



**SECTION C. CLINICAL CONSIDERATIONS**

| FACTOR  | YES | NO | IF YES, TAKE ACTION:                     | FINAL OUTCOME |
|---|-----|----|--|---------------|
| KIDNEY DISEASE OR RENAL INSUFFICIENCY                         | 1   | 2  | CALL COLONOSCOPIST WITH CREATININE VALUE | Go ahead Y N  |
| TAKING GI MOTILITY DRUG (IMMODIUM, LOMOTIL)                   | 1   | 2  | CALL COLONOSCOPIST WITH NAME OF MEDICINE | Go ahead Y N  |
| TAKING BLOOD PRESSURE MEDICINE                                | 1   | 2  | CALL COLONOSCOPIST WITH NAME OF MEDICINE | Go ahead Y N  |
| RECENT MYOCARDIAL INFARCTION OR HEART ATTACK OR HEART FAILURE | 1   | 2  | CALL COLONOSCOPIST WITH INFORMATION      | Go ahead Y N  |
| SEVERE LIVER DISEASE  | 1   | 2  | CALL COLONOSCOPIST WITH INFORMATION      | Go ahead Y N  |
| TAKING ANTICOAGULANTS   | 1   | 2  | CALL COLONOSCOPIST WITH NAME OF MEDICINE | Go ahead Y N  |
| RECENT DIARRHEA   | 1   | 2  | RESCHEDULE AFTER ILLNESS RESOLVES        |               |
| FEBRILE ILLNESS CURRENT OR RECENT                             | 1   | 2  | RESCHEDULE AFTER ILLNESS RESOLVES        |               |
| URI OR UTI CURRENT OR RECENT                                  | 1   | 2  | RESCHEDULE AFTER ILLNESS RESOLVES        |               |
| GENITAL HSV OR VAGINITIS                                      | 1   | 2  | RESCHEDULE AFTER ILLNESS RESOLVES        |               |
| RECENT DEHYDRATION  | 1   | 2  | RESCHEDULE AFTER ILLNESS RESOLVES        |               |
| RECEIVED VACCINE IN LAST 14 DAYS                              | 1   | 2  | RE-ENROLL AFTER NEXT VISIT IF ELIGIBLE   |               |