



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

Suprep® Afternoon Procedure

Supplies Needed: Prescription for SUPREP® 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 hard candy. **NO RED OR PURPLE! NO MILK! NO ALCOHOL!**

_____ 5:00pm Pour ONE (1) 6oz. bottle of SUPREP® liquid into the mixing container.
Add cool drinking water to the 16oz. line on the container and mix.(You can add lemonade flavored drink mix)
Drink all the liquid in the container.

_____ 5:30pm Drink 16oz. container of water.

_____ 6:00pm Drink 16oz. container of water.

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

Day of Procedure: _____

_____ 5:00am Pour ONE (1) 6oz. bottle of SUPREP liquid into mixing container.
Add cool drinking water to the 16oz. line on the container and mix.
Drink all the liquid in the container.

_____ 5:30am Drink 16oz. container of water.

_____ 6:00am Drink 16oz. container of water.

_____ 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: _____