



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

MoviPrep®-Morning Procedure

Supplies Needed: Prescription for MoviPrep® 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!**

_____ 5:00pm **Step 1-** Empty 1 Pouch A and 1 Pouch B into the disposable container.
Add lukewarm water to the top line of the container. (You can add lemonade Crystal Light® or other lemonade flavored drink mix)
Mix to dissolve.
*You can mix the solution ahead of time and refrigerate prior to drinking. The solution should be used within 24 hours.

Step 2- The container is divided by 4 marks. You will start drinking down to the next mark every 15 minutes until the solution is gone.

_____ 6:00pm Drink 16oz. of clear liquid of your choice. This is necessary to keep you hydrated.
_____ Continue to drink clear liquids until you go to bed.
_____ Nothing by mouth after midnight except second dose of prep.

Day of Procedure: _____

If your procedure is scheduled in the early morning, you will need to get up in the middle of the night to take this dose of preparation. We understand this is an inconvenience, but the correct timing of this dose is essential to an effective preparation.

_____ 1:00am **Step 1-** Empty 1 Pouch A and 1 Pouch B into the disposable container.
Add lukewarm water to the top line of the container.
Mix to dissolve.

Step 2- Start drinking the solution down to each mark every 15 minutes until the solution is gone.

_____ 2:00am Drink 16oz. of clear liquid of your choice.

_____ 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.

_____ 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: _____