

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 help detect lumps on the breasts, it focuses on changes to look and feel of the breast. It is also examining the nipples for changes such as redness and shape.

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

When the client is performing a self-exam, they should be standing or sitting in front of the mirror. The client needs to put their hands on their hips and turn from side to side to see if there are any changes. Also while standing with your hands on your hips you want to bring your arms forward to see if it detects any lumps. It is important to raise both arms above your head this will draw and puckering or dimpling of masses that might be underneath the nipple. The second part of the exam the client should be lying down with a pillow and place one arm above their head and use three fingers together keeps tissue from separating

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

Using three fingers together keeping tissue from separating, one way is to go in a circular motion all the way around the breast making sure to lap every area. Or using the three fingers together you can go up down all the way across.

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

You are looking for things that feel different from the surrounding tissue. Something that stands out that feels like a "P" or a marble, or a walnut.

5. How often should your client do a self-exam?  
The client should do a self-exam at the same time each month.
  
6. When should the client notify their healthcare provider about their self-exam?  
The client should notify their healthcare provider about their self-exam if experiencing 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?

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> is the 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:3                      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> is the 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**                      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<sup>th</sup> is the 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 4<sup>th</sup> is the 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

**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> is the 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> is the 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: 2  
Respiratory Effort: 2  
Muscle Tone: 2  
Reflex Irritability: 2  
Skin Color: 1

**Score:** 9 baby is in good shape

#### **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 may need immediate resuscitative measures

**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 may need help with breathing**

**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 the baby may need help with breathing**

**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**



		be normal but also associated with genetic conditions of chromosomal abnormalities. Noting the presence during the newborn physical exam and refer to genetics for further evaluation.
J	Neonatal Teeth	Teeth present at birth or within the first 30 days of life. Evaluating the tooth stability, if teeth loose there is a risk for aspiration.

### 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?

The information I would include for risk factors of hypothermia in her newborn would be that they are at greater risk of heat loss, in large area-to-body mass ration, decreased subcutaneous fat, greater body water content, immature skin leading to increased evaporative water and heat loss, poorly developed metabolic mechanism for responding to thermal stress, and altered skin blood flow are risks of hypothermia.

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

Signs and symptoms to watch for are acrocyanosis and cool, mottled, or pale skin. Hypoglycemia, bradycardia, restlessness, shallow and irregular respirations, feeble cry, poor feeding, decreased weight, and decreased activity.

3. List the 4 methods of heat loss and how they can occur in the newborn.
  1. Evaporation is when amniotic fluid evaporated from the skin
  2. Conduction is when the newborn is placed naked on a cooler surface, such as table, scale, and cold bed.

3. Convection is when the newborn is exposed to cool surrounding air or to a draft from open doors, windows or fans.
4. Radiation when the newborn is near cool objects, such as walls, tables, cabinets, without actually being in contact with them.

4. What are the hazards of hypothermia?

Hazards of hypothermia can be potentially life-threatening complication.

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

Interventions the nurse can implement to help prevent hypothermia in a newborn is warming the delivery room, drying the newborn immediately after birth, skin to skin contact, breastfeeding as soon as possible, postpone weighing and bathing the newborn, and dressing the newborn in loose clothing and blanket. Also keeping the newborn warm while waiting for transportation.

### **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 that is provided to the penis after circumcision is to keep it nice and clean while using Vaseline on the circumcision directly on the penis.

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

As the circumcision heals it will get red and swollen after the 3<sup>rd</sup> or 4<sup>th</sup> day do not be alarmed by this as well as yellow film around it as it is normal to the scabbing process. If excessive amount of bleeding occurs without pressure than take the baby to the physician.

## **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 on the NIPS pain scale

What would our pain management options be for Rose?

Using non pharmacologic methods such as pacifiers, whiskey nipple, swaddling and holding the Rose. Changing her positions, decreasing environmental stimuli, decreasing handling with rest periods.

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

0 on the CRIES pain scale

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?

7 on the NIPS pain scale

What would our pain management options be at this level?

For the pain management for 7 pharmacologic methods are used such as narcotic intermittent bolus and consider narcotic drip.

Name 7 physiological effects of pain:

1. Tachycardia
2. Increase O<sub>2</sub> consumption
3. Temperature changes
4. Pallor, flushing
5. Abnormal respirations
6. Increased intracranial pressure
7. Pupillary dilation

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

1. Reduce number of needle punctures by drawing blood tests at one time if feasible
2. Using indwelling venous or arterial catheters when appropriate
3. Avoid invasive monitoring when possible
4. Select most competent staff to perform invasive procedures
5. Use minimal amount of tape and remove tape gently

### **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 set > uterus position
2. List the assessment section where you would chart leg swelling/edema.  
OB general assessment > cardiovascular parameters > edema add location of leg edema type, degree, and appearance
3. List the assessment section where you would chart mother's emotional state.  
OB general assessment > neurological parameters > cognition > behavior
4. List the assessment section where you would chart if you witnessed a breastfeeding session.  
Breast/breastfeeding assessment > chart the breastfeeding effectiveness, breastfeeding knowledge, and latch assessment
5. List the assessment section where you would chart an episiotomy.  
OB general assessment > integumentary parameters > skin > lower abdomen > leave skin comment
6. List the assessment section where you would chart infant safe sleep practices education.  
Teaching record: infant care > teaching safety topic > safe sleep practices
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 > fontanel description
9. List the assessment section where you would chart the cord clamp being in place.  
Newborn assessment > abdomen/GI > umbilical cord
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 > Moro reflex response
12. List the assessment section where you would chart a sacral dimple.  
  
Newborn assessment > skin > skin characteristics
13. List the assessment section where you would chart if a newborn is eating breastmilk or formula.

Newborn I/O > type/method

14. List the assessment section where you would chart a newborn failing their hearing screening.  
Screenings > results of hearing screen > left ear and right ear