

COLONOSCOPY PREP NURSING INTERVENTIONS ARE APPROVED BY THE CHIEF MEDICAL OFFICER FOR NURSING TO PERFORM IN ACCORDANCE WITH THE COLONOSCOPY PREP GUIDELINES. THESE APPROVED COLONOSCOPY PREP NURSING INTERVENTIONS DO NOT REQUIRE A HEALTH CARE PROVIDERS ORDER. THE COLONOSCOPY PREP NURSING INTERVENTIONS ARE BASED UPON RECOMMENDATIONS.

APPOINTMENT DATE/DAY/TIME: _____

TIMELINE TABLE:

My Appointment is on a:	7 days before my appointment is a:	5 days before my appointment is a:	3 days before my appointment is a:	1 day before my appointment is a:
Monday	Monday	Wednesday	Friday	Sunday
Tuesday	Tuesday	Thursday	Saturday	Monday
Wednesday	Wednesday	Friday	Sunday	Tuesday
Thursday	Thursday	Saturday	Monday	Wednesday
Friday	Friday	Sunday	Tuesday	Thursday

Schedule procedures/tasks in the inmate's events and **order prep medications** to ensure all steps are completed. Select the "Protocol Medication" complete the sig line as directed on the protocol, check "Order RX" and sign. NOTE: "Protocol Medications" when selected from the list of medications does not require a provider's signature).

COLONOSCOPY PREP: Check all that apply

- No blood thinners (aspirin ____, Coumadin (Warfarin)____, Plavix____, Effient ____, Pradaxa ____, Xarelto____ day(s) prior to preparation.
- Stop Iron tablets 1 week before exam.
- No seeds, hulls, or nuts _____ day(s) prior to procedure.
- Take _____ Dulcolax tabs (not suppository or stool softener) by mouth _____ day(s) before exam.
- Begin only clear liquid diet (no red jello, solid food, or milk products) _____ day(s) before exam.
- Mix Nulytely / Colyte with 1 gallon of water begin consuming at 3:00 pm _____ day(s) before exam. Drink a glass every 15-20 minutes until gone. No more than 4 glasses per hour. Drink 3 glass of water before bed for hydration.
- Mix Miralax powder with _____ ounces of liquid. Begin consuming at _____ PM _____ day(s) before the exam.
 - Drink a glass every 15-20 minutes until gone. Drink 3 glass of water before bed for hydration.
 - Drink half of the mixture every 15-20 minutes. At _____ PM drink the other half of the mixture. Drink 3 glass of water before bed for hydration.
- Mix the MoviPrep solution (one pouch A and one pouch B) with water in the provided one liter container. Every 10-15 minutes drink 8 oz of the solution (one hour total). Begin consuming at _____ PM _____ day(s) before exam.
 - Mix and drink the second dose of MoviPrep solution (one pouch A and one pouch B) as you did previously. Drink the second dose of MoviPrep solution _____ hours before exam.
- Administer 1 bottle of magnesium citrate at _____ AM and _____ PM. Drink 3 glasses of water before bed for hydration.
- Other: _____
- NPO AFTER MIDNIGHT** night before exam.

DAY OF EXAM:

- Take cardiac or BP medication with a small sip of water the morning of the procedure. Hold AM dose of insulin Diabetic Pills.
- Administer enema at facility until clear (this is necessary to ensure colon is clean) day of exam.
- Call and advise nursing staff if stools are not clear. Inform inmate to tell nursing.
- Send a copy of the meds** or bring written list of medications inmate is taking if self-administered.
- Call and advise nursing staff if stools are not clear. Inform inmate to tell nursing.
- Please do all you can to make sure the inmate is compliant, ie: notify food service, cantina, speak with inmate and verify willingness to comply. Educate inmate that a poor prep may allow anomalies to go unseen.

COLON CLEANSING TIPS:

- Stay near a toilet. You will have diarrhea, which can be quite sudden. This is normal.
- Try drinking the solution with a straw. It may be easier to tolerate.
- Walking between drinking each glass can help with bloating.
- Rarely, people may have nausea or vomiting with the prep. If this occurs, give yourself a 30 -minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.
- You may have bowel cramps until the stool has flushed from your colon (this may take 2 to 4 hours).

ROUTINE INTERVENTIONS:

- Inmate identified and procedure explained.
- Medical Diet – complete Medical Diet Request and forward to food services.
- Education/Intervention: Instructed inmate to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress note: _____

RN/LPN Signature/Credentials: _____ Date: _____ Time: _____

Inmate Name
 (Last, First)

DOC #