

COLONOSCOPY / EUS (circle one) NULYTELY / COLYTE BOWEL PREP (circle one)

*Purchase prep at your requested pharmacy within one week

Name:	E	Birth Date:	Patient Acct #:
Procedure Date:	Arrival Time:		Physician:
☐ MidAtlantic Endosc	opy Center-Oregon Pike	□ La	General Hospital □ Ephrata Community Hospital ncaster Regional Medical Center eart of Lancaster Regional Medical Center
MEDICATION INSTRUCTIONS		·	•
Stop Coumadindays prio Stop iron or iron-containing r No NSAIDs (non-steroidal days prior to	medication fordays prior t	ing on to your proced ch as Naprox J on	ure. Stop taking on ken (Aleve), Ibuprofen (Motrin or Advil), or similar
DAY BEFORE PROCEDURE:	NO SOLID FOODS FOR EN	TIRE DAY, FR	OM THE TIME YOU ARISE.
 Mix bowel preparation accord Drink a <u>minimum</u> of one gall limit to how much you can dri 	on of fluids throughout the da		rink prep until afternoon. om both lists below. Drink more if you can. There is no
Full Liquids Allowed		Clear Liqui	ds Allowed
Milk, milkshakes, ice crea including tomato, (strain ou Slim Fast, Ensure or similar p	t solids) smooth puddings, products	white grape purple), brot	ee or tea without milk, clear fruit juices (apple, , white cranberry), Jell-O without fruit (no red or th/bouillon, Gatorade, Hi C, Kool Aid, any sodas llar), Italian Ice, ice pops
All items must be smooth - exception.) NO ALCOHOLIC	-	seeds. No i t	tems colored red or purple. (Tomato soup is an
Drink each glass quickly. It w	ill take approximately three ho NOT have any item from full g clear liquids, at least 16 oz	ours to comple liquid list from before bed.	this point on. Place remaining ¼ of prep solutions in
·	are to have nothing else by to for having your procedure	y mouth. No cancelled.	aining prep. Drink an 8 oz glass every 15 minutes unti water, gum, mints, etc. If you do not follow these
Reviewed by:			

Print Name