## WEST CHESTER G.I. ASSOCIATES

		Rowal Proporation with N	nI vtolv	
	DO NOTE LE OR DRIN	Bowel Preparation with No		
			th you. You may not drive for 12 hours following your	
		ortation service <u>without</u> a responsible party with	in you. You may not drive for 12 hours following your	
	procedure.			
	N	Aaterials You Will Need to Prepare F	or Your Procedure	
		Lytely Bowel Prep which has been provided b		
	_	Bowel Prep from the <b>Pharmacy</b>		
		ructions (see attached Clear Liquid Diet She	eet)	
		Garatilla de adres Decembra	N. 1	
		Special Instructions Regardin		
		lements for one week prior to the procedure d		
		/Plavix days prior to your sch	neduled procedure date.	
	Diabetic patients:		<u>-</u>	
		TZ or Dyazide (water pill) the day of the pro		
			taken on the day of the procedure with a sip of water	
	Stop Effexor one day before the procedure			
	<b>Asthmatic patients</b> sho	ould bring their <b>INHALERS</b> with them on the o	day of the procedure	
	Other			
		The Day Before Your	Fyom	
	DO NOTEATANV S	OF ID EOODS VOLLMAY ONLY HAVE (	CLEAR LIQUIDS UNTIL 4 HOURS BEFORE	
	YOUR SCHEDULED		LEAR LIQUIDS UNTIL 4 HOURS BEFORE	
			wwigo	
	Take all of your normal prescription medications, <b>unless advised otherwise.</b> You may go to work, but be home by 6 pm to begin your bowel prep.			
	<b>IMPORTANT NOTE: follow the instructions below,</b> <u>NOT</u> the instructions on the Prep's packaging. Prepare your <b>NuLytely</b> solution in the morning with lukewarm water to the designated line and add a flavor packet. <b>Shake</b>			
		solution in the morning with lukewarm water to	o the designated line and add a flavor packet. Shake	
	well and refrigerate.			
		PM Procedure		
	At 6 pm – Begin drinki	ng the <b>NuLytely</b> laxative solution.		
			nces of the solution is consumed (1/2 the bottle).	
			Lytely solution, 8 ounces every 10-15 minutes until the	
		on is consumed. You <b>must</b> finish drinking by 8		
			ation through a straw may also improve your tolerance	
	for this bowel prep.			
		OON PROCEDURE, you may have CLEAR I	LIQUIDS up to 4 hours prior to your scheduled	
	arrival time.			
	Other			
	Ouestions about syn	⇒ Questions about symptoms or medications call 484-356-1050 between <b>7:30 am- 3:30 pm (Nurse Line</b> )		
		le questions call 610-431-3122	r ( the state of	
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	→ If you reschedule, as	sk if you will need new prep instructions.		
Patient:	Print Name	Signature	Date	

**Procedure Date:** \_\_\_\_/\_\_\_/\_\_\_\_

REV: 05/11/2009