

## GI Lab Reflection Questions

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1. What types of patients (diagnoses/ procedures) did you see in the GI lab?  
fecal impact - disimpaction; abd. pain - EGD; EGD w/ botox; upper RUQ pain
  2. What prep is required for patients based on scheduled procedure?  
Colonoscopy - miralax w/ gatorade, NPO 48 hrs. EGD = NPO 24 hrs  
except clear liquid 24 hrs
  3. How did growth and development come into play when caring for patients?  
- developmentally, all ages were appropriate except one pt was delayed, harder to talk to.
  4. What is the process for obtaining consents for the procedure?  
preprocedure instructions, emergency blood consent, explain procedure, dr & family consent
  5. What are some common post-procedure instructions given to the patient/caregivers?  
- EGD: sore throat, irritation feeling, cough scant amt of blood, eat & drink
  6. Give examples of non-pharmacological comfort nursing interventions you saw.  
- buzzy bee & pain ease for IVs
  7. What complications (red flags) from sedation did you watch for and how did you monitor?  
- HR, malignant hyperthermia → temp (check), bleeding, uncontrolled abd pain
  8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?  
pt gets brought in by admitting, RN preps pt (vs), pt goes to surgery, pt brought back & vs monitored a 5 min
  9. How does the NPO status change based on age or if infant takes breast milk vs formula?  
- breast milk 4 hours before & formula 6 hrs before → digest breast milk faster.
  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?  
- bring in distractions for children  
preop to distract for IVs & ease nerves
5. Colonoscopy: soreness at rectum, small amt of blood, diarrhea, monitor → more than tsp of blood call dr.
- anesthesiologist did pain ease spray for IV, have to talk step by step & be more concrete & concise due to noncooperative pt.