**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**