CAPITAL DIGESTIVE CARE 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 ingredients from your local grocery store, pharmacy or office.
  o You will need one (1), (8.3 oz./ 238 g.) bottle of Miralax, two (2), (5mg.) Bisacodyl/ Dulcolax tablets,
    one (1), (10oz.) bottle of Magnesium Citrate (Do not use Red / Cherry Flavored Magnesium Citrate)
    and 64 oz. of Gatorade or G2 (not red or orange in color)
• 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 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.

  □ Clear Liquid Diet       Breakfast       Lunch       Dinner
  □ Low Residue Diet       Breakfast       Lunch       Dinner- before 6pm

ALLOWED ON A CLEAR LIQUID DIET: apple juice, white grape and white cranberry juice, broth, tea, coffee
without milk, creamer, Jell-O, Italian Ices, popsicles, sodas, Kool-Aid, Gatorade, and water.
You may 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: Ensure, Boost, eggs and plain or flavored yogurt without seeds or nuts. NO
other foods are allowed on this diet.
CAPITAL DIGESTIVE CARE PREP KIT INSTRUCTIONS

√ FOLLOW THE TABLE BELOW THE DAY PRIOR TO THE PROCEDURE:

<table>
<thead>
<tr>
<th>First Dose - part 1</th>
<th>Take 2 (5mg.) Bisacodyl/ Dulcolax tablets with one (8 oz.) glass of water.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00 pm on the day before the procedure</td>
<td></td>
</tr>
<tr>
<td>First Dose - part 2</td>
<td>Mix the (8.3 oz./ 238 g.) bottle of Miralax with 64 oz. of Gatorade or G2 in a large pitcher. Then drink one (8oz.) glass of the solution every 30 minutes until the solution is gone.</td>
</tr>
<tr>
<td>6:00 pm on the day before the procedure</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Second Dose</th>
<th>Drink the (10oz.) bottle of Magnesium Citrate (Do not use Red / Cherry Flavored Magnesium Citrate) Then drink at least two (2) 16 oz. glasses of water or clear liquid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six (6) hours before your scheduled procedure time __________________________</td>
<td></td>
</tr>
<tr>
<td>Four (4) hours before your scheduled procedure time __________________________</td>
<td>You must be finished drinking 4 hours prior to your scheduled procedure time.</td>
</tr>
</tbody>
</table>

Additional Instructions:

√ WHAT TO EXPECT:

- Expect to have frequent bowel movements and diarrhea within 1-3 hours. Be patient and try walking around to stimulate bowel motility. Remain near a restroom.
- Expect that some patients will have a delayed response. If you have not moved your bowels within 3 hours after taking the first dose then call 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 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 may 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:

- If a physician has prescribed for you an inhaler for asthma, bring it with you to the procedure.
- Take your blood pressure, Parkinson’s, seizure or asthma medications, please take these medications 3 or more hours prior to the procedure start time with a small sip of water.
- 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: ________________________________