

HALFLYTELY PREP FOR COLONOSCOPY

Patient Name _____
 Physician Name _____ Phone: 910-763-1219
 Date of Colonoscopy ___/___/___ Please arrive at _____ Location _____

Do you have Advanced Directives? _____ Yes _____ No
 If Yes, please bring documents with you when you arrive for your procedure.
 Are you allergic to LATEX? _____ Yes _____ No
 Are you a diabetic? (If so, discuss medication dosing with your physician.) _____ Yes _____ No
 Are you taking Iron? (If so, stop taking it for 7 days prior to procedure.) _____ Yes _____ No

Are you taking blood thinners such as Coumadin, Warfarin, Effient, Plavix, Pradaxa, Xiralto, Lovenox and/or Ticlid? If so, you must discuss dosing with the prescribing physician.

| | |
|---|---|
| Prep Materials: YOU <u>NEED</u> A PRESCRIPTION | Purchase the Halflytely Laxative Prep from your pharmacy. |
|---|---|

INSTRUCTIONS - IT IS IMPORTANT THAT YOU FOLLOW THESE DIRECTIONS AS WRITTEN. SPLIT DOSING
IF YOU HAVE DIFFICULTY OR QUESTIONS, PLEASE CALL (910) 763-1219

TWO DAYS BEFORE THE PROCEDURE: Do **NOT** eat raw vegetables or raw fruit. Your diet may include baked potato, fish, pork, chicken, cream soups, pastas, eggs, and grits. You may have cooked vegetables and fruits.

ONE DAY BEFORE THE PROCEDURE

- Have a **CLEAR LIQUID DIET** *Gatorade *Jell-O * Fruit Juice **WITHOUT** Pulp *Clear broth
- (**Nothing RED, PURPLE, or BLUE) *Carbonated Beverages * Popsicles and hard candy
- * Coffee or Tea (Sugar is allowed, **NO CREAM or MILK**)

Have the laxative solution mixed and refrigerated by 1:00 PM.

| | |
|--|--|
| 12:00 PM | Take 2 laxative tablets in the kit with a glass of water. |
| 4:00 PM | Begin drinking the solution. Drink 8 ounces slowly EVERY 15 minutes until HALF of the prep solution is gone. (That is 32-ounces OR Four 8-ounce glasses). You should be finished by 5:30 PM. |
| FIVE HOURS PRIOR TO LEAVING HOME: | Drink ONE 8-ounce glass of remaining prep solution EVERY 15 minutes until the SECOND HALF is gone. (That is 32-ounces OR Four 8-ounce glasses) |

THE MORNING OF THE TEST: Take your blood pressure, seizure or heart medications with just a sip of water. **Do not take diuretics** (water pill, HCTZ, etc.)

*******Notice*******

*You must make arrangements for someone to **come with you, WAIT for you, and drive you home.** You will not be allowed to drive a car for the rest of the day. You will not be allowed to leave by any type of public transportation.*

We recommend a responsible adult remain with you 24 hours after your procedure.

*Please leave **ALL** valuables at home. Hanover Gastroenterology will **NOT** be held responsible for lost or stolen items.*

*If, for any reason, you cannot keep your appointment, please give **48 hours** notice, otherwise you will be charged.*

| | |
|---|---|
| Endoscopy Center 1415 Medical Center Drive To cancel your procedure, please call 910-362-4391 | If you have questions about your procedure or your prep, please contact your doctor's nurse at 910-763-1219 |
|---|---|