

GI Lab Reflection Questions

1. **What types of patients (diagnoses/ procedures) did you see in the GI lab?** Upper endoscopy and lower endoscopy (EGD, and a Colonoscopy) with biopsy, disimpactions.
2. **What prep is required for patients based on scheduled procedure?** For the upper and lower, patient was on a dietary restriction (upper: npo after midnight and for the colonoscopy any clear liquids, a laxitive to help clean digestive tract out)
3. **How did growth and development come into play when caring for patients?** For the child (0-24 mos) , she was in Eriksons stage of Autonomy vs shame and doubt—only able to understand what she saw or heard or touched. We used crayons and coloring books to distract her. She is also in the sensorymotor/preoperational stage for Piaget's Cognitive development theory; Before transporting she stayed with mom as long as possible, she experienced separation anxiety when we transported her. The nurse tried to reassure her with a calming voice. For the 17yo it was very different, he is in Erikson's stage of identity vs role confusion-emphasis to me was on body, and emotions- he was more independent and probably cared more about us seeing him naked, gave privacy when dressing into gown and made him as comfortable as possible, spoke directly to him and not the parent maintaining the level of respect for him as he is in formal operational thought.
4. **What is the process for obtaining consents for the procedure?** Consents are obtained upon arrival after they have discussed their version of the procedure in their words, when the parent was able to explain the procedure, the nurse cleared some muddy waters and answered any questions then they signed and then the patient was prepared with iv if needed, ekg leads, pulse ox, blankets, transitional objects.

5. **What are some common post-procedure instructions given to the patient/caregivers?** Patient may have a mild sore throat after procedure and caution the parents that they may be irritable or groggy when they wake up which is normal after anesthesia. For pain or cramping, parents can give tylenol, but avoid ibuprofen at least for about 24 hours as it can increase risk for bleeding. Contact the GI lab or doctor if the patient experiences heavy bleeding when they poop, or fever or vomiting blood.
6. **Give examples of non-pharmacological comfort nursing interventions you saw.** For the preschoolers that were reluctant to get their blood pressure taken, they were told “ready to check how strong you are?” and another with sensory issues and developmental delay, the patient was allowed to keep his headphones on and keep his device to watch his favorite shows. For a 12 year old female, she had a transitional object (little white cat stuffed animal) that she was allowed to carry with her into the procedure. For the adolescent, i didn't really see any non-pharmacological comfort other than the parent being present and just saying “ill see you when you wake up.”
7. **What complications (red flags) from sedation did you watch for and how did you monitor?** Respiratory depression or an obstruction in the air way. Monitored with a continuous pulse ox, blood pressure checks and they had leads on so once the patient was back in the unit, we monitored their vitals to make sure they were wnl, and LOC when they woke up.
8. **What is the flow of the patient throughout the department? Give examples of how staff worked as a team?** Everything was very quick, the team work was amazing, from the doctor to the surgical tech every one played their part, nurses prepping the patients then taking them to the lab, once in the lab, the surgical tech prepared all the equipment for the doctor, making sure all was in place for the Dr., the anesthesiologist was ready for sedation, the circulating nurse was wonderful with helping the children get in position after sedation, the time out

before the procedures to make sure they were the right patient, right procedure, and finally back to the unit for continued monitoring from the nurses. Everything flowed smoothly with everyone doing different tasks.

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

noticed for the toddlers they were given popsicles for fluid and the adolescent offered sips of water, did not observe an infant.

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? Not observed, but i feel they could be a huge help with distraction specially for some of the toddlers, they had the hardest time with separation anxiety.