ENDOSCOPIC ULTRASOUND

Your procedure has been scheduled at:

Chandler Regional Hospital
1955 W. Frye Rd
Chandler, AZ 85224
(Out Patient Department)

Your appointment is on: ____________________________

CHECK IN TIME: ____________________________ (90min Prior to Procedure Time)

MEDICATION AND DIET INSTRUCTIONS

7 days prior to the procedure:

1. PLEASE DISCONTINUE all blood thinning and anti-inflammatory medications. This includes, but not limited to, Coumadin, Plavix, Iron supplements, Multi-Vitamins (Vitamin E) and Fish oil. Also discontinue any NSAID’s (nonsteroidal anti-inflammatory drugs) such as, but not limited to, aspirin, aspirin type products, Ibuprofen, Aleve, Advil, etc.

**TYLENOL MAY BE TAKEN**
*See attached sheet for a complete list of medications to avoid.

___MORNING procedure: Nothing to eat or drink after midnight.

___AFTERNOON procedure: Nothing to drink after _________a.m  p.m

A liquid breakfast is okay prior to your 8 hour fasting period. No solid food or dairy. (If your appointment time changes, so will the fasting time.)

*Do not take any medications the day of your procedure*
CLEAR LIQUID DIET
DAY BEFORE PROCEDURE
Only items on this list are permitted

BEVERAGES:
- Coffee (no cream)
- Tea (no cream)
- 7UP
- Sprite
- Ginger Ale
- White Grape Juice
- Water
- Apple Juice
- Lemon-lime Gatorade
- Lemon-Lime Crystal Light

SOUPS:
- Bouillon
- Clear Broth
- Fat Free Chicken Broth

SWEETS & DESSERTS:
- Honey
- Sugar
- Clear Hard Candy
- Lemon, Lime, or Pineapple JELLO
- Clear popsicles
- Jolly Ranchers (Green and Yellow)

NO SOLID FOODS   CLEAR LIQUIDS ONLY
STAY AWAY FROM RED, PURPLE, AND BLUE DYRES

IMPORTANT

You must not have anything by mouth
8 hours prior to the procedure.
Otherwise this will result in postponement.

NO MEDICATION, WATER, GUM OR JUICE