Pioneer GI Clinic, APC
1200 Airport Heights Drive Suite 210
Anchorage, AK 99508

www.pioneergiclinic.com

Phone 907 562-6001
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SUPREP Instruction Sheet

Name: _____

Check in on _____/_____/_____ **(Date) at time:** _____ **(AM/PM)**

_____ **Alaska Regional Hospital**	**(907) 264-2050** 2801 Debarr Rd, Anchorage, AK 99508
_____ **Providence Day Surgery**	**(907) 212-6013** 3200 Providence Dr. Anchorage, AK 99508
_____ **Surgery Center of Anchorage**	**(907) 563-1800** 4001 Laurel St Suite 101, Anchorage, AK 99508
_____ **South Anchorage Surgery Center**	**(907) 929-8790** 1917 Abbott Rd, Anchorage, AK 99507
_____**Susitna Surgery Center**	**(907) 861-6540** 2490 S. Woodworth Loop Palmer, AK 99645

Arrange for a Ride. Due to sedation, you will be unable to drive yourself home. Please make the proper arrangements with an adult you know to drive you home and stay with you. **You may not ride in a taxi/ride share unescorted.** Failure to make arrangements will result in the cancellation of your procedure.

Hold the following medications:

_____

_____

_____

Three (3) days: prior to procedure, **avoid** the following: NUTS, SEEDS, GRAINS, GRANOLA, CORN, POPCORN

The Day prior to your procedure _____, you will start your clear liquid diet, (no solid foods).

You may *NOT* have dairy products, red or purple food dyes color, and alcohol.

You MAY drink the following liquids; sports drinks, water, black coffee, tea, vegetable, chicken or beef broth, soda, clear juices without pulp, white grape juice, apple juice, white cranberry juice, popsicles and Jell-o are other examples of other clear liquids.

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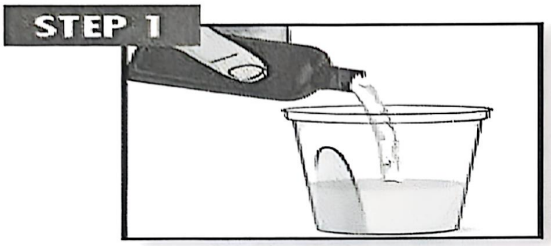
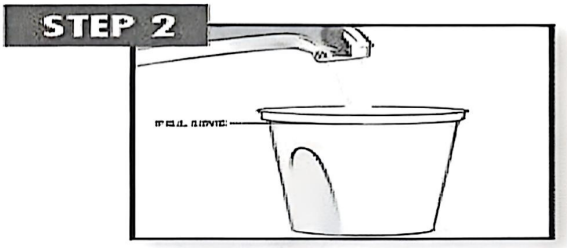
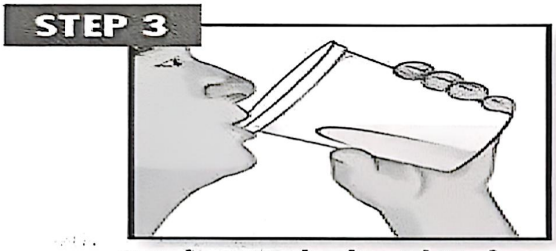


Pour **ONE (1)** 6-ounce bottle of SUPREP liquid into the mixing container.

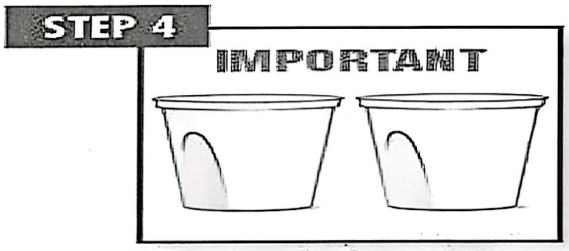


Add cool drinking water to the 16-ounce line on the container and mix.

***NOTE:** Dilute the solution concentrate as directed prior to use.*



Drink **ALL** the liquid in the container.



You must drink two (2) more 16-ounce containers of water over the next 1 hour.

Day Before Your Procedure (_____):

- Begin clear liquid diet (see page 1 for dietary list)

- Beginning __**5:00PM**___ follow instructions above to take the first dose of prep along with 2 tabs of Ondansetron (antinausea) and Simethicone (Gas X) as needed for symptoms of bowel prep.

Day of Your Procedure (_____):

- Take the second dose **5** hours prior to the procedure time

- Follow instructions above to take the second dose of prep along with 2 tabs of Ondansetron (antinausea) and Simethicone (Gas X) as needed for symptoms of bowel prep.

****NOTHING BY MOUTH AFTER 4 hours prior to your procedure, or your procedure can be postponed or cancelled****