

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?

I saw a 9-month-old in for an orchiopexy, another 9-month-old orchiopexy, a 16-month-old going in for bilateral hand and left foot postaxial supernumerary digit excisions, a 5-year-old there to get their elbow hardware removed and a 50-year-old woman there for a biopsy cervical with leap electrode excision and a cold knife cone due to abnormal pap smear results.

2. The majority of the patients who came into the Outpatient Surgery were from which age group?

Was this what you expected?

The majority of the patients who came into the Outpatient Surgery were infants. I honestly, expected for more the patients to be school aged.

3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?

The infants that I was helping care for did not like to be assessed and just wanted their moms to hold them. The infants also were crying a lot in the morning due to being hungry but not able to eat, but they were often distracted using a pacifier. The 5-year-old patient was a little nervous about having to leave her parents, but once the situation was explained in an easier way for her to understand she became calmer and more relaxed. The 5-year-old patient enjoyed passing her time by playing with the games available in the Outpatient Surgery. The 50-year-old woman was very cooperative and engaged during assessment and explaining of procedure and just wanted to get it done.

4. What types of procedures did you observe or assist with?

I was able to observe an IV insertion and assist with a pregnancy dip stick test.

5. What are some common post-op instructions given to the patient/caregivers?

Common post op instructions given to patients/ caregivers mainly consisted of effects of sedation after they have woken and when they drive back home. Patients were often given emesis bags for the car ride home. They were told of signs and symptoms of infection and other complications of surgery and told to call the doctor if they witness those symptoms. Some of the symptoms included running fever, excessive bleeding, swelling, etc.. The nurse also would inform them of their home medications and their schedules. Lastly, follow up appointment dates were discussed with the patients.

6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?

Preop non- pharmacological comfort interventions included playing with the board games or taking a wagon ride. Blankets, stuffed animals, and stickers were given to the patients pre op and post op.

7. What complications (red flags) from anesthesia did you watch for and how did you monitor?

Signs of respiratory distress were looked for by examining their breathing pattern, O2 saturation, and heart rate. We also watched for drops in blood pressure and how their HR was.

8. What is the process for obtaining a procedural consent for a pediatric patient?

The process for obtaining a procedural consent for a pediatric patient includes explaining the procedure to the patient and caregiver and asking them to describe what that means to them, they also explain any complications that could occur. Once they understand the procedure, who is performing it and how long it might take they have the parents sign consent. However, if the parents are not present, they have to have a legal guardian's verbal consent (whether that be in person or over the phone) and document the situation and have a physician and a nurse sign off on it.

9. How does the NPO status change based on age or if infant takes breast milk vs formula?

Children are usually allowed less time between eating and procedure so, they can eat closer to time than compared to adults. I was able to write down a NPO chart listing associations between times and foods. They allow clear liquids up to 2 hours before surgery, breast milk 4 hours before surgery, formula, non-human milk and small meals up to 6 hours before surgery and 8 hours for full meals.

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?

Child life specialists educate the child on the procedures on a more appropriate developmental level. They also can aid in comforting techniques for the children. I observed child life teaching another nurses patient on a port. The child life specialist brought a doll that had a port in it that you could see and feel; she explained how they access it and what it might feel like after they put it in.