

LATE MORNING/AFTERNOON Colonoscopy Preparation — Prepopik

Name _____ Colonoscopy _____

Arrival Time to Endoscopy Center _____ AM / PM Procedure Time _____ AM / PM
Day Date

PRIOR TO PREPARATION:

- ✓ Medication Adjustments _____

- ✓ Do not take Aspirin, Ibuprofen, Advil, Aleve, Motrin, Excedrin and/or arthritis medications _____ day(s) before your study as these can thin your blood. You may take Tylenol. Other medication instructions may be given when we call you 1-3 days prior to your 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 for 12 hours following your procedure.
- ✓ Please notify us of any medication or insurance changes as soon as possible.
- ✓ **We require a 4 day notice to cancel or reschedule procedures. Failure to give this notice may result in a cancellation fee. Please call 263-0629 as soon as possible to make any scheduling changes**
- ✓ If you have any other questions regarding your procedure or preparation, please call (717) 217-4312.

DAY BEFORE PROCEDURE DIET:

Beginning on the morning of _____ your diet will consist of clear liquids only. Red or Orange colored items are not permitted during your preparation. Cranberry juice is OK if it is naturally colored red. Continue your clear liquid diet until 3 hours prior to your arrival. Make sure you are drinking at least 6-8 oz of clear fluids every waking hour up to the 3 hour cut off time.

EXAMPLES OF CLEAR LIQUIDS INCLUDE:

- | | | |
|--------------------------------------|-------------------------------|-----------------|
| ■ Coffee or Tea (no creamer) | ■ Soda (Sprite, Coke, etc...) | ■ Fruit juices |
| ■ Broth, bouillon or consommé | ■ Jell-O (no fruit in it) | ■ Crystal Light |
| ■ Athletic drinks (Gatorade, Propel) | ■ Water | ■ Freeze Pops |

DAY BEFORE PROCEDURE PREPARATION:

***** Begin with a clear liquid diet when you wake up in the morning

6:00 PM Fill the dosing cup provided with cold water up to the lower (5-ounce) line. Pour in the contents of ONE (1) packet. Stir for 2-3 minutes until dissolved. Drink the entire contents. Follow with FIVE (5) 8-ounce drinks of clear liquids, taken at your own pace within the next 5 hours, before bed.

MORNING OF PROCEDURE:

____ AM Fill the dosing cup provided with cold water up to the lower (5-ounce) line. Pour in the contents of ONE (1) packet. Stir for 2-3 minutes until dissolved. Drink the entire contents. Follow with at least THREE (3) 8-ounce drinks of clear liquids, before your 3 hour cut off time.

Make sure to take your medications unless otherwise instructed. If possible take the medications prior to your 3 hour cut off time. If this is not possible take medications with the smallest amount of water needed to get them down. We do not want you to stop any medications we didn't tell you to stop, such as blood pressure and/or heart medications.

ABSOLUTELY NOTHING BY MOUTH 3 HOURS BEFORE YOUR ARRIVAL
THIS INCLUDES GUM, CANDIES, AND WATER

Patient's Signature

Witness

Date