



PREPOPIK PREP

Name: _____ Birth Date: _____

Procedure Date: _____ Arrival Time: _____ Physician: _____

- Location: MidAtlantic Endoscopy Center-Lancaster (2104) Lancaster General Hospital Ephrata Community Hospital
 MidAtlantic Endoscopy Center-Oregon Pike Lancaster Regional Medical Center
 Lancaster Gastroenterology Procedure Center (2112) Heart of Lancaster Regional Medical Center

- ✓ Your prescription for your prep has been sent to your pharmacy. Please pick it up immediately (within 5 to 7 days).
- ✓ When you go to prepare your prep, ONLY follow the box instructions to mix the prep, but follow the instruction sheet below for taking the prep.

MEDICATION INSTRUCTIONS: Unless otherwise instructed, **continue all routine medications INCLUDING ASPIRIN & PLAVIX. STOP ADVIL, MOTRIN, ALEVE, IBBUPROFEN** and any other aspirin containing drugs and Vitamin E five (5) days prior to your procedure. **Take Tylenol only for pain. Coumadin, Aggrenox and Ticlid should NOT be taken five (5) days prior to the procedure.**

***If you are diabetic, you may take your Metformin (Glucophage) the morning before your procedure. You will need to hold your Metformin (Glucophage) the night before and the morning of your procedure. Hold any other oral diabetic medications the morning of the procedure and check your blood sugar before arrival. If your blood sugar is 70 or below, please inform the staff immediately upon your arrival.**

***Check with your family physician regarding other diabetic medications, especially insulin. If you have an insulin pump, you will be required to call and get specific instructions from the provider that controls your pump.**

DAY BEFORE PROCEDURE:

YOU MAY NOT HAVE ANY SOLID FOODS TODAY. THIS STARTS FROM THE TIME YOU ARISE. YOU MAY HAVE CLEAR LIQUIDS ONLY FROM THE LIST BELOW.

CLEAR LIQUIDS ALLOWED – (DAY BEFORE PROCEDURE UNTIL YOUR MORNING DOSE OF PREP.)

NO Alcoholic Beverages.

Water (plain, carbonated and/or flavored), sports drinks (Gatorade or propel), carbonated beverages (Sprite, 7-Up, Ginger Ale), coffee or tea **without** milk or creamer, clear fruit juices (apple, white grape, white cranberry) without pulp, lemonade, gelatin/Jell-O without fruit, Kool Aid, Hi-C, fruit ice, ice pops, broth, honey, sugar, hard candy and ice pops

1. **At 6 p.m.** take your first packet of PREPOPIK and dissolve the powder in 5 ounces (lower line on the cup) of cold water. You must stir it for an entire 2-3 minutes until completely dissolved and then drink the entire contents immediately.
2. Continue drinking at least five -8 ounce cups (upper line on the cup) of clear liquids. Drink more if you can until you begin drinking your second dose of your prep.

DAY OF PROCEDURE:

1. Begin drinking your second dose of prep at _____ a.m.(5 hours before leaving your home). Take the second packet of PREPOPIK and dissolve the powder in 5 ounces (lower line on the cup) in cold water. You must stir it for an entire 2-3 minutes until completely dissolved and then drink entire contents immediately.
2. Immediately drink at least **three**-8 ounce cups (upper line on the cup) of clear liquids within 1 hour (this is a total of 24 ounces). Take any necessary morning medications with this bowel prep dose.
3. **Once finished with the bowel prep, you are to have nothing else by mouth to eat or drink. NO water, gum, mints, etc. If you do, you are at risk for having your procedure cancelled.**
4. You may experience bloating or nausea. This should go away as bowel movements begin.
5. It is expected that after taking the prep your bowel movements will appear watery, yellow liquid without any solid stool.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____