

Prepopik Instructions

DIRECTIONS TO PIEDMONT HOSPITAL GI LAB

- Please park in the North Parking Garage
- Take the elevator to BR level (the Bridge will take you to the first floor of the hospital)
- You will immediately go to the 77 Building Registration/Lab Draw Station (approximately 1/4th the way down the hall on the left between two brick columns)
- Once you are completed with registration, a registrar will bring you to the Endoscopy Lab

REMINDERS:

- Please follow your physician's instructions regarding anticoagulants (i.e., aspirin, Coumadin, Plavix, and Lovenox) as well as diabetic medications.
- If you are a female and 50 years or younger, be prepared to submit a urine specimen upon arrival to the lab.
- You **MUST** arrange transportation with a responsible adult driving for you. You may not leave in a bus or cab unless you have a responsible adult with you.
- Please leave all jewelry and valuables at home.

WHAT TO BRING THE DAY OF THE PROCEDURE:

- Completed pink Pre-Anesthesia Evaluation form
- A list of all current medications, including dosages, along with a list of all allergies
- If you have a pacemaker/defibrillator, please make sure to have the information card.

PATIENT INSTRUCTION SHEET

DAY-BEFORE regimen

Your colonoscopy is scheduled for

DATE

TIME

PM
AM

Follow these instructions for the **DAY-BEFORE**
(afternoon AND evening before
the procedure) regimen

What's Inside

Inside your Prepopik
box you will find:

- One (1) dosing cup
- Two (2) packets of Prepopik powder
- Complete Product Information for your reference



Clear Liquids

Here are some examples of clear liquids your
healthcare provider may recommend:

- Water
- Clear broth
- Apple juice
- White cranberry juice
- White grape juice
- Ginger ale
- Plain gelatin
- Frozen juice bars

DO NOT drink any of the following:

- **NO** red or purple liquids
- **NO** liquids that you can't see through
- **NO** alcoholic beverages

Please see Indication and Important Safety Information on the reverse side.
Please see accompanying full Product Information.



PACKET

1

The afternoon of the day
before your procedure

DATE

TIME

PM
AM

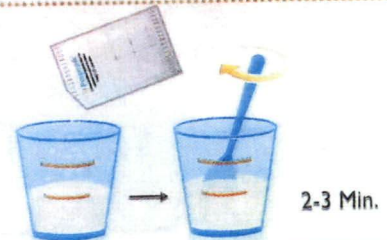
STEP ONE

Fill the dosing cup provided with
cold water up to the lower (5-ounce)
line on the cup



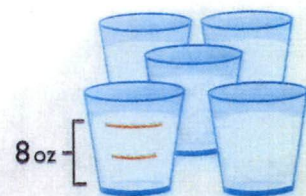
STEP TWO

- Pour in the contents of ONE (1) packet
- Stir for 2-3 minutes until dissolved
- Drink the entire contents



STEP THREE

Follow with FIVE (5) 8-ounce drinks
of clear liquid, taken at your own pace,
within the next 5 hours



1 2 3 4 5

Check off a circle as you finish each drink.

PATIENT INSTRUCTION SHEET

DAY-BEFORE regimen



PACKET

2

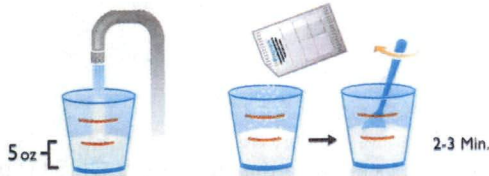
The evening of the day before
your procedure

DATE

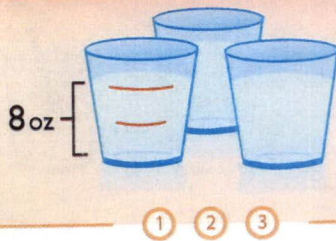
TIME

 PM to PM

Repeat **STEPS ONE** and **TWO**



Follow with at least
THREE (3) 8-ounce drinks of clear liquid
within 5 hours, before bed



Check off a circle as you finish each drink.

Indication and Important Safety Information

Prepopik is a prescription medicine used by adults to clean the colon before a colonoscopy. Prepopik cleans your colon by causing you to have diarrhea. Cleaning your colon helps your healthcare provider see the inside of your colon more clearly during your colonoscopy.

- Do not take Prepopik if your healthcare provider has told you that you have serious kidney problems, a blockage in your intestine (bowel obstruction), an opening in the wall of your stomach or intestines (bowel perforation), a very dilated intestine (toxic megacolon), problems with the emptying of food and fluid from your stomach (gastric retention), or an allergy to any of the ingredients in Prepopik
- Tell your healthcare provider right away if you have any of these symptoms of a loss of too much body fluid (dehydration) while taking Prepopik: vomiting that prevents you from keeping down the additional prescribed amounts of clear liquids that you must drink after taking Prepopik, dizziness, urinating less often than normal, or headache
- Prepopik and other bowel preparations can cause serious side effects, including serious loss of body fluid (dehydration) and changes in blood salts (electrolytes) in your blood. These changes can cause abnormal heartbeats that can cause death, seizures (this can happen even if you have never had a seizure), or kidney problems. Your chance of having fluid loss and changes in blood salts with Prepopik is higher if you have heart problems, have kidney problems, or take water pills or non-steroidal anti-inflammatory drugs (NSAIDs). The most common side effects of Prepopik include nausea, headache, and vomiting

Please see accompanying full Product Information.

 **Prepopik**TM

(sodium picosulfate, magnesium oxide, and
anhydrous citric acid) for oral solution

10 mg/3.5 g/12 g per packet

FERRING
PHARMACEUTICALS

© 2012 Ferring B.V.
PREPOPIKTM is a trademark of Ferring B.V.
PREP_PISP_001_0912

Department of Anesthesiology
Pre-Anesthesia Evaluation
Yes No Please fill out this form by checking the appropriate boxes and sign where indicated.

1. Have you ever undergone anesthesia before?
2. Have you/ family had major problems (severe nausea, high fever, breathing difficulty) with surgery or anesthesia?

Do you now have or have you ever had:

3. Diabetes on pills on insulin
4. High Blood Pressure on medicine
5. Cardiovascular disease: Angina/Chest pain Heart Failure Heart Attack Irregular heart beat/Pacer/AICD
 Valve disease/murmur (including Mitral Valve Prolapse) Prior heart surgery/angioplasty/testing
6. What is your Activity level? Limited Climb 1 or more flights of stairs Regular exercise
7. Lung disease: Emphysema Shortness of breath Asthma/wheezing
 Sleep Apnea CPAP? Yes No
8. Neuromuscular Disease: Muscle weakness Paralysis Seizures Rheumatoid Arthritis Stroke/TIA
9. Kidney disease: On dialysis
10. Liver disease: Hepatitis/Jaundice
11. History of abnormal bleeding: Blood transfusion
12. Have you donated blood for this procedure?
13. Digestive: Hiatal Hernia Acid Reflux Ulcers
14. Back problems or chronic headaches? Motion Sickness
15. Have you had a cold, "flu" or fever within the past week?
16. Have you taken oral or IV steroids within the past 6 months?
17. Do you drink alcohol? Drinks/beers per day: _____
18. Do you smoke or have you in the past? Packs per day: _____ Years smoking: _____ Quit when: _____
19. Do you take any of the following medications: Glucophage, Glucovance, Aspirin, Coumadin, Herbal medicines, Plavix, Ticlid, Aggrenox (you may need to discontinue these before surgery)
20. Do you have any loose teeth, caps, bridges, dentures or other dental work? **NOTE: Dental injury is a risk despite every precaution**
21. Could you be pregnant? Date of last menstrual period: _____
22. Do you have a history of pregnancy related complications? If pregnant, have you experienced any difficulties? Yes No

Comments/ Questions

Do you have any other medical problems not listed above? None _____

ALLERGIES - please describe any drug/latex allergies: None _____

List all medications you are taking (include "over-the-counter") None _____

Height: _____ Weight: _____ Procedure: _____ Surgeon: _____

STOP! PLEASE READ, SIGN AND DATE THE CONSENT ON THE REVERSE SIDE OF THIS FORM

Anesthesia Comments: _____

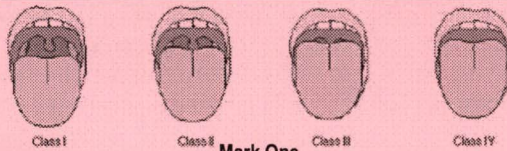
Anesthesia Plan: General MAC Regional _____ Epid Narc A-Line CVP TEE PAC

The anesthetic plan, procedures, risks and options were discussed with patient/family who understand and agree. Yes No

Date: _____ Time: _____ M.D.

Pre-Anesthetic Summary:

HR _____
 BP _____
 SpO2 _____



Mouth: Opens Widely Limited

Neck: FROM ↓ROM

Lungs: Clear _____

Heart: RRR _____

NPO per Protocol? Yes No ASA 1 2 3 4 5 E Hb/Hct N/A _____ / _____

BMP: <input type="checkbox"/> Not req. <input type="checkbox"/> WNL Na/K _____ / _____ <input type="checkbox"/> Abnl _____	ECG: <input type="checkbox"/> Not req. <input type="checkbox"/> WNL <input type="checkbox"/> Abnl _____	Other: _____ _____
--	---	------------------------------

I have seen and examined this patient and prescribed the anesthetic plan. Remarks: _____

Date: _____ Time: _____ Anesthesiologist: _____ M.D.

CONSENT FOR ANESTHESIA SERVICES

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING WHAT IT SAYS.

If you wish to waive your right to receive required consent information, an alternative form will be made available to you at your request.

I acknowledge and understand my surgical procedure(s) will involve administration of anesthesia and I have/will sign a separate Consent for Diagnostic And/Or Therapeutic Procedure which describes such procedure(s). I understand Piedmont Anesthesia Associates (PAA) is a group practice of physicians, nurse anesthetists and physician assistant anesthetists which provides anesthesia services to patients at Piedmont Hospital based on a team approach. As a result, the physician/anesthetist who performs my preoperative evaluation may not be the physician/anesthetist who supervises my anesthesia.

SUMMARY OF NATURE, PURPOSE OF, AND TYPES OF ANESTHESIA

The purpose of surgical anesthesia is to relieve pain and provide life support during a procedure through the use of various medications known as anesthetic agents. Equipment and devices will be used to induce and maintain anesthesia while a patient is anesthetized, such as 1) masks and breathing tubes; 2) topical devices such as electrocardiogram (EKG) electrodes; and/or 3) invasive monitoring devices such as needles and monitoring lines placed in veins or arteries and temperature probes. The type of anesthesia will be determined by your surgeon along with your anesthesiologist and will depend on your medical condition, the nature of the procedure to be performed, and your preferences. Different types of Anesthesia include:

* **General Anesthesia**, you are "put to sleep" (in other words, rendered unconscious) by breathing through a mask and/or injecting medications into a vein. Frequently, a tube or airway is used via the mouth or nose to provide a safe airway. Although rare, you may recall all or a portion of a procedure even when adequate anesthesia is given. Risks include, among other things, damage to your lips, teeth, mouth or esophagus, a sore throat, injury to blood vessels, aspiration, pneumonia and breathing problems. You may experience nausea after the procedure, which can be treated with medication.

* **Monitored Anesthesia Care or Local with Sedation** is a state of depressed consciousness; you can respond to physical stimulation or a verbal request (such as "open your eyes"). Your surgeon will administer the local anesthetic to numb the surgical site. You may progress into a state of deep sedation (similar to general anesthesia). Risks are similar to the risks associated with general and/or regional anesthesia.

* **Regional Anesthesia** is used to numb a portion of your body. In most cases, you will be awake and may recall some of the procedure. It is often combined with a sedative to relax and calm you. The anesthetic may not be satisfactory for you and if this occurs, another type of anesthesia will be used. Risks include, among other things, infections, weakness, persistent numbness, residual pain, injury to blood vessel, pain at the tourniquet site, and convulsions. Common types of regional anesthesia are epidural and spinal anesthesia and interscalene and axillary blocks. In **Epidural or Spinal Anesthesia**, an anesthetic agent is injected near the spinal canal to anesthetize the legs, pelvis, abdomen or other area of the body. A small tube (catheter) may be inserted with an epidural anesthetic so additional anesthetic agent can be injected as needed. Risks include, among other things, nausea, itching, buzzing or ringing in the ears, breakthrough pain, a level of numbness which is too high or, rarely, persistent back pain, meningitis, spinal headache, inability to move parts of the body, or paralysis. With **Interscalene or Axillary Blocks**, your shoulder and/or arm are made insensitive to pain by injecting an anesthetic agent. Usually there is temporary paralysis in the affected area and loss of sensation. Risks include, among other things, persistent weakness or numbness and residual injury to blood vessels.

MATERIAL RISKS/COMPLICATIONS OF ALL ANESTHESIA

A consent form cannot list every possible risk or complication of anesthesia. Some complications and side effects occur frequently, such as temporary nausea, sore throat and hoarseness. Most serious complications are rare, but they do sometimes occur, including infection, corneal abrasions, numbness, nerve injury, allergic or adverse drug reaction, severe loss of blood, loss or loss of function of any limb or organ, paralysis or partial paralysis, paraplegia or quadriplegia, disfiguring scar, brain damage, cardiac arrest or death. These potential risks apply regardless of the type of anesthesia used. In addition, some patients need special catheters to monitor blood pressure (an arterial line), fluid status (a central line or pulmonary artery catheter) or heart function (transesophageal probe). Risks include, among other things, bleeding, damage to veins or arteries, infection, lung collapse, esophageal tear, blood clots, loss of limb, and, rarely, death.

ACKNOWLEDGMENT AND CONSENT

I have read or been given the opportunity to read this Consent Form. I understand the information provided in this form, I have been given the chance to ask questions, and all my questions have been answered satisfactorily. Each person reacts differently to anesthesia, and my response cannot be predicted. No one has given me any guarantees regarding my response to anesthesia and the outcome of the procedure. I have been advised, either in person or through the use of informational materials, of my diagnosis and my anesthesia's nature and purpose, material risks, likelihood of success, practical alternatives and prognosis if rejected. I understand practical alternatives to anesthesia exist which reasonably prudent physicians generally recognize and accept, including using a different method or type of anesthesia or postponing/canceling the scheduled procedure.

I certify I have given Piedmont Anesthesia complete and accurate information regarding my health history, allergies, my previous experience with anesthesia including complications or adverse reactions, my pregnancy status, any relevant family history and my current medications. I have followed the Fasting Recommendations as instructed.

If I am pregnant, I understand I should postpone elective procedures until after the infant's birth because anesthetics can cross the placenta and can anesthetize my infant temporarily. I understand anesthesia complications during pregnancy can be rare, but they include, among other things, birth defects, premature labor, permanent brain damage and death.

I voluntarily consent to the administration of anesthesia by Piedmont Anesthesia Associates, P.A., its physicians, nurse anesthetists, physician assistant anesthetists, students, and other medical personnel under their supervision and control which may otherwise be involved in anesthesia services described or referred to in this form. I understand conditions may develop or arise which may require performing different methods of anesthesia which are unforeseen or which are not known to be needed when I sign this Consent Form, and I consent to such different anesthesia methods as deemed reasonably necessary or desirable by Piedmont Anesthesia or my surgeon. **This consent form shall be valid until revoked (cancelled) by me in writing.**

Signature of Patient or Person Signing on Behalf of Patient

Date

Time

If Signed by Person on Behalf of Patient, Print Name and Relationship to Patient

Signature of Piedmont Anesthesia Associates Representative

Date

Time