



611 Grammont St. Monroe, La. 71201
318.325.2634 or 800.293.2634

Halflytely® Colon Preparation

Supplies Needed: Prescription for Halflytely® bowel preparation kit
(when you fill your prescription, you will get all needed supplies from the pharmacy)

Day Before Procedure: _____

_____ **Clear liquids only all day-no solid food.** IT IS IMPORTANT THAT YOU DRINK AS MUCH FLUID AS YOU CAN THROUGHOUT THE DAY UNTIL MIDNIGHT. Clear liquids include: water, clear sodas, coffee (no milk or creamers), tea, gelatin (no red or purple), chicken or beef broth, clear juices (apple, white grape juice) and ice pops without bits of fruit and you can suck on hard candy. **NO RED OR PURPLE! NO MILK! NO ALCOHOL!**

_____ Add 1 flavor pack of choice to Halflytely® bottle (solution can be used with or without the flavor packs)
Add drinking water to the top line on the Halflytely® bottle. Put the cap on the bottle and shake to dissolve solution. Refrigerate.

_____ 4:00pm Take 2 Bisacodyl Tablets (included in the kit) with a large glass of water.

_____ 5:00pm Drink 6oz.-8oz. (1 cup) of Halflytely® solution every 15 minutes until it is gone. Follow with several glasses of clear liquids.

_____ You may continue to drink clear liquids until _____ a.m.

Day of Procedure: _____

_____ Take all your morning medications, if any, with a sip of water.

*If you use an inhaler, please take a treatment the morning of the procedure whether you are symptomatic or not.

If you are a **DIABETIC, please call your primary care physician for dosage changes the day before the procedure.

The day of your procedure, DO NOT TAKE YOUR DIABETIC MEDICATIONS.

* Be sure to check your blood sugar the morning of your procedure.

If you take **BLOOD THINNERS, follow instructions given to you at the time of pre-registration.

_____ Bring a list of your medications with you.

_____ You may brush your teeth and gargle, just do not swallow any water.

_____ Bring someone to drive you home. You will be here approximately 2 hours. **If you do not have a driver, your procedure will be cancelled.**

_____ You should not drive for 8-10 hours after the procedure.

Procedure Date: _____

Procedure Time: _____

Place: _____

Arrival Time: _____

Physician performing procedure: _____

Patient Signature: _____ Prep Given By: _____