

NAME: _____ PROCEDURE DATE: _____

PLACE: _____ ARRIVAL TIME: _____

PROCEDURE: _____

IMPORTANT: Do NOT take any Aspirin, Ibuprofen, Aleve, arthritis medication, or blood thinners for **5 days before** your procedure. No nuts, seeds, or popcorn. Take the rest of your regular medications except your diabetes medicine on the day of the prep and the day of the procedure. Please follow the timeline indicated on these instructions, NOT what's on the prep box or what the pharmacist tells you. Stop Iron supplements and Fish Oil pills **2 days before** your procedure.

SPLIT DOSE PREP FOR COLONOSCOPY – GOLYTELY / NULYTELY / TRILYTE

1. Stay on a clear liquid diet (see below) for the entire day prior to your scheduled procedure.
2. Follow the prep mixing instructions on the container. Use cold water for mixing or chill in the fridge for a better taste.
3. At 12:00 noon the day before procedure, drink an 8 ounce glass of the solution every 5-10 minutes until half the container is finished. Repeat 4-6 hours prior to your procedure at _____.
4. If you experience nausea and/or vomiting, then drink the solution every 15 minutes until finished or use a straw to bypass your frontal taste buds. Hard candy between glasses might also help.
5. Nothing by mouth after midnight except your prep and your medication (no diabetes medicine).
6. Arrive at the indicated facility at the indicated time above.

YOU WILL NEED TO PURCHASE Golytely Nulytely Trilyte
 Baby wipes Desitin Cream

OTHER SPLIT DOSE PREP FOR COLONOSCOPY

1. Stay on a clear liquid diet (see below) for the entire day prior to scheduled procedure.
2. Follow the prep mixing instructions on the box. Use cold water for mixing or chill in the fridge for a better taste.
3. At 12:00 noon the day before procedure, drink the first dose per instructions on the prep. Follow with clear liquid of your choice. If you experience nausea and/or vomiting, then try using a straw to bypass your frontal taste buds. Hard candy between glasses might also help.
4. Repeat with second dose 4-6 hours prior to your procedure at _____.
5. Nothing by mouth after midnight except your prep and your medication (no diabetes medicine).
6. Arrive at the indicated facility at the indicated time above.

YOU WILL NEED TO PURCHASE Suprep Moviprep Clenpiq Plenvu
 Baby wipes Desitin Cream

CLEAR LIQUID DIET

You may have as much of the following items as you want: (Note: Clear means “see through”)

- Clear soft drinks (Sprite, 7-Up, and Ginger Ale, Gatorade)
- Clear Juices (Apple, White Grape)
- Tea (no cream)
- JELLO - plain, no fruit (orange, lemon, pineapple flavors)
- Hard Candy - Life Savers, Lemon drops
- Clear broth only
- NO COFFEE; NO ALCOHOL
- NO MILK PRODUCTS OR NON-DAIRY CREAMERS ALLOWED
- NO RED, GREEN, OR BLUE FOOD COLORING ALLOWED

You **MUST** have someone drive you home from the facility, or your procedure will be cancelled. *You will be unable to drive yourself home.* Taxi cabs and Dial-a-Ride transportation is not acceptable. Leave all valuables at home. Bring only a list of your medications, your insurance card, and your copayment if applicable.