

## GI Lab Reflection Questions

### 1. What types of patients (diagnoses/ procedures) did you see in the GI lab?

I observed a 3-month-old infant who required placement of a nasogastric (NG) tube for feeding support. I also saw two school-aged pediatric patients undergo endoscopy and colonoscopy procedures. One child had normal findings, while the other had a medical history of Crohn's disease and was undergoing procedures for evaluation and monitoring of disease activity.

### 2. What prep is required for patients based on scheduled procedure?

For endoscopy/colonoscopy: patients must follow NPO orders and complete bowel prep to clear the intestines. This usually includes a clear liquid diet and a laxative/clean-out solution.

### 3. How did growth and development come into play when caring for patients?

The 3-month-old required swaddling, soothing, and caregiver presence for comfort because infants cannot understand what's happening. The school-aged children were given explanations appropriate to their age so they knew what to expect. Staff spoke in child-friendly language to reduce fear and anxiety. One of the nurses offered to hold their hand until they fell asleep and rubbed their head while the anesthesia was given.

**4. What is the process for obtaining consents for the procedure? A parent or legal guardian must give informed consent.** The provider explains the purpose of the procedure, risks, benefits, expected outcomes, and answers questions. Once caregivers understand and agree, they sign the consent electronically or on paper prior to sedation or procedure start

**5. What are some common post-procedure instructions given to the patient/caregivers?** Monitor for bleeding, Watch fir abdominal pain, fever or vomiting. Return to normal diet, and drink plenty of fluids.

- 6. Give examples of non-pharmacological comfort nursing interventions you saw.** Swaddling the infant, keeping them warm with the warming blanket. Offering emotional support to the older children by comforting them and explaining things on their level.
- 7. What complications (red flags) from sedation did you watch for and how did you monitor?** Vitals, looking at O2 sat while they were under anesthesia, watching the anesthesiologist as she worked on getting the patient intubated.
- 8. What is the flow of the patient throughout the department?** Give examples of how staff worked as a team? Patients checked in, had an assessment, and were taken to the procedure room. The nurse, provider, anesthesiology team, and support staff all communicated and verified the plan. After the procedure, the patient moved to recovery for monitoring and discharge education. Staff collaborated smoothly—each person had a clear role, and communication was constant and supportive.
- 9. How does the NPO status change based on age or if infants take breast milk vs formula?** Infants can still have breast milk longer than formula for NPO status. Usually four hours before intubation and six hours for formula fed. The older children followed a normal NPO schedule.
- 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?** Child Life Specialists help reduce anxiety and increase coping. They use age-appropriate explanations, play, distraction, deep breathing, and emotional support. If not directly involved, they could help prepare the child before the procedure, distract during IV placement, or provide support for families and siblings.