Phone:

(865) 539-5372 OPTION 2

(865) 539-5369

| \$ | ÀT | | ARRIVAL 1 | TIME |
|--|-------------------------------|---------------------------------|---------------------------------|--|
| REPORT TO | PARKWEST ARRIVAL MAY | HOSP (MAIN E RESULT IN UP TO | NTRANCE) O A 2-HOUR DELA | FT. LOUDOUN HOSP (ER/REG DESK) Y IN YOUR PROCEDURE **** |
| PRE-PROCEDURE I DAYS PRIOR TO YOU DAY ONE PREP | NSTRUCTIONS: UR PROCEDURE. | FOR THIS EXAM DO NOT EAT C | INATION YOU MU ORN, YEGETABL | IST FOLLOW A SPECIAL SOFT DIET FOR FIVES, FRUIT, SEEDS, NUTS OR POPCORN. |
| BEGINNING | ON | YOU MUST S | STAY ON A CLEAR | LIQUID DIET UNTIL YOUR PROCEDURE. |
| | YOU WILL STAR OF MAGNESIUM | | TAKING THREE | 5MG DULCOLAX TABLETS AND DRINK A I |
| AT 5:00 pm. 3 | YOU WILL DRINK | A 10 0Z. BOTTL | E OF MAGNESIU | M CITRATE. ONTINUE DRINKING CLEAR LIQUIDS. |

- YOU MAY HAVE ONLY CLEAR LIQUIDS ALL DAY.
- AT 1:00 P.M. YOU WILL OPEN 1 BOTTLE OF 12 TABLETS.
- 2. FILL THE PROVIDED CONTAINER WITH 16 OZS OF WATER.
 - 3. SWALLOW EACH TABLET EVERY 4-5 MINUTES WITH A SIP OF WATER AND FINISH THE ENTIRE AMOUNT OVER 45 MIN-1 HOUR.
 - 4. ONE HOUR AFTER THE LAST TABLET IS SWALLOWED, FILL THE CONTAINER A SECOND TIME WITH 160Z OF WATER AND DRINK IN 30 MINS.
 - 5. APPROXIMATELY 30 MINS AFTER FINISHING THE SECOND CONTAINER OF WATER, FILL THE CONTAINER WITH 160Z OF WATER AND DRINK OVER 30 MINS.
- AT 7:00 P.M. REPEAT YOUR STEPS AGAIN USING THE SECOND BOTTLE OF TABLETS.
- 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 1/4 YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

7 DAYS PRIOR:

Trulicity Ozempic Mouniaro Bydureon boise Byetta Victoza, Saxenda Adlyxin Rybelsus

MEDICATIONS TO STOP PRIOR TO PROCEDURE

7 DAYS PRIOR: Aspirin Effient

Fish Oil Plaxseed 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.

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 *** (OVER)

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