



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

### OsmoPrep™ Afternoon Procedure

**Supplies Needed:** Prescription for OsmoPrep™ 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!**

- \_\_\_\_\_ Drink an extra 8 oz. of clear liquid every hour from 11a.m. to 5 p.m.
- \_\_\_\_\_ 5:00pm Take 4 OsmoPrep™ tablets with at least 8oz. of clear liquid
- \_\_\_\_\_ 5:15pm Take 4 OsmoPrep™ tablets with at least 8oz of clear liquid
- \_\_\_\_\_ 5:30pm Take 4 OsmoPrep™ tablets with at least 8oz of clear liquid
- \_\_\_\_\_ 6:00pm Take 4 OsmoPrep™ tablets with at least 8oz of clear liquid
- \_\_\_\_\_ 6:30pm Drink 8 oz of clear liquids every 30 minutes for the next hour.

\_\_\_\_\_ Continue to drink clear liquids until you go to bed. You can have clear liquids until \_\_\_\_\_ a.m.

**Day of Procedure:** \_\_\_\_\_

- \_\_\_\_\_ 5:00am Take 4 OsmoPrep™ tablets with at least 8oz of clear liquid
- \_\_\_\_\_ 5:15am Take 4 OsmoPrep™ tablets with at least 8oz of clear liquid
- \_\_\_\_\_ 5:30am Take 4 OsmoPrep™ tablets with at least 8oz of clear liquid

\_\_\_\_\_ 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: \_\_\_\_\_