

GI Lab Reflection Questions

1. What types of patients (diagnoses/procedures) did you see in the GI lab?  
colonoscopy, endoscopy(x2), biopsies for both & rectum dilation. **Dx: gastritis, esophagitis & probable IBS**
2. What prep is required for patients based on scheduled procedure?  
pre-op vs. procedure + anesthesia consent, childlife specialist visit, IV (>10 y/o), height, weight, NPO status, **TT&P**
3. How did growth and development come into play when caring for patients?  
**It definitely influenced how the procedure was explained & how the nurses used non-pharmacologic interventions.**
4. What is the process for obtaining consents for the procedure?  
**The nurse obtained info about what the family knew already, explained the procedure & obtaining signatures.**
5. What are some common post-procedure instructions given to the patient/caregivers?  
**when they can eat, no red dye, sig of infection, how much blood is normal / not normal & when to expect to hear back w/ biopsy results.**
6. Give examples of non-pharmacological comfort nursing interventions you saw.  
**pain ease spray, talking w/ them / joking, buzzy bee**
7. What complications (red flags) from sedation did you watch for and how did you monitor?  
**coughing / choking on scope & the aspiration risk from the lubricant of the scope - monitor O<sub>2</sub> & RR.**
8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?  
**They had an amazing flow as a team. While one would get vs the other would get any remaining consents signed / answer questions and chart.**
9. How does the NPO status change based on age or if infant takes breast milk vs formula?  
**solid food: 8hr NPO b. milk/formula: 4 hrs NPO & clear liquids: 2 hrs NPO**
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?

The 2 patients I saw were 15 & 16 so the child life specialist was not there much, but they made sure the patient understood the procedure & why it was needed & spoke to him about his anxieties. With younger children I think the childlife specialist could help with atraumatic care & easing the patient's anxieties as well.