



Golytely Instruction Sheet

Name: _____

Date of Procedure: _____ Check-in time: _____

If the facility has not contacted you, pre-register with the facility within 24-48 hours prior to your procedure.

_____ Alaska Regional Hospital	<u>(907) 264-1232</u> 2801 Debarr Rd, Anchorage, AK 99508
_____ Providence Day Surgery	<u>(907) 212-6013</u> 3200 Providence Dr. Anchorage, AK 99508
_____ Surgery Center of Anchorage	<u>(907) 563-1800</u> 4001 Laurel St Suite 101, Anchorage, AK 99508
_____ South Anchorage Surgery Center	<u>(907) 929-8790</u> 1917 Abbott Rd, Anchorage, AK 99507

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.

BLOOD THINNING MEDICATION INSTRUCTIONS: **please verify with your cardiologist**

5 days before your procedure: No COUMADIN, PLAVIX, EFFIENT, BRILINTA, & IRON SUPPLIMENTS

2 days before your procedure: No ELIQUIS, AGGRENOX, PRADAXA, XARELTO or RIVAROXABAN

DIABETICS: Do not take oral diabetic medications the night before or the morning of your procedure.

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 broth, chicken broth 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.



Prepare Golytely solution by filling jug with water to the fill-line (powder is already in the jug), mix and refrigerate until use.

Day Before Your Procedure (_____):

- Begin clear liquid diet (see page 1 for dietary list)
- Beginning at **__5:00PM__** take four (4) Dulcolax tabs and half of the bottle of Golytely.

Day of Your Procedure (_____):

- Take second half of Golytely dose at _____

****NOTHING BY MOUTH AFTER _____ AM/PM or your procedure can be postponed or cancelled****