

Bowel Preparation Instructions

Items necessary to purchase:

- **Clenpiq Liquid Bowel prep kit** –Prescription required and e-scribed to your local pharmacy
 - **Do not follow instructions included in the package.** Follow instructions below.

5 days prior to your procedure, please avoid seeds and nuts as much as possible.

The day before your procedure:

- **NO SOLID FOODS ALL DAY LONG.** Consume only a clear/transparent liquid diet.
 - Water, Soda, Gatorade, black coffee, tea, popsicles, Jell-O, Broth/bouillon,
 - apple juice, white grape juice, white cranberry juice
- **AVOID RED AND PURPLE LIQUIDS**
- Drink plenty of clear liquids throughout the day to stay hydrated
- **NOTHING AFTER MIDNIGHT EXCEPT FOR THE PREP AS DIRECTED**
- **NO ALCOHOL**

Prep Times:

Procedure time **7:00am to 10:30am** Start Part A at 2 PM the day before your procedure, finish by 4 PM

1. Pour 1 of the bottles of Clenpiq liquid into the provided cup and drink
2. Drink five more cups of water using provided cup (40 oz. total)

You can continue to drink clear liquids

Start Part B at 10 PM the night before your procedure, finish by Midnight

1. Pour 1 of the bottles of Clenpiq liquid into the provided cup and drink
2. Drink 4 more cups of water using provided cup (32 oz. total)

AFTER FINISHING PART B: DO NOT EAT OR DRINK ANYTHING ELSE

Procedure time **11:00am to 2:00pm** Start Part A at 5 PM the day before your procedure, finish by 7 PM

1. Pour 1 of the bottles of Clenpiq liquid into the provided cup and drink
2. Drink 5 more cups of water using provided cup (40 oz. total)

You can continue to drink clear liquids

Start Part B at 5 AM the morning of your procedure, finish by 7 AM

1. Pour 1 of the bottles of Clenpiq liquid into the provided cup and drink
2. Drink 4 more cups of water using provided cup (32 oz. total)

AFTER FINISHING PART B: DO NOT EAT OR DRINK ANYTHING ELSE

For a sore bottom try ointments such as A&D, Preparation H, or Vaseline to area as needed

Special Instructions

Please contact the office at 314-529-4900 option 4 if you have any items below:

- An implanted defibrillator and/or pacemaker
- You have had a cardiac stent placed in the last 12 months
- You are taking an antiplatelet medication with aspirin
- You are currently taking blood thinners such as Coumadin, Jantoven (warfarin), Pradaxa (dabigatran), Xeralto (rivaroxaban), Eliquis (apixaban), Clopidogrel (Plavix), Prasugrel (Effient), Ticagrelor (Brilinta)
- You are currently taking any diabetic or weight loss medication such as; Farziga, Jardiance, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, Wegovy or Zepbound

Insulin: Please contact your prescribing physician and inform him/her that you cannot eat or drink after midnight before your procedure, then ask for instructions on how to adjust your insulin dosages

Herbal Medication: It is best to stop any herbal remedies 5 days before the procedure as many of them can thin the blood and increase risk of bleeding during or after the procedure.

SOMEONE WILL NEED TO DRIVE YOU TO AND FROM THE ENDOSCOPY CENTER THE DAY OF YOUR PROCEDURE

- Driver needs to stay at the facility during your procedure. Plan on staying for around 2 hours.
- You will not be able to drive or drink alcohol for 24 hours following your procedure.

Medication Reconciliation Form

Allergies (Examples: food, medications, latex, etc)

Medication Name	Reaction	Medication Name	Reaction

- List **ALL YOUR MEDICATIONS** including, eye drops, over-the-counter and alternative medicines such as vitamins, herbals, supplements and THC (cannabis).
- It is extremely important for your care and safety, that you provide complete and accurate information

Medication List

Medication Name	Dose	How often do you take it?	Why are you taking this medication?	Date of last dose taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

It is suggested that you provide a copy of this list to your Primary Care Provider.

OFFICE USE ONLY

Reviewed By RN _____
Signature Date/ Time

No Changes to Medications; Resume home medications

Changes

New Medication Name	Dose	Frequency	Purpose of Medication

Patient education regarding medication changes

Medications Reconciled by RN _____
Signature Date/ Time