

Colonoscopy Prep –Osmoprep (32 Tablet Prep)

Name _____ Colonoscopy _____
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, 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.

✓ Purchase Osmoprep tablets at the pharmacy. You do need a prescription.

✓ 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.

Preparation:

_____ Day of Week 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." Make sure you drink something every hour until five hours prior to procedure.

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

7:00 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

7:15 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

7:30 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

7:45 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

8:00 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

_____ Day of Week 6:00 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

6:15 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

6:30 _____ Take 4 Osmoprep tablets with 8 ounces of clear liquids

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

****ABSOLUTELY NOTHING TO EAT OR DRINK FIVE HOURS BEFORE PROCEDURE****
Take medications as usual (with a sip of water) unless otherwise directed

Patient's Signature

Witness

Date