

# Upper Endoscopy

Name \_\_\_\_\_ Endoscopy \_\_\_\_\_  
Day Date

Arrival Time at Endoscopy Center \_\_\_\_\_ Procedure Time \_\_\_\_\_

## Prior to Preparation:

- ✓ Medication Adjustments \_\_\_\_\_
- ✓ Do not take Aspirin, Ibuprofen, Advil, Aleve, Motrin, and/or arthritis medications \_\_\_\_\_ day(s) before the study as these can thin your blood. You may take Tylenol. Other medication instructions will be given when we call you 1-3 days prior to the procedure.
- ✓ **Arrange for a driver.** Your driver must stay in the waiting room the entire time; this is a Department of Health guideline. You will not be able to drive until the next morning.

\*\*\*If you have any questions about your endoscopy you may call (717) 217-4312.

## **DAY OF PROCEDURE- CLEAR LIQUIDS ONLY AFTER MIDNIGHT** **\*STOP ALL LIQUIDS 5 HOURS BEFORE YOUR PROCEDURE**

You may have clear liquids, only, that do not have artificial red or orange coloring in them, cranberry is OK if it is naturally red. "If you can see through it, it is not red, orange, and has nothing solid in it you may have it."

- |                                |                              |
|--------------------------------|------------------------------|
| ➤ Coffee (no creamer) or Tea   | ➤ Fruit juices               |
| ➤ Water                        | ➤ Freeze Pops                |
| ➤ Soda                         | ➤ Jell-O (no fruit in it)    |
| ➤ Broth, bouillon, or consommé | ➤ Athletic drinks (Gatorade) |

**\*\*ABSOLUTELY NOTHING BY MOUTH FIVE HOURS BEFORE PROCEDURE\*\***  
**Take medications as usual (with a sip of water) unless otherwise directed**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date