

INTEGRATED MEDICAL GROUP, P.C.
GASTROENTEROLOGY / HEPATOLOGY
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INSTRUCTIONS FOR COLON PREPARATION
PLENUV & 4 Stool Softeners

PATIENT: Peters Test

DOB: 01/01/1946

DATE OF PROCEDURE: 00/00/0000

FACILITIES:

1. SCHUYLKILL ENDOSCOPY CENTER - SUITE 103 Evergreen Professional Suites Bld
2. LEHIGH VALLEY SCHUYLKILL EAST - East Norwegian St 2nd floor Out Patient Surgery

BEFORE YOUR SCHEDULED PROCEDURE:

1. Do not take **ASPIRIN** seven (7) days before the procedure (Ibuprofen, aleve, naproxen, excedrin, etc)
2. Hold **PLAVIX/CLOPIDOGREL AND BRILLINTA/TICAGRELOR** for five (5) days before the procedure
3. Stop **IRON/FERROUS SULFATE** five (5) days before the procedure (Check multivitamin for iron)
4. Hold **COUMADIN/WARFARIN, PRADAXA/DABIGATRAN, & XARELTO/RIVOROXABAN** two days prior to the procedure
5. Hold **ELIQUIS/APIXABAN** one (1) day prior to the procedure
6. Hold bedtime and morning **INSULIN**
7. If you take a **once weekly injection for diabetes or weight loss** it must be held seven (7) days before the procedure

THE DAY BEFORE YOUR SCHEDULED PROCEDURE:

1. Drink only clear liquids for breakfast, lunch and dinner. You cannot have any solid foods today. For your convenience, there is a clear liquid diet at the end of this sheet.
2. **At 4 PM - TAKE 4 STOOL SOFTENERS.**
3. **ALSO AT 4 PM** Mix packet labeled **DOSE ONE** into mixing container; fill to the line with water. Mix with spoon until dissolved. Drink entire contents of container over 30 minutes.
4. Rinse container and refill to line with a clear liquid and drink entire contents of container over **30 minutes**.
5. **At 8 PM - Mix Dose 2 (Pouch A & Pouch B)** into the container; fill to the line with water. Drink entire contents of container over **30 minutes**.
6. Rinse container and refill to line with a clear liquid and drink entire contents of container over **30 minutes**.
7. **DO NOT TAKE ANYTHING BY MOUTH AFTER 10 PM.**

DAY OF THE PROCEDURE:

1. **DO NOT EAT OR DRINK ANYTHING IN THE MORNING.**
2. **TAKE ONLY MORNING BLOOD PRESSURE AND/OR SEIZURE MEDICATION WITH A SIP OF WATER.**
3. **DO NOT TAKE INSULIN OR BLOOD SUGAR MEDICATIONS THE MORNING OF THE TEST. DO NOT REMOVE CONTINUOUS GLUCOSE MONITOR IF YOU WEAR ONE.**
4. **DO NOT USE ANY MEDICAL OR RECREATIONAL MARIJUANA THE MORNING OF YOUR PROCEDURE.**
5. **YOU MUST REMOVE ANY PIERCING'S FROM YOUR FACE AND/OR TONGUE**
6. **YOU MUST TAKE YOUR INSURANCE CARDS WITH YOU.**
7. **SOMEONE MUST ACCOMPANY YOU TO AND FROM THE CENTER SINCE YOU WILL NOT BE PERMITTED TO DRIVE HOME.**

If you have any questions, please call 570-622-5555 and ask for Tracey, Loren, Anja, Diane, Carol, or Amber.

****IF YOU ARE USING OUR PATIENT PORTAL AND YOU VIEW THE APPOINTMENT, PLEASE BE ADVISED THAT THE TIME LISTED **IS NOT** YOUR SCHEDULED TIME. THESE SLOTS ARE THERE JUST TO SHOW THAT YOU ARE SCHEDULED FOR THAT SPECIFIC DAY. THE TIME WILL COME DIRECTLY FROM THE FACILITY 1 BUSINESS DAY PRIOR TO THE PROCEDURE. ****

Patient Signature: September 9, 2024

CLEAR LIQUID DIET

YOU MAY NOT EAT OR DRINK ANYTHING THAT IS NOT LISTED BELOW:

The following foods are permitted in unlimited amounts:

LIQUIDS: Clear consomme, bouillon and/or broth, tea, coffee, decaffeinated beverages, Postum, Kool Aid, carbonated beverages.

JUICES: Strained orange and grapefruit juice (only need to strain if it is freshly squeezed or has pulp in it), cranberry, apple and/or pineapple juice.

OTHER ITEMS: Flavored gelatin (Jello) **BUT NOT RED OR ORANGE JELLO**, sugar hard crystalline candy, honey, pure sugar candy, sherbet ices (**NOT ICE CREAM AND MUST BE WITHOUT NUTS, FRUITS OR PULP**)

SAMPLE MENU

BREAKFAST

Pineapple Juice

Strained Orange Juice

Consomme

Gelatin

Tea & Lemon (No pulp)

LUNCH

Apple Juice

Strained Grapefruit Juice

Bouillon

Jello

Cola Beverage

DINNER

Cranberry Juice

Strained Orange Juice

Broth

Gelatin

Coffee (without cream)