

SPLIT SUPREP PREPARATION

A. Items to purchase for your Colonoscopy

1. SuPrep Kit - Script called to:
2. 1 bottle of Magnesium Citrate - over the counter
3. 1 - 20 mg Omeprazole Tablet - Script called to:

B. Starting 5 days before procedure: ____ Please avoid eating Nuts, Corn, Seeds, Popcorn, Coconut, Mushrooms, and Bean sprouts. You may continue to eat a regular diet otherwise.

C. If recommended by your provider: Starting 5 days before you start to prep for your procedure (using the 119gram bottle of Miralax): ____ Take one capful of Miralax in a glass of liquid daily.

D. Two days before procedure: ____ At 7:00 pm drink one bottle of Magnesium Citrate

E. The day before the procedure: ____ .

1. You may have a low residue diet for breakfast-then **clear liquids ONLY from 10am on.** (A list of low residue foods and clear liquids are on the next page)

2. **5:00 PM:** Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink **ALL** the liquid in the container. You **must** drink two (2) more 16-ounce containers of water over the next 1 hour Continue to drink large amounts of clear liquids throughout the evening to prevent dehydration and to reduce the likelihood that polyps or cancer will be missed due to a poor-quality bowel prep.

F. DAY OF EXAMINATION:

1. AT ____ (4 hours prior to procedure) Chew the 2 Simethicone tablets that you were given with your instructions. Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink **ALL** the liquid in the container. You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

2. AS SOON AS YOU FINISH DRINKING THE SUPREP SOLUTION SWALLOW THE OMEPRAZOLE TABLET.

3. **NOTHING BY MOUTH AFTER:** ____ (3 hours prior) This includes water, gum, and hard candies. No chewing of tobacco. No smoking the day of the procedure. Not following these instructions will cause your procedure to be cancelled!

3. Please review the provided patient rights and responsibilities.

REMEMBER....

POOR PREP = REPEAT COLONOSCOPY

LOW RESIDUE DIET - BREAKFAST ONLY UNTIL 10:00 AM THE DAY BEFORE YOUR PROCEDURE

- Milk
- Boiled, baked or mashed potatoes (without the skin)
- Eggs (poached or boiled)
- White bread
- Applesauce
- Ripe bananas
- Chicken noodle soup
- Coffee with creamer
- Ensure
- Any of the clear liquids listed below

CLEAR LIQUID DIET ALL DAY UNTIL ___ ON THE DAY OF YOUR PROCEDURE

- Clear strained fruit juices (apple, white grape, white cranberry, lemonade)
- Clear broth or bouillon
- Jell-O
- Coffee (black)
- Gatorade
- Ice Popsicles
- Italian ice
- Tea (plain)
- Kool-Aid
- Clear sodas (7-up, Sprite or Ginger Ale)

NONE OF THESE PRODUCTS SHOULD BE COLORED RED OR PURPLE.
BEVERAGES ARE NOT CONSIDERED A CLEAR LIQUID.

ALCOHOLIC

MEDICATIONS

- STOP ALL: dietary supplements, vitamins and herbal medications 2 weeks prior to your procedure. STOP ALL IRON 3 DAYS PRIOR TO YOUR PROCEDURE.

- Take all of your medications as you normally do up until the day of your procedure with the exception of:

- Effient
- Pradaxa
- Eliquis
- Plavix
- Aggrenox
- Xarelto
- Coumadin

- If you take Coumadin/Warfarin, you must have a Prottime/INR drawn at UPMC Carlisle on: _____ .

- The morning of your procedure take all medications that you normally take in the morning (with a small sip of water) except the following:

- Medication 1
- Medication 2

- Bring all inhalers with you the day of your procedure.

IF YOU ARE DIABETIC

Insulin Dependent Diabetics: Take ½ of your normal evening dose of insulin the evening prior to your procedure.

DO NOT TAKE ANY ORAL OR INJECTABLE DIABETIC MEDS THE MORNING OF YOUR PROCEDURE.-