



STANDARD OZONE/UV IV THERAPY

Standard Operating Procedure (SOP)

OBJECTIVE:

To outline the procedure for performing Major Autohemotherapy with UBI, ensuring safe and effective administration of therapy to patients.

FREQUENCY:

Administer the therapy one to two times per week, depending on the patient's ability to schedule and tolerate the treatment.

PRE-TREATMENT NOTES:

- **Healthy Patients (e.g., Athletes, Anti-Aging):**
 - Initiate therapy with a Standard Dose using 60cc of blood and 60 gamma of ozone.
- **Standard Dose Requirement:**
 - All patients must receive at least one Standard Dose therapy before progressing to Hi-Dose therapy.

PROCEDURE:

1. Preparation of IV Tubing and Saline:

- Spike the IV w/ cuvette tubing into a 250ml bag of 0.9% Normal Saline (NS).
- Drain the saline bag to 160ml through the IV tubing and cuvette, holding the cuvette patient side up.
- Cap the end of the tubing to maintain sterility until ready to connect to the placed catheter.

2. Heparin Preparation:

- Draw 2000 units of Heparin into a 60cc syringe.

3. Blood Collection:

- Using a 20-24 gauge angiocath, draw 60cc of the patient's blood into the 60cc syringe primed with Heparin.

4. IV Line Flushing:

- Attach the IV tubing to the angiocath.
- Flush the line with 0.9% NS from the IV bag (open IV line until blood is cleared).

4. Blood and Saline Mixture:

- Add the 60cc of Heparinized blood to the 160ml of 0.9% NS in the 250ml bag.

5. Ozone Administration:

- Add 60cc of 40 - 70 gamma ozone (see titration chart) to the blood.
- Gently massage the blood mixture to ensure proper mixing.

6. Infusion to Patient:

- Administer the ozone/blood mixture to the patient at a rate of three drops per second.

7. Disconnect:

- Once the blood in the IV tubing has reached the UBI machine, monitor the flow. If the blood no longer infuses on its own:
 - Remove the cuvette from the UBI machine.
 - Hang it from the IV pole to allow continued flow of the treated blood to the patient.

8. Completion of Infusion:

- When the blood no longer flows to the patient, remove the IV angiocath.
- Apply pressure to the site and wrap it appropriately.

9. Post-Treatment Notes:

- **Ozone Gamma Adjustment:**
 - If the patient tolerates the treatment well, increase the ozone gamma at the next visit to 50, then 60, then 70, etc. (See Titration Chart)

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- Maximum Gamma: Do not exceed 78 gamma.
- **Blood to Ozone Ratio:**
 - The traditional ratio was 1:1 (blood to ozone). However, blood can now safely accept more ozone at a 1:4 ratio for the desired effect, especially if blood draw is challenging.
 - Minimum Blood Volume: If less than 30cc of blood can be drawn, abandon procedure and encourage patient to hydrate better for the next visit.
- **Maximum Ozone and Blood Volume:**
 - You can increase up to 120ml of blood with 360ml of 78 gamma ozone for therapy.

DOCUMENTATION:

Record the patient's response, any adverse reactions, and the total dose of ozone administered in the patient's medical record. Adjust future treatments based on this documentation.

PROTOCOL:

Do therapy **TWO to THREE times per week** for chronic or late stage disease or for those wanting to be aggressive for faster results. **ONE time per week** is great for anything, however **TWO times per week** is better for those who are very sick. Do this for **TEN treatments** and then reassess based on patient progress. If patient feels 20-50% improvement, recommend another **TEN treatments**. If patient is 51-80% better recommend another **TEN treatments but further apart**. If patient is 81-100% better take a month off to see what long-term results are. If patient feels symptoms returning at any point, resume treatment for another **TEN times**.

REVIEW AND UPDATE:

This SOP should be reviewed and updated as needed to ensure compliance with the latest clinical guidelines and patient safety standards.

