



5 Days Before

STOP eating nuts and seeds (includes sunflower, cucumber, pickle, tomato, zucchini, squash, etc.) until AFTER your colonoscopy.



48-72 Hours Before

COVID-19 TEST DATE _____. This can be done at the Same Day Surgery desk Monday-Friday 0700-1530. Lunch observed from 1130-1200. Saturday COVID Drive-Thru Swab Hours 0700-1200 - Follow COVID Drive-Thru signs outside hospital. Closed Sunday.

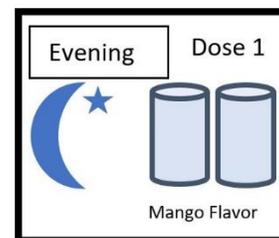
Day Before Procedure

No Red or Purple Liquids

CLEAR LIQUID DIET ALL DAY LONG. No Solid Food.

No Red or Purple Liquids

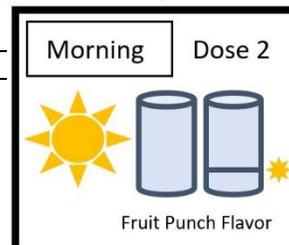
1. Drink lots of clear liquid throughout the whole day. *see list on previous page*
2. Take Medication like normal unless otherwise directed. *See "Medication" on previous page*
3. {Optional} Breakfast: Drink 2 liquid shakes (Ensure/Boost/Glucerna/Slim fast/Premier Protein) before 10:00 am. Only Chocolate or Vanilla Flavor.



4. **5 PM - 6PM:** Drink Dose 1 of your prep. Fill jar to fill line with cold water, pour in dose 1 packet, mix, and drink over 30 minutes. Fill empty jar to fill line with cold water again and drink over 30 minutes.
5. The prep will give you diarrhea. Continue hydrating by drinking clear liquids until bedtime or midnight.
6. **Midnight: Nothing by Mouth.** This includes chewing gum, tobacco, sucking on hard candy, and water until you start Dose 2 in the morning.

Day of Procedure

1. **If your check in time is after 1200,** you may have a clear breakfast - 8 oz. of clear fluid ONLY.



2. Start Dose 2 of prep at _____ (**4 hours** before your check in time). Fill jar to fill line with cold water, pour in both dose 2 packets, mix, and drink over 30 minutes. Fill empty jar to fill line with cold water again and drink over 30 minutes **EXCEPT last 3-4 oz of water.** Save to drink with Simethicone pills.
3. Chew and swallow all 6 Simethicone pills (Gas-X medication) with the last 3-4 oz of your saved prep water.
4. 20 min after finishing the prep, please take **ONLY** medication for your lung, heart, and thyroid with a sip of water. Otherwise, HOLD rest of your medication can be taken after your procedure.
5. **NOTHING ELSE BY MOUTH** (includes gum, tobacco, clear fluids, and water).
6. Look at your final bowel movement. The nurse will want to know the color.
 - If brown, please call the nurse at 702-653-3495. **Please follow prep instructions exactly, otherwise you may have to be rescheduled and redo your prep.**