management options be for Rose? Interventions would be pacifiers, sucrose, hand to mouth, non-nutritive sucking, whiskey nipple, swaddling, nesting, holding, position changes, correct positioning for procedures, decreased environmental stimuli, decreased handling with rest periods between procedures, comfort measures noted to be effective with individual neonate, soothing vocalizations, recorded intrauterine sounds, and finally a pharmacologic action using acetaminophen.

Using Rose's assessment, what would she score using the CRIES pain scale? Rose's assessment score is still 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? According to NIPS his pain level is 10.

What would our pain management options be at this level? Our pain management options at this level would be pharmacologic using narcotic intermittent bolus, and consider narcotic drip.

Name 7 physiological effects of pain:
Increased oxygen consumption, temperature changes, reduced tidal volume, hypoxemia, pallor/flushing, state changes, pupillary dilation, abnormal respirations

Name 5 things we can do to prevent or minimize pain:
-reduce number of needle punctures by drawing blood tests at one time, use minimal amount of tape and remove tape gently, ensure proper premedication before invasive procedures, select most competent staff to perform invasive procedures, avoid invasive monitoring when possible.

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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 assessment section

2. List the assessment section where you would chart leg swelling/edema.
Under cardiovascular assessment and then edema.

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

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

5. List the assessment section where you would chart an episiotomy.
In the postpartum assessment in the perineum description.

6. List the assessment section where you would chart infant safe sleep practices education.
Interventions, teaching record, infant care and then discharge planning or parenting skills.

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

8. List the assessment section where you would chart a head molding.
In the head/face/neck section.

9. List the assessment section where you would chart the cord clamp being in place.
Under abdominal/GI and under umbilical cord.

10. List the assessment section where you would chart a testicle assessment
Genital/GU and under newborn genital.

11. List the assessment section where you would chart the moro reflex.
Neurological/musculoskeletal assessment in the moro reflex response.

12. List the assessment section where you would chart a sacral dimple.
Neurological/Musculoskeletal assessment in the neuro assessment area below.

13. List the assessment section where you would chart if a newborn is eating breastmilk or formula.
Newborn intake and type/method.

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

Newborn hearing and indicate the ear that failed and what passed.