

Procedure Instruction Packet

READ this instruction packet completely at least 7 days prior to your procedure!!

**Your procedure may be cancelled if these instructions are not followed.

Date of Procedure: _____

Procedure Scheduled: _____

Required Arrival Time: _____

> We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.

Estimated Start Time of Procedure: _____

Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.

Please print this packet out if you are receiving it by email.

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.

Important: If you are scheduled for a colonoscopy, *follow our instructions* <u>ONLY.</u> Do NOT follow the instructions within the colonoscopy prep kit you receive at the pharmacy.

Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.

Colonoscopy Prep Instructions with Plenvu Prescription

10 Days Prior	1 Week Prior	5 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
You must	Pick up your		Drink at least four 8oz.	Begin clear liquid. <u>NO Solid foods</u>	Morning Dose Plenvu- Part 2
STOP taking	prescription.	<u>Stop</u>	glasses of water	today. Red, purple or blue colored	If your procedure is scheduled before 1130am:
Phentermine,	Only follow these	consuming	throughout the day.	liquids are not allowed.	At 3am complete below steps.
or any medication containing <u>Phentermine</u> . <u>Examples:</u> Qsymia, Qnexa, Adipex-P, Suprenza, Fastin or Phentercot	Only follow these instructions. Do NOT follow box instructions. If you take dietary, herbal or fiber supplements, or medications containing iron, discontinue these 7 days before your appointment. If you take Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners:	all food with seeds, corn and nuts. <u>Stop</u> taking ibuprofen, Advil, Aleve and NSAIDs You may take Tylenol as needed.	Blood Pressure and Heart medications: Continue to take these medications as directed. Take them the day of your procedure with a small sip of water no less than 2 hours before procedure.	Acceptable clear liquids include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, gelatin (Jello), popsicles, coffee, and tea (<u>no milk or creamer</u>). If you are taking <u>diabetic medication,</u> cut your dose in half this day and do not take any diabetic medication day of procedure. If you have an insulin pump, check with prescribing MD for instructions. Drink at least four 8oz. glasses of water throughout the day. Do NOT drink	If your procedure is scheduled after 1130am:At 730am complete below steps.It should take 1 hour to completeStep 1- Empty dose 2 (pouch A &B) into container.Add 16oz. water. Mix with spoon to dissolve.Step 2- Drink solution until all solution has beenconsumed within 30 minutes.Step 3- Refill container with 16oz water and drinkslowly in 30 minutes.It should take you no more than 1 hour to completethese steps.**You need to finish 4 hours prior to your procedure.Nothing by mouth at least 4 hours prior to scheduled procedure time-including gum, hard
	You must obtain permission to withhold this		Bring with you day of procedure.	alcohol the day before your procedure.	<mark>candy or mints.</mark>
	medication prior to			<mark>6pm:</mark> Begin Plenvu Prep- Part 1	No smoking the day of procedure.
	your procedure.	cold, or respiratory symptoms within 48 hours of your procedure- call us. NO Solid Foods after	symptoms within 48	Step 1-Empty Dose 1 Pouch (Mango Flavor) in container. Add 16oz. water. Mix with spoon to dissolve.	You may take your essential morning medications with a small sip of water, <u>at least</u> 2 hours prior to your procedure, unless otherwise directed by your physician.
	<u>concerns or</u> <u>questions</u> at 410 224-3636		Step 2- Drink solution until all solution has been consumed within 30 minutes.	<u>You will need:</u> -Insurance Cards -Driver's License/Photo ID	
	You MAY continue to take: once daily aspirin (81mg or		<mark>midnight</mark>	Step 3- Refill container with 16oz water and drink slowly over 30 minutes.	-Any co-insurance fees due -A responsible adult driver to drive you home. A taxi or shuttle is not an approved means of transportation unless you have a family member or friend with you
	325mg daily)			It should take you no more than 1 hour to complete these steps.	unless you have a family member or friend with you. You may not drive until the day after your procedure.

YOUR BOWEL Prep IS VERY IMPORTANT- Please read instructions carefully!

Medication Record Form

- This form must be <u>completed</u> prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.

Madication Name	Dece	Frequency and	Date / Time of
Medication Name	Dose	Time(s) Taken	Last Dose

Medication Record Form

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