


## Endoscopy Prep Instructions



**YOUR PREP IS VERY IMPORTANT-** Please read immediately and review instructions carefully! Only follow these MDTEC instructions for your prep.

If you do not follow these instructions and you are not prepped properly for your procedure, a cancellation fee will apply.

Prior to your procedure:		1 Day Prior	Procedure Day
<p><b>You will need to arrange for a responsible adult to drive you home. You cannot drive until the day after your procedure.</b> A taxi, ride share, or shuttle is not an approved means of transportation <b>unless you have</b> a family member or friend with you.</p> <p><b>If you take Phentermine:</b> stop taking this <b>10 days</b> prior to your procedure.</p> <p><b>If you take iron, dietary, herbal or fiber supplements:</b> stop taking these <b>7 days</b> prior to your procedure.</p> <p><b>If you take a blood thinner:</b> <b>Please contact the prescribing doctor to obtain a blood thinner hold order.</b> The office can fax this order to us at 410-972-2698.</p> <p><b>If you see a specialist:</b> We will need to review the notes from your most recent office visit, labs, and test results prior to your procedure. You can call their office to request these be faxed to us at 410-972-2698.</p> <p><b>If you develop any covid, flu, or cold like symptoms within 2 weeks of your procedure date, please call us at 410-224-3636</b></p>	<p><b>Stop</b> consuming all food with seeds, corn and nuts <b>5 days</b> prior to your procedure.</p> <p><b>Stop</b> taking all NSAIDS. Ibuprofen, Advil, Aleve, etc. <b>5 days</b> prior to your procedure. <b>You may take Tylenol as needed.</b></p> <p><b>Inhalers and Nasal Spray-</b> Continue as prescribed. Please bring with you on day of procedure.</p> <p><b>Blood Pressure and other essential medications:</b> Continue as prescribed. Take these medications on the day of your procedure with a SMALL sip of water at least 2 hours before procedure.</p> <p><b>If you use a CPAP:</b> please bring with you on the day of you procedure.</p> <p><b>If you wear contacts:</b> please remove them at home or bring your contact lens supplies with you if you don't have glasses to wear.</p> <p><b>Please leave jewelry and other valuables at home.</b></p> <p>Contact our pre-operative department with any questions at 410 224-3636 Option 2.</p>	<p>Drink at least four 8oz. glasses of water throughout the day.</p>  <p>No alcohol the day before or day of your procedure.</p> <p>If you are taking <b>diabetic medication,</b> cut your dose in half this day and do not take any diabetic medication day of procedure. If you have an insulin pump, check with prescribing MD for instructions.</p> <p>Eat a light dinner.</p> <p><b>NO Solid Foods after midnight!</b> <b>You will begin a clear liquid diet at midnight.</b></p> <p><b>Acceptable clear liquids include:</b> water, clear broth, apple juice, white cranberry juice, white grape juice, soda, jello, popsicles, coffee, and tea. You may have any transparent liquid. Nothing with milk or creamer.</p> <p><b>Nothing red, blue or purple in color are allowed.</b></p>	<p><b>Clear liquid diet until 4 hours prior to your procedure.</b></p> <p><b>You cannot have ANYTHING AT ALL by mouth for at least 4 hours prior to scheduled procedure time.</b> This includes ice, water, gum, hard candy and mints.</p> <p>No smoking the day of procedure.</p> <p><b>Please remember to bring your:</b></p> <ul style="list-style-type: none"> <li>-Current Medication list with the last dose for each medication taken</li> <li>-Insurance Cards</li> <li>-Driver's License/Photo ID</li> <li>-Any co-insurance fees that are due.</li> </ul>



# MDTEC Medication Record Form

- This form must be **completed** prior to your procedure.
- Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.
- Please remember to review medication instructions provided on page 1 of your procedure instructions.
- *If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.*

Medication Name	Dose	Frequency and Time(s) Taken	<u>Date / Time of Last Dose</u>

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



# MDTEC

## Medication Record Form


\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date