

## Diabetic Medication and Diet Instructions for Colonoscopy

The following information is both diet and medication recommendations for our diabetic patients undergoing endoscopic procedures. These are general guidelines. Please contact your healthcare provider who manages your diabetes for questions.

**For people with diabetes, any procedure that causes you to miss a meal or change our usual meal plan will require special planning to safely manage you blood sugar levels.**

- Try to schedule the appointment for early in the day.
- Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of the procedure.
- Check you blood glucose if at any time you have symptoms of low blood glucose or very high blood glucose.

### **DIET: Clear liquid food choices for the day before your colonoscopy:**

**Aim for 45 grams of carbohydrate at meals and 15-30 grams of carbohydrate for snacks. Avoid anything that is colored RED, ORANGE, or PURPLE. Look for CLEAR, YELLOW, or GREEN flavors (examples: lemon, lime, apple, white grape, peach, banana).**

| <u>Food Item:</u>                                   | <u>Grams of Carbohydrate:</u> |
|---|-------------------------------|
| 1. *Ensure Active Clear (4 ounces)                  | 18                            |
| 2. *Clear Boost Breeze (4 ounces)                   | 27                            |
| 3. clear apple juice (not cider) (4 ounces)         | 15                            |
| 4. white grape juice (4 ounces)                     | 20                            |
| 5. Jello (gelatin), regular sweetened (1/2 cup)     | 17                            |
| 6. popsicles or ice pops (read label)               | 15                            |
| 7. Italian ice (1/2 cup)                            | 16                            |
| 8. sugar (for coffee or tea) (1 teaspoon or packet) | 4                             |
| 9. fat-free broth, bouillon, or consommé            | 0                             |
| 10. diet clear soda                                 | 0                             |
| 11. coffee  | 0                             |
| 12. tea, unsweetened or diet                        | 0                             |
| 13. Seltzer   | 0                             |
| 14. flavored water                                  | 0                             |

\*May not be available locally, but can be purchased online. Check your local pharmacy

## SAMPLE MENU

Avoid foods that are colored red, orange or purple

| Breakfast   | Lunch   | Dinner   |
|---|---|--|
| Apple or white grape juice (1 cup)<br>Regular sweetened Jello (1/2 cup)<br>Tea with lemon | Broth<br>Italian ice (1 cup)<br>Tea with lemon<br>Regular sweetened Jello (1/2 cup) | Broth<br>Apple or white grape juice (1 cup)<br>Tea with lemon<br>Regular sweetened Jello (1/2 cup) |

## MEDICATIONS:

### DAY PRIOR TO PROCEDURE (Preparation Day)

Follow the clear liquid described above and adjust your medications as follows:

| If you take:  | Morning   | Lunch/Dinner  | Bedtime              |
|---|---|---|----------------------|
| Glucophage(metformin), Januvia, Janumet, Byetta, Tradjenta, Onglyza, Invokana, Avandia, Avandamet, Actos (pioglitazone), ACTOplus Met (pioglitazone & metformin), Farxiga   | Take your usual dose  | Take your usual dose  |                      |
| Glucotrol, Glucotrol XL, Micronase (glyburide), Glucovance (glyburide and metformin), Jardiance, Metaglip (glipizide& metformin HCl), Prandin (repaglinide), Starlix (nateglinide), Victoza, Amaryl (glimepiride), Avandaryl, DiaBeta, Glynase, Duetact (pioglitazone & glimepiride). | Do not take   | Do not take   | Do not take          |
| Lantus<br>Levemir   | Take your usual dose  |   | Take your usual dose |
| Humalog, Novolog, Regular Insulin or NPH Insulin<br><br>If you use insulin sliding scale, then you may continue using it.   | Take ½ the usual amount if you take a fixed dose—<br>OR—Cover your carbs with your usual carb ratio | Take ½ the usual amount if you take a fixed dose—<br>OR—Cover your carbs with your usual carb ratio |                      |
| Premixed insulin; 75/25, Novolin 70/30 or Novolog Mix 70/30   | Take ½ the usual dose at breakfast  | Take ½ the usual dose at dinner   |                      |

## DAY OF PROCEDURE

Do not make up or “double up” on any missed medication after the procedure

| <b>If you take:</b>   | <b>Morning</b>        | <b>Lunch/Dinner</b>              | <b>Bedtime</b>         |
|---|-----------------------|----------------------------------|------------------------|
| Glucophage(metformin), Januvia, Janumet, Byetta, Tradjenta, Onglyza, Invokana, Avandia, Avandamet, Actos (pioglitazone), ACTOplus Met (pioglitazone & metformin), Farxiga   | <b>DO NOT TAKE</b>    | Resume your usual dose if eating |                        |
| Glucotrol, Glucotrol XL, Micronase (glyburide), Glucovance (glyburide and metformin), Jardiance, Metaglip (glipizide& metformin HCl), Prandin (repaglinide), Starlix (nateglinide), Victoza, Amaryl (glimepiride), Avandaryl, DiaBeta, Glynase, Duetact (pioglitazone & glimepiride). | <b>DO NOT TAKE</b>    | Resume your usual dose if eating |                        |
| Lantus<br>Levemir   | Take ½ the usual dose |                                  | Resume your usual dose |
| Humalog, Novolog, Regular Insulin or NPH Insulin<br><br>If you use insulin sliding scale, then you may continue using it.   | <b>DO NOT TAKE</b>    | Resume your usual dose if eating |                        |
| Premixed insulin; 75/25, Novolin 70/30 or Novolog Mix 70/30   | <b>DO NOT TAKE</b>    | Resume your usual dose if eating |                        |