

Kootenai Clinic Endoscopy 1919 Lincoln Way, Suite 416 Coeur d'Alene, ID 83814 Phone 208–625–4601 Fax 208–625–4602 kootenaiclinic.org

SUPREP KIT PREP INSTRUCTIONS

| Patient: | Gastroen | Gastroenterologist: | | | |
|---|---|---|--|--|--|
| Date of test: | Time to | Time to arrive: | | | |
| Your arrival til | me may need to be adjust | ed based on the doctor's schedule | | | |
| Where to check in: | | | | | |
| Kootenai Clinic Endoscopy 4th Floo | or (1919 Lincoln Way, Suite | 416) | | | |
| Specialty Procedures (2003 Kooten | ai Health Way - North hosr | oital entrance registration desk) | | | |
| Heart, blood pressure and seizure • If your test is in the morning, take amount of water <u>at least</u> one h • If your test is in the afternoon, take | your heart, blood pressuour before your test. | ure and/or seizure medications with a small usual time in the morning. | | | |
| Inhalers: Use as prescribed, please bring inh | nalers with you to your app | ointment. | | | |
| Blood thinners: Stop:: | days prior to t | est. | | | |
| Stop Fish Oil, Flax Seed Oil, THC C | Oil and CBD Oil three days | s prior to test. | | | |
| Oral diabetic medications: Do not take the morning dose of | on the day of your test. | **For low blood sugar - drink regular sugared clear soda (Sprite, 7-UP, etc.) | | | |
| Insulin Instructions: | , | | | | |
| ✓OU MUST HAVE A DRIVER The time for your test and reconeed to be here. Please ask your driver to be fleater to be fl | xible as to the time to pick y | an contact them. | | | |
| Bring reading glasses if needed. | | | | | |
| Bring photo ID and insurance cards. | | | | | |
| | THERE MAY BE SEPARATION, THE FACILITY, ANESTH | E CHARGES FOR YOUR TEST; THE HESIA AND PATHOLOGY | | | |
| Prep sent to: | Scheduled by | : | | | |



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SUPREP KIT PREP INSTRUCTIONS

BEFORE YOU BEGIN

| • | Pick up your Suprep | kit from your | pharmacy | in advance, y | our provider has s | sent your prescription in |
|---|---------------------|---------------|----------|---------------|--------------------|---------------------------|
| | | | | | | |

| DAY | PRIOR TO TEST |
|------------|--|
| • | NO solid food all day Start strict CLEAR LIQUID DIET- If you are diabetic, monitor your blood sugar. For low blood sugar drink clear sugared soda like 7-UP or Sprite Nothing RED, BLUE, OR PURPLE |
| EVEN | ING PRIOR TO TEST |
| AT | ON |
| You m | nust complete Steps 1 through 4 using one (1) 6-ounce bottle before going to bed: |
| 1. | Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container |
| 2. | Add cool drinking water to the 16-ounce line on the container and mix. (*NOTE: Dilute the solution concentrate as directed prior to use*) |
| 3. | Drink ALL the liquid in the container |
| 4. | You must drink two (2) more 16-ounce containers of water over the next 1 hour |
| | *** See Surep Kit packaging for more detailed instructions |
| DAY C | OF TEST |
| A T | ON |
| Repe | at steps 1-4 using the second 6-ounce bottle. |
| CLE | AR LIQUID DIET: |
| | Coffee or tea with any sweetener – no creamer |
| | Clear fruit juices-apple, white grape or white cranberry |
| | Gatorade, other clear bottled drinks |
| | Any clear carbonated soft drinks- (7-UP, sprite, etc.) |
| | Clear broth – Chicken, beef or vegetable |
| | Jello: orange, lemon, lime, pineapple or peach (nothing added) |
| • | Water |
| | It is very important to drink as much fluid as possible to prevent dehydration and to help the laxative work! |
| DO N | OT DRINK ANY LIQUIDS AFTER |
| Th | is includes NO Gum, NO Hard Candy, and NO Chewing Tobacco for 8 Hours Prior to Test. |

Please call the Endoscopy Clinic if you have any concerns about this process at (208) 625-4601.

******Cancellations within 3 business days may be subject to a \$75.00 charge******