



**REGIONAL
GASTROENTEROLOGY**
Associates of Lancaster, LTD.

NULYTELY/COLYTE BOWEL PREPARATION (circle one)
(Purchase prep at any pharmacy with the prescription given to you by our office).

Name: _____ Birthdate: _____

Procedure Date: _____ Time: _____ Place: _____ Report to Facility: _____

Day Before Examination: NO SOLID FOOD THE ENTIRE DAY BEFORE EXAM

1. Early in the AM mix the bowel preparation according to the instructions from the pharmacy. Refrigerate, so that the prep will be chilled to drink later.
2. Drink only FULL and CLEAR liquids until 6:00 PM. **FULL LIQUIDS ALLOWED:** Milk (plain and chocolate), plain milkshakes and ice cream (vanilla, chocolate, coffee), orange juice (pulp free), yogurt without fruit, cream soups without solids (cream of tomato is allowed), smooth pudding (no tapioca or rice), Slimfast, Ensure, or similar products.
CLEAR LIQUIDS ALLOWED: Black coffee or tea, water, clear fruit juices like apple, white grape, white cranberry, flavored Jell-O without fruit, broth/bouillon, Hi-C, Kool-Aid, ice pops, Italian ice, Gatorade or any soda (diet or non-diet). Please avoid drinking liquids that are red or purple in color. Green, yellow, orange, and blue colors are acceptable. **NO ALCOHOLIC BEVERAGES.**

*****IT IS IMPORTANT THAT YOU DRINK PLENTY OF, AND A VARIETY OF, LIQUIDS THROUGHOUT THE DAY TO PREVENT DEHYDRATION. Minimum of 1 gallon.*****

3. At 6:00 PM begin drinking prep. Drink an 8 oz glass at least every 10-15 minutes. Drink rapidly, rather than sip, as this helps the prep to work better. It will take up to 4 hours to finish the prep.
4. You may feel bloated and nauseated at first (this is common and should disappear after bowel movements begin).
5. Eventually stools will be a yellow-clear liquid.
6. **After completing the prep, you may resume clear liquids only (as listed above). You may continue to have clear liquids up to 6 hours before the procedure, then nothing by mouth.**
7. Your medication instructions are:
 - _____ Take all your medication as usual (including blood pressure and cardiac)
 - _____ No aspirin or aspirin-containing products for _____ days prior to test.
 - _____ No Coumadin (warfarin) for _____ days prior to test
 - _____ No iron or iron-containing medication for _____ days prior to test
 - _____ No NSAIDS (non-steroidal anti-inflammatory drugs) such as Aleve (Naproxyn), Ibuprofen (Motrin), Advil, or similar meds _____ days prior to test
 - _____ Special diabetic medication instructions: _____
 - _____ Other: _____

Day of Examination:

The AM medications that you are allowed to take should be taken as close to your usual time as possible, but at least two (2) hours before your procedure and with just a sip of water.

ON THE DAY OF YOUR PROCEDURE SOMEONE MUST DRIVE YOU HOME FROM THE OFFICE, HOSPITAL, OR OUTPATIENT FACILITY. YOU MAY NOT DRIVE A MOTOR VEHICLE, OPERATE ANY EQUIPMENT, OR RETURN TO WORK UNTIL THE FOLLOWING DAY.

PLEASE BE AWARE THAT ANY VALUABLES YOU CHOOSE TO BRING WITH YOU TO YOUR EXAM WILL BE THE RESPONSIBILITY OF THE PATIENT AND/OR THE DRIVER. YOU MAY BRING READING GLASSES TO READ AND SIGN PREPROCEDURE FORMS. **RGAL/MAGIC IS NOT RESPONSIBLE FOR YOUR VALUABLES.** Photo ID is required at time of check in for patient verification purposes.

Please phone RGAL if you have any questions and notify our office within 72 business hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 business hours will result in an additional charge as well as a charge for any non-cancelable ancillary services.

Date: _____

Nurse's Signature: _____



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