

CLEAR LIQUID DIET

The clear liquid diet is used for brief periods of time when it is necessary to minimize the amount of fecal material in the colon.

TYPE OF FOOD	ALLOWED ITEMS	NOT ALLOWED ITEMS
Beverages	Water; carbonated beverages; regular or decaffeinated tea or coffee* (taken WITHOUT DAIRY PRODUCTS OR DAIRY SUBSTITUTES); Kool-Aid (NO RED, PURPLE OR ORANGE); Gatorades and sport drinks (EXCEPT RED, PURPLE OR ORANGE); 100% Fruit Juices; Apple, Cranberry, Grape, Cranapple.	Milk, milk drinks, all others**
Breads; Cereals; Flours	None	All
Cheeses	None	All
Desserts	Jell-O, popsicles, or fruit ices (NO RED, ORANGE OR PURPLE) that DO NOT CONTAIN DAIRY PRODUCTS, NOR PIECES OF FRUITS OR VEGETABLES.	
Eggs	None	All
Fats	None	All
Fruits; 100% Fruit Juices	Apple, cranberry, grape, cranapple; strained citrus juices if tolerated.	All others
Meat; Poultry; Fish; Legumes	None	All
Potatoes; Rice; Pasta	None	All
Soup	Bouillon, Clear fat-free broths, consommé	All others
Sweets	Honey, jelly, syrups, plain sugar candy in small amounts; (NO RED, PURPLE OR ORANGE)	All others
Vegetables	Strained vegetable broth	All others
Miscellaneous	Salt	All others

* Your doctor may recommend decaffeinated coffee or tea.

** Check with your doctor about alcohol. Alcohol cannot be used safely with some medications.

MEDICATIONS

Heart medications, blood pressure pills and medications for lung problems may be taken with small amounts of water the morning of the procedure. Other medications may be taken after the procedure.

PLEASE NOTIFY THE DOCTOR IF:

- ▲ You are taking Coumadin, or Plavix.
- ▲ You have an artificial joint, heart valve replacement, or defibrillator.

YOU MUST HAVE SOMEONE STAY IN THE BUILDING WHILE YOU ARE HERE, AND TO DRIVE YOU HOME AFTER YOUR PROCEDURE.

CLEAR-LIQUID DIET *Suggested Meal Plan*

Breakfast

1 cup juice
1 cup clear broth
1/2 cup gelatin dessert
Coffee or tea* with sugar, no dairy

Snack

1 cup fruit juice or soft drink
1/2 cup gelatin dessert

Lunch

1 cup juice
1 cup clear broth
1/2 cup gelatin dessert
Coffee or tea* with sugar, no dairy

Snack

1 cup fruit juice or soft drink
1/2 cup gelatin dessert

Dinner

1 cup juice
1 cup clear broth
1/2 cup gelatin dessert
Coffee or tea* with sugar, no dairy

* Your doctor may recommend decaffeinated coffee or tea.