



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

**Golytely® Morning Procedure**

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

**Day Before Procedure:** \_\_\_\_\_

\_\_\_\_\_ Add 1 gallon of water to the Golytely® powder and refrigerate

\_\_\_\_\_ **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!**

\_\_\_\_\_ 2:00pm Begin drinking the Golytely® solution- 1 (8oz) glass every 20 minutes until ½ gallon is gone.

\_\_\_\_\_ 9:00pm Begin drinking the Golytely® solution- 1 (8oz) glass every 20 minutes until the remainder is gone.

\_\_\_\_\_ **NOTHING BY MOUTH AFTER MIDNIGHT**

**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.

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