

Inna Purser

GI Lab Reflection Questions

1. What types of patients (diagnoses/ procedures) did you see in the GI lab?

The most common procedures performed in pediatric GI lab are EGD and colonoscopies.

In the GI lab, you'll typically encounter a variety of patients with different diagnoses like Gastroesophageal Reflux Disease (GERD), Inflammatory Bowel Disease (IBD), Colon Cancer Screening, Celiac Disease, Peptic Ulcers, Gallbladder issues, Liver Diseases.

2. What prep is required for patients based on scheduled procedure?

Patient is required to be NPO after midnight the day of procedure, consume laxative MiraLAX x 6 cups to clean the bowels the day before procedure.

3. How did growth and development come into play when caring for patients?

Growth and development are crucial in Endoscopy department care, especially for pediatric patients. Understanding the typical growth and development stages helps healthcare providers accurately assess and diagnose conditions. For example, knowing the normal respiratory rates for different age groups can help identify abnormalities. Tailoring communication to the child's developmental level ensures they understand what's happening and reduces anxiety. This might mean using simpler language for younger children or more detailed explanations for older kids.

4. What is the process for obtaining consents for the procedure?

Obtaining consent for a medical procedure in GI lab is a vital process to ensure that patients and their families are fully informed and agree to the treatment plan. First the healthcare provider explains the procedure to the patient or their legal guardian. This includes detailing what the procedure involves, why it is necessary, and the expected benefits. Then the provider discusses the potential risks, complications, and side effects of the procedure, as well as any alternative

treatments that might be available. The patient or family are given the opportunity to ask questions and express any concerns. The provider should answer these questions thoroughly and ensure that the patient understands all the information provided. Then the patient/parents are asked to sign a written consent form. The signed consent form is reviewed and verified by the healthcare provider or a RN, and then it is documented in the patient's medical record.

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

Common post-procedure instructions can vary depending on the type of procedure, but generally include activity restrictions, such as avoiding strenuous activities, heavy lifting, advice on returning to school or daycare; instructions on how to care for the wound or surgical site, including how to clean it, change dressings, and recognize signs of infection; information on prescribed medications; dietary restrictions or recommendations, such as eating soft foods, staying hydrated, or avoiding spicy and bowel irritant foods and beverages; how to manage pain, including the use of prescribed pain relievers, over-the-counter medications, and ice packs or elevation; signs to watch for, such as excessive bleeding, fever, severe pain, or any unusual changes in the patient's condition.

6. Give examples of non-pharmacological comfort nursing interventions you saw.

I observed GI lab nurses using Buzzy to help reduce anxiety and fear when starting an IV on patients older than 11 years. Its combination of vibration and cold works wonders in numbing the area and distracting the brain of a child from pain signals. It's impressive to see such practical and empathetic measures being used to improve patient comfort and experience.

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

Potential complications: respiratory depression - can occur due to the sedative drugs affecting the patient's ability to breathe adequately. Monitoring includes continuous observation of respiratory rate, depth, and effort, as well as the use of pulse oximetry to measure oxygen

saturation. Hypoxemia: Low blood oxygen levels in blood. Pulse oximetry is used to monitor oxygen saturation continuously. If oxygen levels drop, supplemental oxygen is provided. Airway obstruction: sedation can cause the airway to become partially or completely blocked.

Monitoring involves regular checks of the patient's airway patency. Hypotension: sedatives can cause a drop in blood pressure. Bradycardia or tachycardia: abnormal heart rates can indicate adverse reactions to sedation. Continuous ECG monitoring helps detect these changes early.

Nausea and vomiting: these are common side effects of sedation and can lead to complications if not managed properly. Monitoring for allergic reactions involve observing for signs of an allergic reaction, such as rash, itching, or difficulty breathing. Also, prolonged recovery time: some children may take longer to recover from sedation. Monitoring involves assessing the patient's return to baseline mental status.

8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?

The patient and their family first arrive at the pre-op holding area, where the patient is assessed, and vital signs are taken. The patient is then taken to the intra-op surgical suite for the procedure. After the procedure, the patient is transported back to the post-op holding area to recover from anesthesia and is then discharged.

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

Patients' NPO (nothing by mouth) status varies depending on the type of liquids consumed before the procedure. Specifically, breast milk can be consumed up to 4 hours before the procedure. Formula allowed up to 3 hours pre-procedure. These guidelines ensure the stomach is empty enough before anesthesia to reduce the risk of aspiration during the procedure.

10. What role does the Child Life Specialist play in the GI lab? If not observed, how could they be part of your interdisciplinary team?

Child Life Specialists are essential in creating a more positive and supportive experience for pediatric patients and their families. They provide emotional support to children and families, offer age-appropriate explanations about medical procedures and what to expect, using developmentally appropriate language and tools like medical play. They teach and reinforce coping strategies, such as deep breathing, distraction techniques, and positive visualization, to help children manage pain and anxiety.