Outpatient Surgery Reflection Questions

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1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
    a. I saw patients coming in for BMTs, TNAs, a hysterectomy, and a 16 y/o who was getting a diagnostic laparoscopic procedure due to endometriosis.
2. The majority of the patients who came into the Outpatient Surgery were from which age group? Was this what you expected?
    a. The patients I saw were from 18 months to 16 y/o and some mid life adults. This didn't surprise me because I knew pediatrics has a large age group range, but it was kind of a surprise to see women.
3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?
    a. Growth and development came into play when explain procedures to patients as well as providing distractions for patients. I was able to see a huge shift in differences and able to see how child life came into play.
4. What types of procedures did you observe or assist with?
    a. I was able to use a J tip and insert an IV as well as use adhesive removal spray to take out children's IVs. I was also able to administer "silly juice" or Versed to patients.
5. What are some common post-op instructions given to the patient/caregivers?
    a. Common instructions I have heard was from the BMTs to watch for dripping blood, a majority of the education was having patients parents stay with them since the sedation would place them as a fall risk. Also, patients had to have PO fluids before they were discharged.

6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?
    a. Using mom was a huge non-pharmacological comfort I have seen. I have also seen the 16 year old using TikTok and the younger children were doing arts and crafts with Child Life.
7. What complications (red flags) from anesthesia did you watch for and how did you monitor?
    a. Respiratory depression was the major red flag we watched out for as well as bradycardia. It depended on the medication that was used. We just kept the children hooked up to a monitor. Some patients were discharged sooner rather than later because the emerged from anesthesia without signs of distress, however some patients were kept a little longer if they were still sleepy and if parents didn't think it was safe.
8. What is the process for obtaining a procedural consent for a pediatric patient?
    a. The nurse gathers all the necessary consent forms, primarily blood consent, and explains to the parents what it is for and goes through the procedure once more if parent doesn't understand. The parents of course sign for consent.
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
    a. For infants breast milk is considered a clear liquid so they can have it 2 hours before the procedure, whereas formula is considered a meal and is "thicker" so the babies can have it 6 hours before procedure.
10. What role does the Child Life Specialist play in the Outpatient Surgery? If not observed, how could they be part of your interdisciplinary team?
    a. Child Life puts children at ease and helps explain procedures to the children based on their developmental level. I witnessed the Child Life Specialist explain to a 7 year old that

they were going to breathe in flavored air and take a nap. I also witnessed Child Life help keep the children calm in an unfamiliar setting by the utilization of arts and crafts.