*RECTAL PROTOCOL* CT SCAN PREPARATION

Appointment date and time:__________________________________________________

- CLEAR LIQUIDS ONLY 4 HOURS BEFORE PROCEDURE (SEE GUIDELINES BELOW)

- If you are currently taking prescribed medications, please take as instructed with a very small amount of water just enough for swallowing.

- TWO FLEET ENEMAS AVAILABLE OVER THE COUNTER AT ANY DRUG STORE, NO PRESCRIPTION NECESSARY (SEE DIRECTIONS BELOW)

- IF AM CASE: USE ONE ENEMA 2 HOURS AFTER DINNER THE NIGHT BEFORE PROCEDURE AND ONE ENEMA THE MORNING OF THE PROCEDURE—PLEASE HAVE COMPLETED THE LAST ENEMA AT LEAST 1 AND A HALF HOURS BEFORE YOUR APPOINTMENT (MAY ADJUST TIME FOR TRAVEL)

- IF PM CASE: USE 2 ENEMAS THE MORNING OF THE PROCEDURE, 1 HOUR APART FROM EACH OTHER WITH THE LAST ENEMA COMPLETED AT LEAST 1 AND A HALF HOURS BEFORE YOUR APPOINTMENT (MAY ADJUST TIME FOR TRAVEL)

- CLEAR LIQUID GUIDELINES:
  - WATER, COFFEE, TEA (NO MILK OR NON-DAIRY CREAMER), APPLE JUICE, WHITE GRAPE JUICE, LEMONADE, GINGER-ALE, COLA, 7-UP, SPRITE, GATORADE, CHICKEN BROTH, JELLO (NO RED/PURPLE FOOD COLORING)

- NOTIFY YOUR DOCTOR/NURSE PRIOR TO THE PROCEDURE IF YOU HAVE ANY OF THE FOLLOWING:
  1. DRUG ALLERGIES/I.V. CONTRAST ALLERGIES/LATEX ALLERGIES. I.V. ALLERGY PATIENTS MUST BE PRE-MEDICATED. NOTIFY NURSE TO CALL IN PRESCRIPTIONS INTO PHARMACY
  2. HISTORY OF KIDNEY PROBLEMS
  3. DIABETIC PATIENTS TAKING GLUCOPHAGE/GLUCOVANCE, ETC.—DO NOT TAKE DIABETIC MEDICATION MORNING OF PROCEDURE
  4. CREATININE LEVEL (BLOOD TEST) IS REQUIRED WITHIN 30 DAYS FOR:
     - PATIENTS 70 YEARS OF AGE OR OLDER
     - DIABETIC (INSULIN AND NON INSULIN DEPENDENT)
     - HISTORY OF RENAL INSUFFICIENCY