Phone: (865) 539-5372 Option 2

x: (865) 539-5369

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					AT		ARRIV	AL TIME			

REPORT TO PARKWEST HOSP (MAIN ENTRANCE) FT. LOUDOUN HOSP (ER/REG DESK)

**** LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE ****

PRE-PROCEDURE INSTRUCTIONS: <u>DO NOT EAT CORN, VEGETABLES, FRUITS, SEEDS, NUTS, POPCORN OR HIGH FIBER FOODS FOUR DAYS PRIOR TO YOUR EXAMINATION.</u>



- BEGINNING ON ______YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS,
 ONLY CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED.
- AT 4PM YOU WILL MIX YOUR <u>PLENVU</u>. EMPTY DOSE 1 (POUCH A) INTO CONTAINER WITH 16 OZ OF WATER AND SHAKE OR STIR UNTIL COMPLETELY DISSOLVED. (2-3 MINUTES) SLOWLY DRINK THE SOLUTION UNTIL FINISHED. DRINK THE ENTIRE DOSE WITHIN 30 MINUTES. REFILL THE CONTAINER WITH 16 OZ OF CLEAR LIQUID AND DRINK THIS WITHIN THE NEXT 30 MINUTES.
- AT 7PM EMPTY THE CONTENTS OF DOSE 2 (POUCH A AND B) WITH 16 OZ OF WATER AND SHAKE OR STIR UNTIL DISSOLVED. DRINK THE ENTIRE DOSE WITHIN 30 MINUTES. REFILL THE CONTAINER WITH 16 OZ OF CLEAR LIQUID AND DRINK THIS WITHIN 30 MINUTES.
- NOTHING TO EAT OR DRINK AFTER 10 PM.

DO NOT EAT OR DRINK ANYTHING ON THE MORNING OF YOUR EXAMINATION. IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE & YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

MEDICATIONS TO STOP PRIOR TO PROCEDURE

7 DAYS PRIOR:

Trulicity
Ozempic
Mounjaro
Bydureon beise
Byetta
Victoza, Saxenda
Adlyxin
Rybelsus

7 DAYS PRIOR:

Aspirin
Effient
Fish Oil
Flaxseed Oil
Supplements
Fiber

5 DAYS PRIOR:

Iron Supplements
Coumadin
Warfarin
Brilinta
Plavix

3 DAYS PRIOR:

Pradaxa Eliquis Savaysa Xarelto

2 DAYS PRIOR:

Ibuprofen Naproxen Meloxicam Anti-inflammatory

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

 YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

****IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. ****

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPTION 2.

*** PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU ***

CLEAR LIQUID DIET

DAY BEFORE PROCEDURE

TEA (decaffeinated or regular)
BLACK COFFEE (NO CREAMER/MILK)
CARBONATED BEVERAGES (clear or light colored only)
FRUIT FLAVORED DRINKS
GREEN TEA
LEMONADE
GATORADE (NO RED OR PURPLE)
POWERADE (NO RED OR PURPLE)

BOUILLION (BEEF OR CHICKEN)

WATER

JELL-O (NO RED OR PURPLE)
POPSICLE (NO RED OR PURPLE)

SUGAR HONEY SYRUP HARD CANDY (NO RED OR PURPLE) SALT

4 DAY PRE-PROCEDURE DIET—FOODS ALLOWED

MEAT—FISH, CHICKEN, PORK, TURKEY AND GROUND BEEF

PASTA—NO RED SAUCE

WHITE RICE

DAIRY-CHEESE, MILK, PLAIN YOGURT

EGGS

WHITE BREAD