



Tracking Treatment Plans AKA “Staying Sane”

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The Four Secrets To Staying Sane with Treatment Plans



1 Secret #1 – Standing Orders – IV Therapy is systemic, cellular treatment with higher doses and absorption than oral medicine.

2 Secret #2 – Standard Operating Procedures – Proper protocols are required to get desired results through patient engagement and compliance.

3 Secret #3 - Standard Patient Flow – A properly implemented IV room can be a main revenue source (with the right tools and outcomes).

4 Secret #4 - Printed (sharable) Patient Edu – Marketing via patient education

Standing Orders



Standing orders in medicine are written protocols or instructions authorized by a licensed healthcare provider, such as a physician or nurse practitioner, that allow other healthcare personnel (e.g., nurses, pharmacists, or medical assistants) to perform specific tasks without needing immediate direct supervision or individual orders for each action.

Key Features of Standing Orders:

- **Preauthorization:** They are pre-approved by a supervising provider.
- **Standardization:** They establish uniform procedures to ensure consistency in patient care.
- **Delegation of Tasks:** Enable healthcare teams to act efficiently, particularly in situations requiring timely interventions.
- **Specificity:** Clearly outline the scope of actions, criteria for use, and conditions under which they apply.

Standing Orders



Common Uses:

- **Screenings:** Blood pressure or glucose
- **Emergency Response:** Administering medications or treatments in urgent situations (e.g., anaphylaxis management with epinephrine).
- **Chronic Disease Management:** Initiating protocols for indications.

Benefits:

- Improves efficiency and reduces delays in patient care.
- Empowers non-physician staff to take proactive steps.
- Supports high-quality, evidence-based practices.

Oversight:

Standing orders must comply with legal and regulatory standards, including local laws, institutional policies, and guidelines for scope of practice. Regular review and updates are essential to maintain their effectiveness and alignment with best practices.

Standing Orders



PATIENT ORDER FORM
(INTERNAL USE ONLY)

Patient Name: _____ D.O.B.: _____
Phone: _____ Ordering Provider: _____
Diagnosis: _____

IV BAG

<input type="checkbox"/> Best IV Ever	<input type="checkbox"/> HCL	<input type="checkbox"/> Lyme IV	<input type="checkbox"/> Pain / Insufflation
<input type="checkbox"/> Chelation	<input type="checkbox"/> House Special	<input type="checkbox"/> Mac Degeneration	<input type="checkbox"/> Paul Anderson AA
<input type="checkbox"/> Classic Myers	<input type="checkbox"/> Lyme I	<input type="checkbox"/> Malabsorption	<input type="checkbox"/> Phosphatidyl Choline
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lyme II	<input type="checkbox"/> Migraine	<input type="checkbox"/> Silver
<input type="checkbox"/> Ghen Autoimmune	<input type="checkbox"/> Lyme III	<input type="checkbox"/> Minerals	<input type="checkbox"/> Small Chelation
<input type="checkbox"/> H ₂ O ₂			

Dosage: _____ Frequency: _____

IV ADDITIVES

<input type="checkbox"/> Amino Acids	<input type="checkbox"/> Glutathione	<input type="checkbox"/> Cancer	<input type="checkbox"/> Immune
<input type="checkbox"/> B12	<input type="checkbox"/> MSM	<input type="checkbox"/> Lyme	<input type="checkbox"/> Chelation
<input type="checkbox"/> DMSO	<input type="checkbox"/> Procaine (2%)	<input type="checkbox"/> Mold	<input type="checkbox"/> Infection

TREATMENT PLAN

UBI / MAH

UBI / MAH

Dosage: _____
Frequency: _____
Gamma: _____

INSUFFLATION

Rectal Vaginal Ears Nose

Dosage: _____
Frequency: _____
Gamma: _____

Notes: _____

Notes: _____

Signature: _____ Date: _____

Includes

- Patient Information
- IV Bag
- IV Additives
- Treatment Plan
- UBI/MAH Protocol
- Insufflation Protocol
- Notes
- Signature

What Do SOPs Look Like?



- Purpose
- Scope
- Responsibilities
- Materials and Equipment
- Procedure
- Emergency Protocol
- Review and Update
- Approval

Why?

- Training
- Accountability
- Documentation
- Firing
- Safety

SOP - Standing Orders



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)



HI-DOSE OZONE/UV IV THERAPY

Standard Operating Procedure (SOP)

OBJECTIVE:

To outline the procedure for performing HD O3UV IV 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):**
 - May not need Standard Dose treatment and can start at HD treatment even if it is their first time having ozone.
- **Chronically Ill Dose Requirement:**
 - All patients must receive at least one Standard Dose therapy before progressing to Hi-Dose therapy to test tolerance.

PROCEDURE

(for full details see Step-By-Step Instructions):

1. Preparation of IV Tubing and Saline:

- Prime the IV tubing w/ cuvette and HD IV bag. Place IV tubing w/ cuvette into infusion pump and Champion FS.

2. Heparin Preparation:

- Fill 60ml syringe w/4000 IU of heparin, the rest normal saline. Attach heparin tubing and prime. Attach to main IV tubing w/ cuvette at port. Place in syringe pump.

3. Blood Collection:

- Using infusion pump, draw 300ml of blood into the HD IV bag.

4. IV Line Flushing:

- When blood is finished drawing, flush the line to patient and up to the bag w/ saline.

5. Ozone Administration:

- Connect silicon tube to HD bag to infuse ozone. Run 70 gamma ozone into HD bag for four minutes (depending on Rx)
- Gently massage the blood mixture to ensure proper mixing.

6. Infuse Blood/Ozone Mixture:

- Invert the HD IV bag. Insert tubing into infusion pump facing the opposite direction. Program pump to infuse 530ml of fluid. Start pump.

7. Disconnect:

- Once the infusion pump will no longer infuse (air), remove the tubing and infuse the remaining treated by gravity. 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.

POST-TREATMENT NOTES:

• Ozone Gamma Adjustment:

- If the patient tolerates the treatment well, on the next session increase the ozone flow time to five minutes (70 mcg/ml x 1250ml). *see titration chart

Patient Flow – Schedule



- Patient fills out eval form each visit
- Vitals before and after
- Every 15 minutes for Nx IV – just enough to mix/start/record pt
- Every hour for UBI/MAH – occupies UBI machine for 30 minutes

Patient Education



- Handouts on services/products/individual IVs
- Videos on devices
- Videos on TV in IV room and waiting room
- Flash drives
- Brochures (including prices)
- EMR – Patient Portals
- www.medmasters.org