

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 where a woman physically and visually examines her breasts and underarm areas to check for any changes or abnormalities. This includes viewing the nipples for changes such as redness and shape and any lumps that can indicate disease for further assessment.

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

For the first part of the breast examination known as “looking”, the client should be standing or sitting in front of the mirror. Put your hands on your hips, pull your arms forward, and turn from side to side, assisting in bringing out possible lumps that are tough to see. Next, raise your arms straight above your head. This will show any puckering or dimpling that might be underneath the nipple. The second part of the breast examination is called “feeling”. You want to be in a lying down position, placing one arm around your head.

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

Use your first three fingers on your hand, keeping the breast tissue from separating. You can either go in a circular motion all the way around the breast, making sure to overlap every area, or put your hand in an “up, down” motion across the breast. The circular motion goes from your collarbone to the sternum, chest, below the bust, and out to the underarm.

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

A lump would feel like a pea, marble, or walnut.

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

A breast examination should be performed at the same time every month.

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

A client should notify their healthcare provider when they notice something different about their breasts, as we should know our body well. This can include any lumps, color or skin changes, nipple discharge, and more.

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)?

According to Nagele's Rule, Laura's estimated date of delivery (EDD) is August 14th.

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?

According to Nagele's Rule, Katie's estimated date of delivery (EDD) 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?

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, Katie's estimated date of delivery (EDD) is 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?

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, Katie's estimated date of delivery (EDD) 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?

G2 T1 P0 A0 L1

Her LMP was last known to be August 5. According to Nagele's Rule, what is her EDD?

According to Nagele's Rule, Katie's estimated date of delivery (EDD) is May 12th.

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?

According to Nagele's Rule, Katie's estimated date of delivery (EDD) is 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: 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	Erythema Toxicum	Caput Succedaneum
Salmon Patch	Mongolian Spots	Palmar Crease
Port Wine Stain	Epstein’s Pearls	Cephalohematoma
Neonatal Teeth	Macroglossia	

Letter	What is it?	What it means/Interventions
A	Caput Succedaneum	This is edema under the scalp, caused by pressure over the presenting part of the newborn’s head against the cervix during

		labor. This feels soft and spongy, crosses suture lines and resolves within a few days. This usually resolves on its own within a few days, so no treatment is often required.
B	Cephalohematoma	This is a common finding following vaginal delivery. It is a collection of blood between the skull and periosteum, which causes a distinct swelling on the newborn head. Cephalohematoma have clearly demarcated edges and are restricted by suture lines. Common locations for this include the occipital and parietal bones. If large, they can contribute to hyperbilirubinemia and jaundice but in general will resolve in several weeks or months. Most cases resolve on their own without specific treatment.
C	Erythema Toxicum	This is also known as newborn rash and appears as a macular rash that may have papules and vesicles. This appears anywhere on the body except the palms of the hands and soles of the feet. It appears suddenly and usually disappears within 7 days. This does not require special treatment.
D	Port Wine Stain	This is caused by dilated skin capillaries and is red to purple in color. They are present at birth and grow as the child grows. The most effective treatment for port wine stain is laser therapy, specifically pulsed-dye laser treatment.
E	Salmon Patch	This is pink in color and do not blanch when pressure is applied. May darken when the child cries. Often referred to as a stork bite or salmon patch when occurring on the nape of the neck and angel kisses when occurring on the face. These are common and do not usually require treatment, fading on their own.
F	Mongolian Spots	Common finding in darker skinned newborns, especially those of Asian, East Indian, or African descent. They appear bluish-gray or brown in color and caused by trapped melanocytes in the skin. This can be confused as a bruise. Usually completely fades away by age 2. No treatment required.
G	Epstein's Pearls	White papules located on the roof of the mouth and gums. They usually disappear within a few weeks of appearing, and do not require any treatment.
H	Macroglossia	This is a condition where the tongue is larger than normal and protruding from the mouth. Treatment depends on the underlying cause and severity of symptoms, but include speech therapy, medications, dental treatment, and surgery.
I	Palmar Crease	A single line noted that runs the length of the palm. In many cases, no intervention is needed. Ultimately, that depends on the specific condition and may involve further evaluation and management.
J	Neonatal Teeth	This is teeth that are present at birth. Depending on the severity and situation, healthcare providers may choose to continue monitoring the newborn, smoothing the edges to prevent damage, removing the tooth, or providing guidance on oral hygiene.

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, I would educate that newborns are at a higher risk of heat loss with decreased subcutaneous fat, greater body water content, a large surface area-to-body mass ratio, immature skin leading to increased evaporative water and heat losses, poorly developed metabolic mechanism for responding to thermal stress (no shivering), and altered skin blood-flow (peripheral cyanosis).

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

Some signs and symptoms of hypothermia that Latashia's mother should look for includes acrocyanosis and cool, mottled, or pale skin, bradycardia, tachypnea, restlessness, shallow and irregular respirations, decreased activity, lethargy, hypotonia, decreased weight gain, feeble cry, poor feeding, respiratory distress, apnea, hypoxemia, metabolic acidosis, transient hyperglycemia, and hypoglycemia.

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

The four methods of heat loss in which a newborn loses body heat includes evaporation, conduction, convection, and radiation. Evaporation is when the amniotic fluid evaporates from the skin through skin from breathing and sweating. This is the greatest source of heat loss at birth. Conduction is the transfer of heat from two solid objects that are touching, such as when a newborn is placed naked on a cooler surface (table, scale, cold bed). The temperature is influenced by the object the newborn is placed on. Convection is when the newborn is exposed to the cool air from a draft or surrounding air from open doors, windows, or fans. Lastly, radiation is when the newborn is near cool objects (walls, tables,

cabinets) without actually being in contact with them. This is the transfer of heat from two solid surfaces that are not touching.

4. What are the hazards of hypothermia?

Hypothermia puts the newborn at risk for hypoxia, cardiorespiratory complications, and acidosis from the increased oxygen consumption. The infants are also at risk for hypoglycemia because of the increased glucose consumption necessary for heat production. Neurological complications, hyperbilirubinemia, clotting disorders, and even death can occur if the hypothermia is left untreated, leading to progression.

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

To prevent hypothermia in the newborn, the nurse can implement interventions known as the “warm chain”. This includes using additional equipment like overhead heaters, heated mattresses, incubators, and low-reading thermometers. These items are ideally used for newborns who are sick and have a low birth weight.

Newborn Circumcision Care Questions

Directions: Review the information provided and answer the questions.

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

Keep the area clean by using Vaseline or petroleum jelly on the penis, preventing the skin from attaching to the area and sticking to the diaper. This also gives a protective layer for when the infant urinates and has a bowel movement for easy clean up.

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

As the circumcision heals, the penis will become very red and swollen, typically peaking around day 3-4. This is not something to be alarmed by. You will also notice a yellow film, and this is the scabbing process. If you have an excessive amount of bleeding that does not stop with applying pressure, anything that concerns you, or signs of infection, you need to take your child to the physician to be seen.

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?

Rose's NIPS pain level is 0.

What would our pain management options be for Rose?

Our pain management options for Rose would include non-pharmacologic methods such as pacifiers, swaddling, holding, position changes, decreased environmental stimuli, and soothing vocalizations. If the pain increases, then administering Acetaminophen (Tylenol) could also be a possibility to provide comfort.

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

Using the CRIES pain scale, Rose would score a 0 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 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?

Bobby's pain level using the NIPS pain scale is 9.

What would our pain management options be at this level?

According to the guidelines for pain management, our main intervention would be pharmacologic. This includes a narcotic intermittent bolus and considering a narcotic drip.

Name 7 physiological effects of pain:

Seven physiological effects of pain include tachycardia, increased oxygen consumption, temperature changes, hypoxemia, pallor, flushing, and abnormal respirations.

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

Five things that we can do to assist in preventing or minimizing pain includes avoiding invasive monitoring when possible, use minimal amounts of tape and remove gently, reduce number of needle punctures by drawing blood tests at one time if feasible, select the most competent staff to perform invasive procedures, and using indwelling venous or arterial catheters when appropriate.

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

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

OB General Assessment → Cardiovascular Assessment → Edema

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

OB General Assessment → Psychosocial Assessment

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

Breast Assessment → Breastfeeding Effectiveness

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

OB General Assessment → Integumentary Assessment → Skin → Lower Abdomen → Skin Comment

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

Teaching Record: Infant Care → Teaching Safety Topic

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 → Newborn Intake Assessment → Type/Method

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

Screenings → Newborn Hearing Screen → Results of Hearing Screen