

## PEG-ELECTROLYTE (GENERIC) PREP KIT INSTRUCTIONS FOR COLONOSCOPY OR COLONOSCOPY / EGD

**PATIENT:** \_\_\_\_\_ **ARRIVE AT:** \_\_\_\_\_ **ON** \_\_\_\_\_

**FOR A PROCEDURE APPOINTMENT WITH DR.** \_\_\_\_\_

### √ **5 DAYS BEFORE THE PROCEDURE:**

- **Please read through this entire instruction sheet.**
- Purchase the prepping solution prescription and 2 (5mg.) Bisacodyl/ Dulcolax tablets from your Pharmacy.
- Schedule a ride home. Every patient must be escorted home by a personal friend, family member or caregiver (over 18 years old). The escort should arrive to the facility one (1) hour after the procedure appointment time.
- Patients scheduled after 3:00 pm must have an escort on site by 4:30 pm.
- A cancellation fee of \$ 150.00 may be charged if the patient reschedules or cancels within five (5) business days, before the procedure appointment.

### √ **MEDICATIONS**

- Do not take iron supplements for five (5) days prior to the procedure.
- Aspirin, diabetic medications/insulin, anticoagulation medications, heart medications, blood thinners; must be discussed with your Physician, Nurse Practitioner or Physician Assistant at the time of the pre-procedure office visit.
- Specified medications should be taken the morning of the procedure, as prescribed, 3 or more hours prior to the procedure start time with only a small sip of water.
- Do not stop any medications unless instructed.

### √ **3 DAYS BEFORE THE PROCEDURE:**

- Adjust your diet to prepare for the procedure. Stop eating high fiber foods including, seeds, quinoa, nuts, beans, corn/popcorn, raw fruits, raw vegetables and bran for **three (3) days** prior to the procedure.

### √ **THE DAY BEFORE THE PROCEDURE:**

- This procedure requires that you follow the following diet(s) on the day before the procedure. Your doctor will determine which diet you should follow.

<input type="checkbox"/> Clear Liquid Diet	Breakfast	Lunch	Dinner
<input type="checkbox"/> Low Residue Diet	Breakfast	Lunch	Dinner- before 4pm

**ALLOWED ON A CLEAR LIQUID DIET:** apple juice, white grape and white cranberry juice, broth, tea, coffee (without milk or creamer), Jell-O, Italian Ices, popsicles, sodas, Kool-Aid, Gatorade, and water.

You should continue these clear liquids up until 4 hours prior to your procedure.

**NOT ALLOWED ON A CLEAR LIQUID DIET:** red, orange, and purple colored liquids, as well as the following products, milk, cream, soy milk equivalent, artificial creamer, juices containing pulp (i.e. orange, grapefruit, pineapple, tomato & V-8 juice). Solid foods are not allowed on a clear liquid diet.

**ALLOWED ON A LOW RESIDUE DIET:** Clear liquids as instructed, and you may also have Ensure, Boost, eggs and plain or flavored yogurt without seeds or nuts. NO other foods are allowed on this diet.

**PEG-ELECTROLYTE (GENERIC) PREP KIT – DO NOT FOLLOW THE INSTRUCTIONS ON THE BOX**

✓ **FOLLOW THE TABLE BELOW THE DAY PRIOR TO THE PROCEDURE:**

<b>8:00 am the day before the procedure</b>	Follow a clear liquid diet. It is important to drink as many clear liquids throughout the day to avoid dehydration during the evening prep.
<b>First Dose- part 1</b> 4:00 pm on the day before the procedure	Take 2 (5mg.) Bisacodyl/ Dulcolax tablets with one (1), (8 oz.) glass of water. Then mix the jug of solution by adding water to the fill line. Cap the bottle and shake to dissolve the powder, the solution should be clear and colorless. Refrigerate if desired.
<b>First Dose - part 2</b> 6:00 pm on the day before the procedure	Drink ½ of the jug of solution (8 glasses). Drink one (8 oz.) glass of solution every 30 minutes. Take your time and drink slowly.

✓ **FOLLOW THE TABLE BELOW SIX (6) HOURS PRIOR TO THE PROCEDURE:**

<b>Second Dose</b> Six (6) hours before your scheduled procedure time _____	Drink four (4), (8 oz.) glasses of solution within 1 hour. If you are not having clear or yellow bowel movements continue to drink one (1), (8 oz.) glass every 15-20 minutes until you are clear or until you have reached the time in which you must stop drinking.
Five (5) hours before your scheduled procedure time _____	You must be finished drinking 4 hours prior to your scheduled procedure time.
<b>Additional Instructions:</b>	

✓ **WHAT TO EXPECT:**

- Expect to have frequent bowel movements and diarrhea within 1-4 hours. Be patient and try walking around to stimulate bowel motility. Remain near a restroom. Continue your prep and if after 4 hours you have not had a bowel movement, contact the office.
- Expect to pass clear or yellow fluid at the completion of your prep.
- You must also take the second dose of the prep even if you are passing clear or yellow fluid.
- Expect that patients who do not fully complete their prep and are not adequately prepared may be canceled or rescheduled.

✓ **WHAT TO DO TO MAKE PREPPING EASIER:**

- Patients can use Desitin, Anusol, Tucks pads or Vaseline to coat the rectal area to avoid irritation during the prep.
- Patients can refrigerate the prep to make drinking the solution easier.
- Patients can add a lemon Crystal Lite flavor packet to the solution to help with the taste.
- Patients can drink the solution with a straw or hold your nose when drinking patients should slow down and take time between doses if feeling nauseous.
- Patients should continue drinking clear liquids up to four hours before the procedure. During the 4 hours before your procedure, take nothing by mouth, not even water, chewing gum or candy. **If you do, the procedure will be canceled.**

✓ **LAST MINUTE CHECK LIST:**

- **Take your blood pressure, heart, Parkinson's, seizure or asthma medications, please take these 3 or more hours prior to the procedure start time with only a small sip of water.**
- Other than the medications above, do not take anything by mouth for 4 hours prior to the procedure as listed above.
- If a physician has prescribed for you an inhaler for asthma, bring it with you to the procedure.
- Bring with you your photo ID, insurance Cards, co-payment if required.
- Leave valuables and jewelry at home and wear comfortable clothing.
- Avoid wearing perfume or lotions on the day of your procedure.

**PLEASE LIST:**

**NAME OF ESCORT HOME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_