

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
 - a. Circumcision (1 y/o), Varicocelelectomy (13 y/o), Hysterectomy (tubes and ovaries)/Cystoscopy/Urethral sling (49 y/o)
2. The majority of the patients who came into the Outpatient Surgery were from which age group?
Was this what you expected?
 - a. There wasn't really one single age group that came through more than others; it was fairly evenly spread. I was not expecting to see grown women come through, though; I was unaware that they could come here, too.
3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?
 - a. This comes into practice when thinking about how to treat patients appropriately due to their age. For example, they don't start IVs on kids younger than 9 because they are less likely to understand what the IV is and why it's there. This also comes into practice when finding age-appropriate toys/activities to distract/calm the child pre or post op.
4. What types of procedures did you observe or assist with?
 - a. I was able to see a J-tip used, I helped start and d/c IVs (not on the same patient), post-op VS, admit, and discharge. (I know admit and DC aren't exactly procedures, but I haven't gotten to see this much, and it was an enjoyable experience).
5. What are some common post-op instructions given to the patient/caregivers?
 - a. Pain management, incision care, anesthesia precautions, and what to monitor the child for for the next 24 hrs post-anesthesia (the kid will be wobbly, no rough/loud play, pain medication schedule, etc.)

6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?
 - a. Child life came in and used toys to distract the kids and keep them calm. We also saw parents use their phones to let the kid watch a show or video of some sort to distract them.
7. What complications (red flags) from anesthesia did you watch for and how did you monitor?
 - a. We monitored for respiratory distress by auscultating the lung sounds, and by using the pulse ox to monitor their O2 sat.
8. What is the process for obtaining a procedural consent for a pediatric patient?
 - a. On children under the age of 18, consent has to come from the parents.
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
 - a. NPO on children starts at midnight, but depending on the surgery they might be able to have a small amount of clear liquids 2 hrs before. For breast-fed babies, they need to be NPO 4hrs pre-op, and formula-fed babies need to be NPO 6hrs pre-op.
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. They help by finding age-appropriate activities to teach the kid what is going to happen, and to keep the kids calm and distracted. Child life also helps with this like bereavement; so things like the honor walk, the flag ceremony, printed EKGs or audio recording of the child's heartbeat for the family, etc. And again, child life is really good at talking to the kids about what is going to happen in the surgery, or even small things like starting an IV.