

# Colonoscopy Preparation Planner - Fleets Phospho-Soda

Name \_\_\_\_\_


Appointment Date: \_\_\_\_\_

Check-in Time: \_\_\_\_\_




MD: \_\_\_\_\_

Phone: 509-248-6616

Location:  402 South 12th Avenue  
 Yakima Valley Memorial Hospital  
 Yakima Regional Medical Center

 **Please remember to arrange for someone to drive you home\*\*\*. You will be sedated and if you do not have a ride home, we will have to cancel your procedure.**

Checklist preparation schedule below for the five days preceding your Colonoscopy

5 Days Prior Date: _____	4 Days Prior Date: _____	3 Days Prior Date: _____	2 Days Prior Date: _____	1 Day Prior Date: _____	Procedure Day Date: _____
<input checked="" type="checkbox"/> Arrange a ride <input checked="" type="checkbox"/> Insurance: Please contact your insurance carrier in advance to verify your co-pay and/or private pay responsibility for your procedure. We will expect your co-pay and/or private pay amount due when you check in. <input checked="" type="checkbox"/> Go to pharmacy to pick up oral laxative (Fleets Phospho-Soda) <input checked="" type="checkbox"/> If taking <i>Coumadin</i> , you will need to stop taking Coumadin 3-5 days prior to procedure <input checked="" type="checkbox"/> <b>Stop</b> taking iron, aspirin, over the counter pain medication <b>Now</b> . You may take Tylenol/ Tylenol products	<input checked="" type="checkbox"/> Last Chance to cancel appointment, for non-medical reasons, or you may be charged a <b>NO SHOW</b> fee of <b>\$75.00</b> <input checked="" type="checkbox"/> If you are Diabetic and on Insulin please check with your prescribing physician regarding modifying your Insulin dose the day of your procedure.  <p>***A responsible adult must escort you home even if you are taking a bus or taxi.</p>	<input checked="" type="checkbox"/> Review dietary needs listed for the next 2 days. <input checked="" type="checkbox"/> Plan meals/diet accordingly <input checked="" type="checkbox"/> Confirm your ride	<input checked="" type="checkbox"/> Drink at least 8 glasses of water throughout the day:  <input checked="" type="checkbox"/> Eat well-balanced meals with the following exceptions: <input checked="" type="checkbox"/> <b>No</b> raw fruits or vegetables <input checked="" type="checkbox"/> <b>No</b> whole wheat, high fiber breads and cereals <input checked="" type="checkbox"/> <b>No</b> nuts or popcorn <input checked="" type="checkbox"/> <b>No</b> liquids with red or purple artificial dyes <input checked="" type="checkbox"/> <b>No</b> solid food or milk products after midnight	<input checked="" type="checkbox"/> Drink at least 8 glasses of water throughout the day:  <input checked="" type="checkbox"/> Start strict *clear liquid diet <input checked="" type="checkbox"/> 4 p.m. drink 1 ounce of Fleet Phospho-Soda** (mixed with an 8 ounce glass of clear liquid) such as ginger ale <input checked="" type="checkbox"/> 4:15 p.m. drink 1 full glass of clear liquid <input checked="" type="checkbox"/> Between 4:15 p.m. and 8 p.m. drink 3 additional glasses of clear liquid <input checked="" type="checkbox"/> 6 p.m. drink 2nd ounce of Fleet Phospho-Soda <input checked="" type="checkbox"/> It is common to have a sensation of bloating and nausea with the preparation. If these symptoms are severe, or you develop vomiting, please stop the preparation for 1-2 hours and then slowly resume. If you continue to have difficulties, then stop the preparation and resume in the morning at least 3 hours before your procedure. If you have additional questions please call the gastroenterologist on call at 248-2970 after 5:00 p.m.	<input checked="" type="checkbox"/> Early in the morning, take your usual prescribed medications with sips of water <input checked="" type="checkbox"/> Take 3rd ounce of Fleet Phospho-Soda at least 4 hours before procedure (mixed with 8 ounces of clear liquid) <input checked="" type="checkbox"/> If nausea and vomiting occur and you cannot finish your prep, call the ON CALL physician at 248-2970 <input checked="" type="checkbox"/> Clear liquids* allowed up till 4 hours prior to procedure Be sure to bring: <input checked="" type="checkbox"/> Ride <input checked="" type="checkbox"/> Insurance Card <input checked="" type="checkbox"/> Copay/Private Pay  Leave money and other valuables at home Allow 2-4 hours in our department
			No bulking agents (Metamucil, Fibercon, bran) →		
No Ibuprofen (Motrin, Advil) →			→		
No arthritis medications (Naprosyn, Feldene) →			→		

\*CLEAR LIQUID SUGGESTIONS: Strained fruit juices without pulp (apple, white grape, lemonade); water; clear broth (bouillon or consomme, any flavor); black coffee or tea; Gatorade; fruit flavored drinks; Jell-O; Popsicles  
 \*\*Mild side effects may occur, but should go away rapidly. These include bloating, nausea, cramping. Remember to stay near a toilet.