

MoviPrep Colonoscopy Split Dosing Instructions

*****READ ALL INSTRUCTIONS UPON RECEIPT*****

«FirstName» «LastName» Date of Appointment: «encDate» with Dr. «RendPrLName»

Be at the location marked below by:

Pre-Register at least 2 days prior with the following location:

___ Alaska Digestive Center 563-1750 ___ ARH Day Surgery 264-1952 ___ Providence Day Surgery 212-3149

(Due to Sedation, you must bring an adult driver with you to take you home safely)

Call your insurance plan to ensure they will cover your procedure. Please note there will be separate fees for the Physician, Facility, Pathology and/or Laboratory.

Medications:

Seven (7) days prior to procedure stop all:

- Prescription Iron Pills
- Stool Formers (Imodium, Fiber Supplements)

•Blood-thinning medications may need to be discontinued prior to your procedure.

Take your last dose of _____ on _____.

*****You should continue your other prescribed medication unless instructed not to*****

•**Diabetic patients** - If you take an oral hypoglycemic ("sugar pill"), do not take it the day of your procedure. If you are taking insulin, you should only take half (1/2) of your usual scheduled insulin dose the night before and nothing the morning of the procedure.

Foods to Avoid:

Five (5) days prior to procedure, avoid the following:

- Nuts - Seeds - Grains
- Granola - Corn - Popcorn

Upon awakening on _____, the day before your procedure, start a clear liquid diet. **(NO SOLID FOOD)**.

Prepare you MoviPrep Solution on the morning of _____

*Empty 1 Pouch A and 1 Pouch B into container. Add lukewarm water to fill line and mix. Then refrigerate.

Diet: Avoid RED, ORANGE, or PURPLE liquids. No Milk/Milk Products and No Non-Dairy Creamer. No juices with Pulp

Acceptable List of Clear Liquids:

- | | | |
|--------------------|------------------------|------------------|
| - Water | - Apple Juice | - Coffee (black) |
| - Gatorade | - Bouillon | - CrystalLite |
| -White grape juice | - Soft Drinks | - Popsicles |
| -Lemonade | - Tea | - Jell-O |
| - Hard Candies | -White Cranberry Juice | - Kool-Ai |

Prep:

At 5:00 pm, on _____ the day before your procedure, begin drinking the 1st dose of MoviPrep Solution.

- Drink one 8 ounce glass every 15 minutes until the full liter is complete.
- Drink 16 ounces of the clear liquid of your choice.
- Continue clear liquid diet throughout the evening (NO SOLID FOOD)
- You will have many watery bowel movements that should begin in about 1 hour
- After completing prep, you will pour the remaining A&B packets in the container; add lukewarm water to fill line and refrigerate for the next morning dose.

The day of your procedure, _____ at _____

- Drink one 8 ounce glass every 15 minutes until it is gone. Try to drink one full glass at a time instead of sipping.
- Drink 16 ounces of the clear liquid of your choice.
- **No more liquids after _____ until your procedure is over (including water).**