

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
 - Post Laminectomy MRI, Microlaryngoscopy, Bronchoscopy and Supraglottoplasty, Moyosore Hysteroscopy, Tonsillectomy and Adenoidectomy
2. The majority of the patients who came into the Outpatient Surgery were from which age group?
Was this what you expected?
 - Toddlerhood and Preschoolers
3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?
 - When caring for the 14 month old, he only wanted to be with mommy and grandma but did not seem very scared or worried
 - When caring for the 7 year old, he was a wonderful child but he already knew "what nurses did" and was scared of everything. After some teaching and mom reassuring him he was more okay with the Nasal Precedex
 - When caring for the 13 year old with cognitive abilities, he was just slower to warm up but was a sweet patient and didn't seem scared of anything. He would look to mom and dad for reassurance but other than that he was fine with us caring for him.
 - When caring for the 19 year old, he was fine with everything. He wasn't scared but more ready to get surgery over with. Asked if he would like some numbing cream before IV insertion and he responded with "I can handle that".
4. What types of procedures did you observe or assist with?
 - I was able to see and IV Insertion but other than that there wasn't much happening on the floor. I assume more things were being done in OR and possibly Post OP.

5. What are some common post-op instructions given to the patient/caregivers?
 - No driving and doing any strenuous activity for at least 24 hours
 - Tonsillectomy: bland, soft food diet for the next 7-10 days, breath may stink for the first week; gargle with water and hydrogen peroxide, call PCP if you experience fever.
 - Hysteroscopy: NO strenuous activity for the first day, may resume normal diet and activities next day. Report any abnormal bleeding or pain
6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?
 - Warm blankets, Imagery, Distraction, Putting stickers on "sleepy mask", Playing the play station, Listening to moms hear then listening to babies heart
7. What complications (red flags) from anesthesia did you watch for and how did you monitor?
 - Bleeding, Respiratory Distress, Mainly waiting for anesthesia to wear off
8. What is the process for obtaining a procedural consent for a pediatric patient?
 - Must obtain procedural consent from legal guardian, if legal guardian is not present there can be a phone call made to them with a witness getting consent
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
 - If child was NPO since midnight the night before they may be allowed clear liquids up to 2 hours before surgery (Breast Milk considered a clear liquid). Formula is only allowed up to 4 hours before surgery
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?
 - I spoke with Elizabeth, the Child Life Specialists on the floor for the day and she told me some of the things they do for distraction is using a teddy bear to teach about IV insertion (if child 10 and under or less than 100 pounds they will start IV in OR room

once they've been put to sleep. For infants they are mainly focusing on distraction but also helping parents cope with procedure and with toddlers they like to teach about "sleepy medicine". They can let them decorate their mask with stickers to make them more comfortable and can occasionally go up with child for comfort during anesthesia.