

NuLYTELY Colonoscopy Prep

Doctor

Arrival Time

AM PM

Date of Procedure

If you normally take the following medications, please contact the prescribing physician to make sure it is okay to stop them for the recommended number of days.* If your prescribing doctor says that it is not okay to stop, please contact our office. **Do not stop aspirin for the procedure.**

MEDICATION:

Patient

Location

Recommended Days To Stop Prior to Procedure*

Phentermine	14 days			
 Semaglutide- (Ozempic, Wegovy, Rybelsus) Dulaglutide- (Trulicity) Exenatide Injection- (Bydureon, Byetta) Tirzepatide- (Mounjaro, Zepbound) 	7 days			
• Coumadin				
• Plavix	5 days			
• Effient				
• Brilinta				
• Xarelto	2 days			
• Eliquis	2 duys			
• Liraglutide- (Victoza, Saxenda)	Stop taking the morning of			
• Exenatide Oral- (Bydureon, Byetta)				

FOUR (4) DAYS BEFORE PROCEDURE:

Discontinue eating any corn or tomatoes, potato chips, nuts, popcorn, or any fruit/vegetable with small seeds in it. Also avoid iron tablets (unless advised by a physician) and oil-based supplements (fish oil, etc.).

ONE (1) DAY BEFORE PROCEDURE:

Start clear liquid diet all day such as broth or bouillon, Jell-O (except red or purple), coffee (black or with sugar, but no creamers, even non-dairy creamers), tea, clear fruit juice without pulp such as white grape or apple juice and clear soda (Sprite, 7-Up, ginger ale, etc.). You may also have Gatorade, popsicles (except red or purple) and lemonade without pulp. No milk or milk products. This includes SlimFast, Ensure and protein drinks. Please make sure you drink plenty of clear liquids throughout the day.

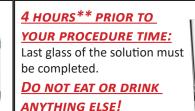
AFTERNOON BEFORE PROCEDURE:

AFTERNOON BEFORE P	ROCEDURI	E:								
4:00 PM	Take 2 Bisacodyl tablets or DULCOLAX (over the counter) with water.				Select NuLYTELY flavor of choice. Add water to the top line of the disposable container. Apply cap and shake until dissolved. Place in refrigerator. Fill Line Fill Line PREP PREP					
5:00 PM	8 oz.	5:15-5:20 pm	HALF of the s + 15-20 mins.	Folution by P Folution by P Folia Folia Fo	having one (1)	8-ounce glas	es every 15-2 + 15-20 mins.	0 minutes.	PREP =50%	
THE MORNING OF YOUR PROCEDURE:										
6 HOURS** PRIOR TO YOUR 4 HOURS** PRIOR TO					NO GUM/MINTS/HARD CANDIES/ICE ARE					

PROCEDURE TIME:

Drink the remaining portion of the solution. **Depending on your procedure time, this may involve getting up in the middle of the night.

PREP



NO GUM/MINTS/HARD CANDIES/ICE ARE ALLOWED ON THE DAY OF YOUR PROCEDURE.

If you take blood pressure medications, you may take them the morning of the procedure with a sip of water.

Someone at least 18 years of age or older must bring you to the procedure, remain at the facility during your procedure and take you home afterwards. Otherwise, your procedure will be canceled. If you have any questions, please call 704-377-4009.