












# Miralax Instructions

\*\*\*Purchase for the Miralax Prep:  
 - 1 (238 gram) bottle of Miralax or generic equivalent  
 - 64 ounces of Gatorade (not red or purple)

7 DAYS BEFORE PROCEDURE	5 DAYS BEFORE PROCEDURE	3 DAYS BEFORE PROCEDURE	1 DAYS BEFORE PROCEDURE (Part 1)	1 DAY BEFORE PROCEDURE (Part 2)	PROCEDURE DAY
<p>Do not take any medicines listed below <b>7 days</b> before your procedure:</p>  <ul style="list-style-type: none"> <li>•Aspirin</li> <li>•Ibuprofen</li> <li>•Motrin</li> <li>•Aleve</li> <li>•Meloxicam</li> <li>•Advil</li> <li>•Naproxen</li> <li>•BC Goody's</li> </ul>	<p>Do not take any medicines listed below <b>5 days</b> before your procedure:</p>  <ul style="list-style-type: none"> <li>•Plavix</li> <li>•Coumadin</li> <li>•Warfarin</li> </ul>  <p><b>Ride home:</b> Confirm you have a responsible adult to drive you home after the procedure. (You may <b>NOT</b> ride the transit or take a taxi home.)</p>	<p>Do not take any medicines listed below <b>3 days</b> before your procedure:</p>  <ul style="list-style-type: none"> <li>•Xarelto</li> <li>•Pradaxa</li> <li>•Eliquis</li> <li>•Savaysa</li> </ul> <p><b>**A member of our staff will call to confirm your arrival time prior to your procedure. If a message is left, please return the call at your earliest convenience.**</b></p>	<p><b><u>NO SOLID FOOD TODAY!</u></b></p>  <p><b>You can have clear liquids all day today.</b> (See the attached clear liquid diet sheet). The more you drink, the better your prep will be.</p> <p>*Mix together 64oz of Gatorade and 1 bottle (238g) of Miralax and refrigerate.</p>  <p><b>3:00 PM:</b> Take 2 (bisacodyl) Dulcolax tablets.</p>  <p><b>5:00 PM:</b> Begin drinking 8 oz. of the Miralax mixture every 15 minutes until you finish 32 ounces.</p>	<p><u>Continue clear liquids after part 1.</u></p>  <p><b>8:00 PM:</b> Take 2 more (bisacodyl) Dulcolax tablets.</p>  <p><b>10:00 PM:</b> Begin drinking 8 oz. of the Miralax mixture every 15 minutes until you finish 32 ounces.</p> <p>**You may continue clear liquids until the allowed time in the next column.**</p>	<p><b>YOU CAN HAVE CLEAR LIQUIDS TODAY UNTIL:</b></p>   <p>(No gum, candy, mints, ice chips, sips of clear liquid or chewing tobacco <b>after</b> the time listed above.)</p> <p><b>Early morning:</b> Take your usual prescribed heart medication / blood pressure medication with a sip of water if applicable. Do not take any other medications before your procedure unless instructed to do so.</p> <p>**Please Initial your understanding of all instructions:</p> <p>_____ / _____ (staff)</p>

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