

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
2 hysterectomies and a cystoscopy
2. The majority of the patients who came into the Outpatient Surgery were from which age group?
Adult females over 50. Was this what you expected? No, I expected more pediatric patients.
3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?
Use of different pain scales when assessing pain in different age groups of children, weight-based medication for pediatric patients and use of different distraction methods when caring for children of different age groups.
4. What types of procedures did you observe or assist with?
Hysterectomy pre-op and post-op teaching. Post-op care for hysterectomy like pain control and frequent assessments.
5. What are some common post-op instructions given to the patient/caregivers?
Report abnormal bleeding, walk around a little bit, stay hydrated, rest and don't do heavy lifting or work.
6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?
Dim lights, calm voice, hot packs on surgery site and warming the patient.
7. What complications (red flags) from anesthesia did you watch for and how did you monitor?
Hypoxia, bleeding on surgical site, difficulty voiding, nausea and vomiting. We monitor by checking vital signs every 15 minutes and assessing the patient or asking them how they feel.
8. What is the process for obtaining a procedural consent for a pediatric patient?

Consent is obtained from the legal guardian of the patient. If consent is given via phone, two witnesses have to be present.

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

With breastmilk, the child has to be NPO for 4hrs while formula has to be NPO for 6 hrs.

10. What role does the Child Life Specialist play in the Outpatient Surgery?

Child life helps with getting kids comfortable with the environment and procedures like starting an IV. They also help make the kids less anxious, especially after anesthesia.

If not observed, how could they be part of your interdisciplinary team?