







# **Standard Operating Procedures**



- Consistency in Care: Ensures uniform, standardized treatment across all providers.
- Enhanced Patient Safety: Reduces errors and mitigates risks.
- Improved Efficiency: Streamlines workflows and saves time.
- Legal Protection: Reduces liability by adhering to accepted practices.
- Better Training: Provides clear guidelines for staff onboarding and training.
- Continuous Improvement: Serves as a benchmark for quality control and adaptation.
- Enhanced Communication: Facilitates better teamwork and patient understanding.
- Regulatory Compliance: Helps meet standards and prepare for audits.



# Top two concerns

1

How do I know what will work for patients?

2

How do I maintain credibility with my conventional colleagues?

# Key benefits of standard of care?



### **Improved Patient Outcomes**

- Consistency in care reduces variability in outcomes.
- Evidence-based practices lead to better health and recovery rates.

### **Enhanced Patient Safety**

- Minimizes errors through established protocols.
- Mitigates risks with standardized procedures.

## **Key benefits of standard of care?**



### **Increased Efficiency**

- Streamlined processes save time and reduce costs.
- Eliminates unnecessary variations in treatment.

### **Legal Protection**

- Shields providers from liability by following accepted practices.
- Sets clear expectations, crucial for defending against claims.

#### **Better Communication**

- Provides a common language among healthcare providers.
- Improves patient understanding of care plans.

# Key benefits of standard of care?



### **Continuous Improvement**

- Establishes benchmarks for quality and evolving practices.
- Adapts to new research and technologies.

### **Trust and Credibility**

- Builds patient confidence in their care.
- Enhances professional credibility for healthcare providers.

# Don't Throw the Baby Out with the Bath Water



### **Preserve the Good While Embracing Change**

#### **Acknowledge Existing Success:**

- Recognize the value in current practices that have proven effective.
- Maintain successful elements of existing protocols.

#### **Balance Innovation with Tradition:**

- Embrace new methods and technologies without abandoning what works.
- Integrate new practices thoughtfully, ensuring they enhance rather than replace the core of what is effective.

### **Cautious Implementation:**

- Evaluate new approaches carefully before full adoption.
- Ensure that changes do not inadvertently eliminate valuable aspects of patient care.



# **IV Evaluation Form**



PATIENT APPOINTMENT							
Your health and wellness are of the utmost you, please fill out this form as best you car		. To better	understan	d how yo	u are doin	g, and to bet	ter serve
Today's Date: / /		lame:	Last Na			First Name	
PATIENT'S CURRENT STATUS	3						
On a scale of 1 to 10, how do you feel today	<i>l</i> ?	1 (Horrible)	2 3	4	5 6	7 8	9
What percentage of improvement have you since your last visit?	experienced	10%	20% 30%	40%	50% 60%	70% 80%	90%
In what areas are you showing improvemen	nt?						
Do you have any questions we need to addr							
2.)							
3.)							

Your Energy Level:	1 2 (Low)	3 4 5 (High)		elow your areas of concer m in order of priority (1, 2	
Your Sleep Quality:		3 4 5 (High)			
Your Activity Level:		3 4 5 (High)			(F)
Your Digestion:		3 4 5 (Good)			MHz.
Your Mental Attitude:	1 2		\0/	/ \d	
	(Poor)	3 4 5 (Great)	(Å)	) (U)	
Physician's Notes:	ONLY	(Great)		) QQ	
IN-OFFICE USE Physician's Notes:  Today's Treatment PI:  TREATMENT	ONLY	(Great)	AENT NOTES	COMPLETED	STAFF INITIALS
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Physician's Notes:  Today's Treatment Plant	ONLY	(Great)	MENT NOTES		STAFF INITIALS

# **Patient Evaluation**



	On a scale of 1 to 10, how do you feel today?
PATIENT EVALUATION FORM  PATIENT APPOINTMENT	Terrible  What percentage of improvement have you experienced  since your last visit?  Terrible  Defreat  What percentage of improvement have you experienced  0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Your health and wellness are of the utmost importance to us. To better understand how you are doing, and to better serve you, please fill out this form as best you can.	Do you have any questions we need to address?
Today's Date: / / Patient Name:	1.)
CURRENT STATUS	2.)
On a scale of 1 to 10, how do you feel today?    1	
In what areas are you showing improvement?	3.)
Do you have any questions we need to address?	
1)	Your Energy Level:    Outside
3.)  Your Energy Level: Please indicate below your areas of concern of pain and rate them in order of priority (1,2, and 3).	Your Sleep Quality:
Your Sleep Quality:	Your Activity Level:  1 2 3 4 5
1 2 3 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Your Digestion:    Dow
Your Mental Attitude:	Your Mental Attitude: □ □ □
PAGE 1	1 2 3 4 5 Poor — ▶ Great

# **Patient Evaluation**



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1.)		1 2 3 Terrible	4 5 6 7	8 9 10 → Great
2.)		1 2 3 Terrible	4 5 6 7	8910 → Great
3.)		1 2 3 Terrible	4 5 6 7	8 9 10 ► Great
4.)		1 2 3 Terrible	4 5 6 7	8 9 10 → Great
5.)		1 2 3 Terrible	4 5 6 7	8 9 10 ► Great
IN-OFFICE USE ONLY				
Vitals Before Tx:				
Blood Pressure:/	Heart Rate: _	bpm	Oxygen:	bpm
Vitals After Tx:				
Blood Pressure:/	Heart Rate: _	bpm	Oxygen:	bpm
Physician's Notes:				
Today's Treatment Plan				STAFF
TREATMENT		TREATMENT NOTES		IPLETED INITIALS
1.)				
2.)				
3.)				
5.)				
,				
Office Notes:				

List your top five main co	mplaints in order from worst to least, an	d rate their severity
List jour top into main oo		a rate their serving.
1.)		12345678910 Terrible ————————————————————————————————————
2.)		12345678910 Terrible
3.)		12345678910  Terrible
4.)		12345678910

Vitals Before Tx:					
Blood Pressure:	_/	Heart Rate:	_ bpm	Oxygen:	_ bpm
Vitals After Tx:					
Blood Pressure:	_/	Heart Rate:	_ bpm	Oxygen:	_ bpm
Physician's Notes:					

IN-OFFICE USE ONLY

## **Patient Evaluation**



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4.)		1 2 3 Terrible			⇒ Gre
5.)		Terrible 2 3	4 5 6	7 8	9 ► Gre
IN-OFFICE USE ONLY					
Vitals Before Tx:					
Blood Pressure:/	Heart Rate:	bpm	Oxygen:		bpm
Vitals After Tx:					
Blood Pressure:/	Heart Rate:	bpm	Oxygen:		bpm
Physician's Notes:					
Today's Treatment Plan		TREATMENT NOTES		COMPLETED	STAFF INITIALS
TREATMENT		TREATMENT NOTES		COMPLETED	STAFF
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TIEATMENT  1.)  2.)  3.)		TREATMENT NOTES			STAFF INITIALS

TREATMENT	TREATMENT NOTES	COMPLETED INITIALS
1.)		
2.)		
3.)		
4.)		
5.)		
Office Notes:		

Vitals Before: Vitals After: Patient ate prior:

Tx 1: MAH/UBI 60:60 60 gamma - followed SOP

Tx 2: 250ml Normal Saline

Tx 3: Myers 1 – Lot # and Rx #

Start time: 2:00p Stop Time:5:15p

Notes: RAC x1 attempt w/ 22G catheter. Good blood return noted. Patient tolerated well.

Catheter removed and pressure applied. Patient left in stable condition w/spouse.

### What Does PE Form Do for Office?



- Communicates to office and provider
- HIPPA compliant IV room
- SOAP (charting) w/ efficiency
- Accurately and efficiently gathers data for ROF consult
- Allows for tweaking
- Internal tracking/communication
- Builds testimonial/clinical outcome material
- Builds BELIEVERS

## What Does PE Form Do for Patients?



- Communicates to office and provider
- HIPPA compliant IV room
- Journaling
- Awareness
- Perceived Value
  - Enhanced perceived likelihood of achievement
  - Shows quick emotional and physical wins 'experience victories early on'
  - Diminishes need to "download" all the details at ROF consult
  - Builds "belief" in patients (and staff)

# What Does PE Form Do for the Industry?



- Protects the Medicine
- Builds Evidence-Based Medicine
- Supports Standard of Care
- Establishes and grows safety and efficacy data
- Leaves a Legacy

# **IV Plan Tracking Form**



		ORDER FORM		
Patient Name:		D.O.B.	:	
Phone:		Ordering Provider		
Diagnosis:				
		IV BAG		
Best IV Ever	HCL	Lyme IV	Pain / Insufflation	
Chelation	House Special	Mac Degeneration	Paul Anderson AA	
Classic Myers	Lyme I	Malabsorption	Phosphatidyl Choline	
Diabetes	Lyme II	Migraine	Silver	
Ghen Autoimmune	Lyme III	Minerals	Small Chelation	
H <sub>2</sub> O <sub>2</sub>				
Dosage:		Frequency:		
Doouge.				
IV ADDITIVES	3	TREATMENT	Γ PLAN	
Amino Acids	Glutathione	Cancer	Immune	
☐ B12	MSM	Lyme	Chelation	
DMSO	Procaine (2%)	Mold	Infection	
UBI /	МАН	INSUF	FLATION	
UBI / MAH		Rectal Vaginal	Ears Nos	
Dosage:		Dosage:		
Frequency:		Frequency:		
Gamma:		Gamma:		
Notes:		Notes:		

Patient Name:			Start Date:	
Treatment Package:				
Troutificht Fuorago.				
Date Given	_	Treatment Given	_	

## **Clinical Trial Candidate Search**



Goal: Test data collection process for future app build

Goal: Enlist providers who share interest in collecting data to support IV therapy

- Complete at least 5 lvs/day
- Offer at least 3 IV formulas
- Use O3UV
- Dedicated IV staff
- Lab draw pre/post
- Each patient, each IV
- 30-day commitment
- Agree to onboarding process
- Agree to provide feedback
- Agree to follow tx plans

#### We Provide:

- Intro Video to onboard patients
- iPad preloaded with videos/links
- Preloaded treatment plans
- Interactive Patient Evaluation form for easy pt use and compliance.