

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
Surgical procedures: Hysterectomy, salpingectomy, cystoscopy
Diagnoses: fibromyalgia, anxiety, depression, anemia (unspecified)
2. The majority of the patients who came into the Outpatient Surgery were from which age group?
Was this what you expected? **There was a much wider range of patients than I would have expected if I hadn't gone to the children's hospital when I did my OR rotation in module 3.**
3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)? **Pain meds were given to patients of all ages after surgery based on pain severity, for a younger child that was not under my nurse's direct care their nurse had the parents hold the child and closed the curtain to give quiet space after all PRN medications available were given for pain.**
4. What types of procedures did you observe or assist with? **I observed an IV insertion, and an IV removal.**
5. What are some common post-op instructions given to the patient/caregivers? **Incision care, pain management, when could bathe. To let glue fall off by itself, do not pull off. Also signs and symptoms of infection and when to call the doctor.**
6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop? **Heat packs, having parent hold, distracting with toys/stickers and creating a quiet place for patient.**
7. What complications (red flags) from anesthesia did you watch for and how did you monitor? **Airway, monitored O2 sats, watched for any apneic episodes, monitored respirations to ensure around baseline for patient from before surgery.**

8. What is the process for obtaining a procedural consent for a pediatric patient? **The parent or guardian has to receive the information about the procedure from the surgeon, and the parent or guardian have to sign the consent form.**
9. How does the NPO status change based on age or if infant takes breast milk vs formula? **For infants younger than 6 months of age, with clear liquids the NPO status has to be at least 3 hours before surgery, with breast milk it has to be at least 4 hours, for formula it has to be at least 6 hours, and for solid foods it has to be at least 8 hours. For infants 6 of age or older, the NPO status for clear liquids is also 3 hours, breast milk is 6 hours, formula and solid food are both 8 hours.**
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? **They help with distracting the pediatric patient, they help discuss the process with the parents, they help the patients pass the time, and they help make the overall experience less scary for pediatric patients.**