

Kidney Failure Instructions for Colon Prep
Robert W. Herring, Jr., M.D.

Patient Name: _____

Exam Date: _____ Time: _____ Location: 330 Wallace Road, Suite 103
Nashville, TN 37211
(615) 832-5530

WE CANNOT GUARANTEE THE AMOUNT OF TIME YOU WILL BE IN OUR FACILITY.
PLEASE ASSUME IT WILL BE MOST OF THE DAY.

1. Please bring a list of all medications with correct/current dosages.
2. Any regular medication, especially heart, lung, seizure, or blood pressure medication **SHOULD BE TAKEN THE DAY OF THE TEST.**
3. Remove all nail polish. Remove artificial nails, if possible.
4. You will not be able to drive/operate machinery until the next day because you will be legally intoxicated (drunk) after the procedure.
5. **Peritoneal dialysis patients:** Drain all dialysis fluid prior to arriving.
6. If you wear dentures, please do not glue them in.
7. If you have sleep apnea, please bring your CPAP machine.
8. Please do not bring any valuables with you, including jewelry, as we cannot be responsible for them.

Bring 1 or 2 people **only** (due to limited space) with you the day of the test. Your memory will be affected by the medication we give you. Therefore, it is best to bring a relative or good friend to drive you home. Due to time constraints, Dr. Herring will only tell the results of the test to the person who is in the waiting room when called. Family/friends who choose to leave a phone number for patient pick-up will receive results from the nurse and they will be written down.

THE FOUR MEDICATIONS YOU NEED ARE:

1. One (1) metoclopramide (Reglan) tablet
2. Four (4) Dulcolax tablets
3. Two (2) Simethicone tablets, chewable
4. One (1) gallon NuLYTELY or Colyte

7 days before your test. Date: _____

- a. Do not take any iron supplements or aspirin products. You may take Tylenol (or acetaminophen) two tablets four times a day to replace aspirin products.
- b. Stop eating any raw vegetables.

1 day before your test. Date: _____

- a. Beginning when you wake up, you may have mostly clear liquids with no red food coloring in them. You should be able to see through a glass of clear liquid. Examples are: water, tea or coffee with no cream, carbonated sodas, clear bouillon, consommé, apple juice, Gatorade, Jell-O, or Kool-Aid. Low fat milk is okay. Drink as much fluid as possible unless you are on dialysis, in which case drink your normal amount. You may also eat sherbert (be sure it does not contain red food coloring or chunks of fruit).
- b. If You Are a Diabetic: Monitor your blood sugar if you know how. Do not eat or drink all sugar-free products or your blood sugar will get too low. If your blood sugar becomes greater than 300 do not drink Gatorade or any drink with sugar in it. If you have questions about how to maintain your blood sugar during this time, please call the office at 6158325530.
- c. Drink one (1) large glass of clear liquid, preferably Gatorade, every hour today to prevent dehydration.

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1 day before your test. (continued) Date: _____

- d. **At 4:00 p.m.:** Take four (4) Dulcolax tablets.
- e. **At 6:00 p.m.** Take the Reglan (metoclopramide) tablet. Mix your NuLYTELY with one gallon of water. Taste is improved by using ice water and adding Kool Aid-like products and sweetener. You may also purchase pre-flavored NuLYTELY. Please disregard the information on the NuLYTELY package that says, "Do not add any other ingredients, flavors, etc." To add these flavorings you will not affect the action of the NuLYTELY. Except, please do not add any red food coloring.
- f. **At 7:00 p.m.** Begin to drink the NuLYTELY, 8-12 oz. glasses every 15-30 minutes. Some cramping is normal. You must drink the entire gallon of NuLYTELY in order to have good testing. If you cannot drink the NuLYTELY because of severe nausea or vomiting, stop the NuLYTELY for thirty minutes to 1 hour and then try again.
- f. If you cannot finish the NuLYTELY, call the office for instructions. To have the best test, you must drink all of the NuLYTELY.
- h. **At bedtime:** Chew two (2) Simethicone tablet. (If you swallow it, it will not dissolve and, therefore, will be ineffective.)

The Day of the Test. Date: _____

- a. If your test is scheduled before noon, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR TEST** except a small amount of water to take your regular medication.
- b. If your test is scheduled after noon, you may have clear LIQUID breakfast before 7:00 a.m., but after 7:00 a.m., you should have nothing to eat or drink until after your test except a small amount of water to take your regular medications.
- c. **If you are a diabetic:** Monitor your blood sugar if you know how. If you have questions about how to maintain your blood sugar, please call the office at (615) 832-5530.
- d. Take your regularly scheduled medications but do not take medications specifically used for blood thinning or diabetic pills.

Please call and leave a message for the nurse at (615) 832-5530 Monday through Friday, 8:00 a.m. to 4:00 p.m., if the following applies to you:

- 1. **CALL IF YOU ARE ON ANY BLOOD THINNERS:** Effient (prasugrel), Plavix (clopidogrel), Ticlid (ticlopidine), Pradaxa (dabigatran etexilate mesylate), Xarelto (rivaroxaban), Agrylin (anagrelide), Miradon (anisindione), Coumarin (dicoumarol), Coumadin (warfarin), Pletal (cilostazol), Trental (pentoxifylline), Arixtra (fondaparinux), Persantine (dipyridamole), Heparin, Lovenox Injection (enoxaparin), Jantoven (warfarin), Eliquis (apixaban) **AND YOU WERE NOT GIVEN SPECIFIC INSTRUCTIONS WHEN TO STOP IT, CALL US.**
- 2. Plavix (clopidogrel) and Effient are stopped 10 days prior to the day of your test. On the same day you stop the Plavix or Effient start taking one (large size) 325 mg aspirin every day.
- 3. If you have any questions.

** Calls may be returned in the evening unless it is an emergency situation. **