Synthia Gomez

Outpatient date: 04/08/2025

Outpatient Surgery Reflection Questions

1. What types of patients (diagnoses/surgical procedures) did you see in the Outpatient Surgery?

   The procedures that were scheduled the day I was in outpatient were two Bilateral Myringotomy Tubes cases on children 3 years old and under, and two Dental fillings, both were 9 years old. Other admissions I seen was an Umbilical Exploration (9 yo), and a Robotic Assisted Cystectomy – right ovary (40 yo).

2. The majority of the patients who came into the Outpatient Surgery were from which age group? Was this what you expected?

   Majority of the patients were toddler age or school age children. I feel I expected to see more female patients as it is the women and children's hospital. I knew I would see pediatric cases but did not anticipate for most of the surgeries to be children.

3. How did growth and development come into play when caring for patients (both in preop and in postop rooms)?

   I did notice that the children, especially toddlers, would want to be independent (Autonomy vs. Shame and Doubt). For example, one 3 year old pre-op was adamant about having his shoes on and post-op, though it was contraindicated, he wanted to be standing and walking on his own with assistance from his parents. I've witnessed this before, but it was good seeing it in the hospital as well.

4. What types of procedures did you observe or assist with?

In pre-op I was able to see an IV placed on a 9 year old, I was told they usually place it after the child is asleep, but this child was over 100 pounds, and the side effects of putting him to sleep with Nitrous oxide outweighed the benefit of waiting to place the IV. Prior to the IV placement, he was given lidocaine through a J-tip to help with comfort during the placement.

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

   To let the child rest. The effects of anesthesia vary child to child but may have a child drowsy and not like themselves post anesthesia. To keep pain medicines scheduled to not have any breakthrough pain and keep the child comfortable. Post surgery day, a child may not have much of an appetite, and that is normal but to enforce clear liquids. Also with pain medications, to alternate acetaminophen and ibuprofen.

6. Give examples of non-pharmacological comfort nursing interventions you saw preop and postop?

   Pre-op we were offering distractive devices or entertainment, such as coloring books, toys, or tablets to watch their favorite movies. I would also talk with the school-age children about school or any sports they were a part of. Post-op we would offer popsicles and give juices. Also, we would help or let parents change their children into their clothes so they could feel more comfortable.

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

   Mostly watching for respiratory distress or depression and everyone post-op is on continuous oxygen saturation monitoring. We were also checking if the kids would wake up or are able to be aroused and doing vitals q 15 minutes.

8. What is the process for obtaining a procedural consent for a pediatric patient?

Since all the children were under parent guardianship, consent would come from mom and dad. The nurse would ask if they could state in their own words what procedure they were having done, if it is okay to give the child blood products if needed, and to initial and sign.

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

   The younger the child, the earlier they get to have their procedure done so they are not NPO for an extended period. The youngest child I seen was a 2 year old that had surgery at 0730/0800 and they had a sip of clear liquid 3 hours before surgery. For infants, no breast milk up to 4 hours before surgery and no formula milk up to 6 hours before surgery.

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?

    I saw Child Life constantly rounding on the patients pre-op, trying to distract them, asking about their favorite characters or shows, and offering them anything Child Life has so they are happy and help ease the anxiety while waiting to be taken back.