

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?
 - (3 Toddler (ages 2,3)) Bilateral Myringotomy with tubes places
 - (Toddler (age 3)) Bilateral Myringotomy with tubes place & Frenectomy
 - (Toddler (age 3)) Bilateral Myringotomy with tubes placed and Adenoidectomy
 - (Female (age 45)) Laparoscopic removal of ovarian cyst
2. The majority of the patients who came into the Outpatient Surgery were from which age group?
 - Most of the patients were toddlers ages (2-3 years)
3. Was this what you expected?
 - No, I thought it would be more of just preparing patients for surgery but, most of the patients also recover in the outpatient floor. I also didn't expect for most of the operations to be in and out.
4. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?
 - It helped knowing the toddler age group. Since most of the patients were toddlers, they expressed their fears by crying and kicking. These patients also felt more comfortable if their parents were holding them while vital signs were being checked and while medication was being administered. As well as in post op when the patients were coming back into outpatient they would look for parents quickly because the patients were scared.
5. What types of procedures did you observe or assist with?
 - I didn't really get to observe any procedures, I saw an IV being removed from a child that feared the IV.

6. What are some common post-op instructions given to the patient/caregivers?
 - The instructions for the patients with the bilateral myringotomy tubes were to give analgesics every 3 hours for the first 24 hours to prevent pain and to not submerge in water for the first couple of weeks.
 - For the female that was getting a laparoscopic ovarian cyst removal her instructions were to not go into dirty water or into hot tubs for 6 weeks or until the doctor gave her the okay. The nurse also explained that she needed to take her analgesics as prescribed and that they were going to use a gas to make her bloat during the procedure. That after the procedure she may have shoulder pain because of the diaphragm being pushed up because of the bloating, and that analgesics would not help with that pain that she would just need to rest. So, I enjoyed hearing the reality of what the patient may expect post op.
7. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?
 - The non-pharmacological comfort I saw was a lot of parents holding their child preop and postop. I also saw the TVs and toys being used as distraction while the nurse did vitals. I also saw popsicles being used post op so that the patients would stop crying.
8. What complications (red flags) from anesthesia did you watch for and how did you monitor?
 - The priority was seeing that O2 was being above 92% and that respiratory rate was normal. With the sedation they wanted to make sure the patients were not going through respiratory distress and able to breath on their own.
9. What is the process for obtaining a procedural consent for a pediatric patient?
 - The consent is given while the patient is still in the room. In the consent the nurse must write down what the procedure will be and not use abbreviations of the name of the procedure. The nurse also has to ask the patients caregiver what their understanding of the

surgery is and write down what the patients caregiver said. The caregiver must initial and sign the consent form

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

•The NPO is not based on age but what the patient has ate. For example, with breastmilk feedings should stop 4 hours before surgery. With formula it should be 6 hours before surgery .

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

•The Child Life Specialist make a huge importance when it comes to the child and family. They help the parents understand what's to be expected during and after the operation. They also try to make the child comfortable and make it as atraumatic as possible. They help the child with distraction as well as help the parents reduce their stress while being in the hospital.