**MOVIPREP COLONOSCOPY SPLIT-DOSE PREPARATION**

**Date of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment Time: \_\_\_\_\_\_ Check-In: \_\_\_\_\_\_\_**

* REPORT TO **GI CHECK-IN**, **ROOM # 3 A-166A** (3RD FLOOR, turn right off elevator, 1ST door to your left)
* YOUR PROCEDURE WILL BE CANCELLED IF YOU DO NOT HAVE AN ADULT TO TAKE YOU HOME.
* COVID-19 Testing within 48 hours of procedure or as directed will be conducted at DC VAMC Bldg. 14.

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| **7 DAYS** BEFORE TEST | **1 DAY**BEFORE TEST | | **DAY OF TEST** |
| * **Be sure a ride is arranged** * Stop taking the following medications 7 days before, until after the test:   1. Iron   2. Multivitamins   3. Metamucil or other fiber products * You **must** contact **your primary care physician**   If you take these medications:  **Warfarin** [Coumadin]  **Clopidogrel** [Plavix]  **Rivaroxaban** [Xarelto]  **Apixaban** [Eliquis]  **Dabigatran** [Pradaxa]  **Dalteparin** [Fragmin]  **Cilostazol** [Pletal]  **Fondaparinux** [Arixta]  **Enoxaparin** [Lovenox]  **Dypiramidole/ASA** [Aggrenox]  START TAKING MIRALAX (polyethylene glycol) twice a day for one week starting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * **DO NOT EAT ANYTHING SOLID** * Start **Clear Liquid Diet ALL DAY when you wake up**: Please refer to the Clear Liquid Diet Sheet for details.   YOU SHOULD HAVE RECEIVED A TOTAL OF 2 DOSES OF MOVIPREP (4 Pouches).  MIX 1 DOSE (2 Pouches A & B) – A TOTAL OF 1 LITER.  **DRINK FIRST DOSE FROM**  **6 PM – 8 PM.**  YOU MAY HAVE MORE CLEAR LIQUIDS TO DRINK UNTIL MIDNIGHT. | **DO NOT DRINK ANYTHING AFTER MIDNIGHT EXCEPT THE EXCEPT THE MOVIPREP.**    **PLEASE TAKE YOUR BLOOD PRESSURE OR HEART MEDICATIONS IF APPLICABLE.**  MIX THE SECOND DOSE OF MOVIPREP (2 Pouches A & B) AND **DRINK IT: SIX (6) HOURS BEFORE LEAVING YOUR HOUSE.**  DO NOT DRINK ANYTHING 4 HOURS PRIOR TO YOUR PROCEDURE TIME.  Questions or concerns:  **Scheduler 202-745-8523**  **Nurses Station 202-745-8000 ext.: 52525.** |

**Revised 12/10/20 -AM**