

EARLY MORNING Colonoscopy Preparation — Tri-Lyte/Colyte/Nu-Lytely

Name _____

Colonoscopy _____

Day

Date

Arrival Time to Endoscopy Center _____ AM / PM

Procedure Time _____ AM / PM

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.

WHAT TO PURCHASE:

- ✓ Purchase the Bowel Prep Kit at your local pharmacy. You will need a prescription for this kit.
- ✓ Purchase the following item(s) **ONLY** if indicated: _____ One (1) Small box Gas-X tablets
_____ One (1) Small bottle of Milk of Magnesia

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:

- 7:00 AM** Mix the Bowel Prep Kit as directed on the box and refrigerate to chill.
- 8:00 AM** Drink 8 ounces of prep solution every 10 minutes until ½ of the solution is consumed. It is common to feel bloated and/or have nausea, you should gradually improve. Continue drinking clear liquids throughout the rest of day.
- 11:00 AM** Take two (2) Gas-X tablets with 8 ounces of clear liquids.
- 1:00 PM** Take two (2) more Gas-X tablets with 8 ounces of clear liquids.
- 3:00 PM** Take **3** tablespoons of Milk of Magnesia Laxative with 8 oz of clear liquids.
- 6:00 PM** Drink 8 ounces of prep solution every 10 minutes until the remaining solution is consumed. Continue to drink additional clear liquids until you go to bed.

MORNING OF PROCEDURE:

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