

Treat COVID
At Home
Protocols

PROVIDED TO YOU BY:
NURSE MICHELE

THEFACEOFCOVID19@GMAIL.COM

JULY 2021 REVISION

Dear Friend,

In light of what feels like a dearth of helpful information for the populous to know how to advocate for themselves, from the moment they or a loved one tests positive for COVID19, I wanted to share what I have with you, in the hopes it will help you.

The goal is early treatment that hopefully will keep you out of the hospital.

This list describes Michele's Recommendations from personal experience with COVID-19, July 2020, and research of brave physicians around the country and world who have researched and created various treatment plans for treating COVID-19, outside the hospital.

THIS INFORMATION IS NOT TO BE TAKEN AS MEDICAL ADVICE

All cases are unique and you should always consult with your physician before making health decisions or taking new medications.

The primary goal is to do what you can, to

- 1) Recover from COVID19, gaining Natural Immunity,**
- 2) remain out of the hospital,**
- 3) know when to go to the hospital, and what to expect if admitted**

The CDC/NIH only provides lists of [symptoms to seek medical attention for](#), and their Standard Recommendation is: *"[stay home and use distancing protocols](#), while telling you [when to re-enter society](#)." Their only recommendation is for you to use, Tylenol and Cough Syrup, and wait until you have severe symptoms, then, go to Hospital where you may end up on a ventilator.*

FACTS:

- [9 out of 10 people](#) treated with the CDC/NIH "standard treatments" who were put on Ventilators as treatment, as recommended by the CDC and WHO, - **DIED.**
- Deaths by COVID19, do not contribute to Herd Immunity, having NATURAL IMMUNITY DOES
- With nearly 30million+ documented "cases" in the US - Remember, COVID19 SURVIVORS create Natural Herd Immunity

Covid19, has a >99% survival(mortality) rate. That is great news!! However, the Morbidity of Covid19 (the condition of suffering from a disease or medical condition) **"after" you have it**, has shown to leave people with some significant medical issues, also called, "[Long Hauler Syndrome](#)." Those who get access to [therapeutics](#) in the first 7 days, are showing a very good outcome, w/o long lasting effects. PLEASE GET PREPARED! Know what therapeutics your doctors WILL provide for you in advance. We can fight this, but, you must get your essentials together!

Many are [hesitant](#) to take the COVID19 Vaccines because of published data Showing [adverse reactions](#) in the test phases and data that states Vaccines may only relieve the symptoms, but, not prevent disease creating a populous of asymptomatic vaccinated carriers, who are [required to mask as if Unvaccinated](#). Vaccine Risks many are UNwilling to take. All of these issues will be addressed in this document.

The Point is....You need to be prepared for When COVID19 Strikes

Of course if you already know you fall into a high risk category, it is imperative that you get yourself on prophylactic (Protective) measures (found w/I this packet) before COVID19 strikes you. Regrettably, the CDC has offered us nothing to help those who know they are high risk for bad outcomes with COVID19, until you have progressed with COVID19, requiring hospitalization. According to the [American Association of Physicians and Surgeons](#), "The NIH [National Institute of Health] dangerously, and contrary to evidence, **recommends no treatment for COVID-19** unless a patient is hospitalized and in need of oxygen. But thankfully, a growing number of courageous physicians across America and around the world are stepping up to put patients first by offering *early treatment* in order to reduce hospitalizations and save lives."

High Risk Profiles:

- *** If you have [Sleep Apnea](#), consider yourself high risk for severe COVID19
- *** Age 60+ or <60 years old with Comorbidities (pre-existing conditions)
- ***Hypertension, Diabetes Mellitus, Immune Compromised Conditions
- *** Chronic Lung, kidney or liver disease – (Asthmatics Should be on all your medications)
- ***Obesity (BMI >25kg/m2) Check your BMI Score [Here](#):
- *** over age 50 with one or more other medical conditions

PLEASE share with your friends and family, The following Recommendations, [before](#) they get COVID, (Links are embedded in this Document) I can only reach those within 'my' reach. Please share.

Nurse Michele RN

Registered Nurse since 1988 TheFaceOfCovid19@gmail.com

"I think one's feelings waste themselves in words, they ought all to be distilled into actions and into actions which bring results." Florence Nightingale

TALK TO YOUR DOCTORS ABOUT ALL THESE RECOMMENDATIONS **TREAT COVID AT HOME PROTOCOLS**

The following COVID19 Protocol Lists take you to Embedded Links, of Outpatient and In-Patient Protocols established by brave doctors around the world who have collaborated with each other, and have been treating patients with COVID19 throughout the pandemic. Everything I am sharing with you as suggestions to take as treatments for COVID19, comes from multiple physician's published expertise and I am motivated to share with you, because of my own negative experience with a bad case of COVID19 myself as a nurse/patient back in July 2020.

**In no way am I offering medical advice, or taking credit for their work.
I am merely compiling it for others, for the Relief of Suffering.**

"My People Perish for Lack of Knowledge" Hosea 4:6

**Read these links. Print off the ones you are comfortable with.
Put them on a clipboard or notebook, ready at your disposal, to advocate for yourself
of a loved one. **MOST IMPORTANTLY, gather the items recommended.****

LEARN HOW TO TREAT COVID AT HOME HERE:

Read the [Guide to Home-Based COVID Treatment](#) prepared by the [Association of American Physicians and Surgeons](#).

Read [Dr. Zelenko's statement to the U.S. Senate Committee on Homeland Security](#)

PROPHYLAXIS PROTOCOLS **SUGGESTIONS TO TAKE **BEFORE YOU GET COVID19****

[I Mask+ FLCCC Alliance Prophylactic Protocol:](#)

[Dr Teryn Clark's Wellness Protocol](#)

Dr. Zelenko [prophylaxis protocol](#)

[Prophylactic HCQ Protocol Dr Simone Gold](#)

[America's Frontline Doctors Pre-COVID19 Wellness Protocols](#)

[The Palmer Foundation HCQ Protocols-American Frontline Doctors](#)

[Ivermectin in Treatment of Covid19:](#)

[HOW TO GET IVERMECTIN](#)

TREAT COVID19 At HOME PROTOCOLS **AFTER YOU GET COVID**

[Budesonide Works: Full Treat Covid19 At Home Protocol](#) Using Inhaled Steroids/Budesonide with Covid19

[STOIC Trial from Oxford University – Budesonide use in 1st 7 days](#)

[AAPS GUIDE TO AT HOME COVID19 Treatment](#)

[I Mask+ FLCCC Outpatient/At Home Protocol I Mask+](#)

Dr. Zelenko's [treatment protocol](#)

Here is a list of [Additional Medicines with The studies embedded](#) which detail both the biologic plausibility supporting each adjunctive medicine, and the emerging clinical evidence base, demonstrating their impacts on survival in multiple critical illness states, including the emerging evidence for their use in COVID-19 [Multifaceted highly targeted sequential multidrug treatment](#) of early ambulatory high-risk SARSCoV-2 infection (COVID-19)

Here is a List of what you need to have in your COVID19 Basket Contents:

Over The Counter Items:

- 1- Cough Syrup – Guaifenesin (thins secretions)
- 2- Tylenol
- 3- Listerine and or Listerine RediTabs or [Halodine](#)
- 4- Cough Drops
- 5- [Aspirin](#) 81mg-325mg (Treat Microthromosis)
- 6- [Xlear](#)
- 7- Rhinocort Nasal Spray, over the counter (OTC) or it's generic equal
- 8- Nasal Spray, (OTC -order online if needed)
- 9- Gatorade/Pedialyte and other hydration liquids

Nutritional/Homeopathic Supplements:

- 1- Vitamin C (Liposomal Preferred) 1000mg Twice a day
- 2- Vitamin A
- 3- Zinc 50mg /day
- 4- [Vitamin D](#) 1000iu-5000iu/day
- 5- Quercetin 250-500 mg/day
- 6- Menthol and/or Camphor Rub (Vicks or JR Watkins)
- 7- [Glutathione](#)
- 8- [Astragalus](#) Doses up to 60 grams daily for up to 4 months 8- [Cinnamon](#)
- 9- Acidiophilus [Pro Biotics](#) ([Two metaanalyses reported modest efficacy of probiotics in reducing the incidence and duration of respiratory tract infections of viral origin.](#))
- 10- Nutritional Supplements

NIH-[The prophylaxis and treatment potential of supplements for COVID](#) -

Items to Purchase to Have in Your Home:

- 1- **Oral Thermometer** (may need one for each family member)
- 2- **Pulse Oximeter** (Amazon) Checks your Oxygen in your blood
- 3- **Spirometer** (Amazon) Helps prevent pneumonia
- 4- **Kardia Mobile EKG** (if you have pre-existing cardiac issues)
- 5- **Vibrating Massager** to be used on your back/chest while laying on stomach

Establish what Medical Supply Company you will use to get the following:

- 1- Oxygen Concentrator and Nasal Canula
- 2- Home based IV Infusions

The Covid Basket Contents

<p>Over The Counter Items:</p>	<p>Nutritional/Homeopathic Supplements:</p>	
<ol style="list-style-type: none"> 1- Cough Syrup – Guaifenesin (thins secretions) 2- Tylenol-fever/pain 3- Listerine and or Listerine RediTabs 4- Cough Drops 5- Aspirin 81mg 6- Rhinocort Nasal Spray, available over the counter (OTC) or it's generic equal 7- Xlear Nasal Spray, (OTC order online if needed) 8- Famotodine 9- Gatorade/Pedialyte other hydration liquids 	<ol style="list-style-type: none"> 1- Vitamin C (Liposomal Preferred) 2- Zinc 3- Vitamin D 4- Quercetin 5- Menthol and/or Camphor Rub (Vicks or JR Watkins) 6- Glutathione 7- Astragalus 8- Cinnamon 9- Acidophilus/ Pro Biotics 10- Nutritional Supplements 11- Melatonin 12- B-Complex Vitamin 13- Turmeric 14- Elderberry & Zinc Gummies (<15yo) 	
<p>Items to Purchase to Have in Your Home:</p>	<p>Essential Oils To Diffuse:</p>	<p>Establish what Medical Supply Company you will use to get the following:</p>
<ol style="list-style-type: none"> 1- Oral Thermometer 2- Pulse Oximeter (Amazon) Checks your Oxygen in your blood 3- Spirometer (Amazon) Helps prevent pneumonia 4- Kardia Mobile EKG (if you have pre-existing cardiac issues) 5- Vibrating Massager to be used on your back/chest while laying on stomach 6- Blood Pressure/Pulse Machine 7- An Essential Oil Diffuser 	<ol style="list-style-type: none"> 1-Lavender Oil 2-Rosemary Oil 3-Clarysage Oil 4-Peppermint Oil 5-Lemon Oil 6-Clove Oil 7-Oregano Oil 	<p>Oxygen Concentrator</p> <p>Nasal Canula/Face Mask</p> <p>Home based IV Infusion</p> <p style="text-align: center;"><u>Prescriptions Needed:</u></p> <ol style="list-style-type: none"> 1-Budesonide (steroid) Inhaler for Nebulization 2-Levalbuterol or Albuterol 3-HydroxyCholoraquine and/or Ivermectin 4- Prednisone Preferred (or) Decadron/Dexamethazone/
<p>Prescriptions to Discuss with your Physicians (AAPS Recommendations-at Home Therapy)</p>		
<ol style="list-style-type: none"> 1- Hydroxychloroquine- HCQ 2- Ivermectin 3- Apirin325 mg Prescription Strength (or) Low Molecular Weight Heparin or Eliquis 4- Inhaled Budesonide (Steroid - Corticosteroids) for Nebulization 	<ol style="list-style-type: none"> 5-Bronchodilators like, Levalbuterol or Albuterol for Nebulization (for Asthmatics) 6-Azithromycin/Clarithromycin or Doxycycline antibiotics 7-Prednisone 1mg/kg for 5 days then taper -preferred (or Decadron/or Dexamethasone) 8-Colchicine 0.6mg BID or Fluvoxamine 9-Monoclonal Antibodies (Bamlanivimab (AT home IV Infusion) or Regeneron) 	

AS SOON AS YOU HAVE SYMPTOMS SUSPICIOUS OF COVID19:

- 1- Locate the testing center nearest you that has the most rapid test results. Need to Know where WEEKEND TESTING is also. You need to know if you have COVID19 ASAP
- 2- -Start counting Day 1, at the first sign of symptoms, NOT on the day you get a positive COVID test
- 3- Practice **opening windows** in your home for Daily Fresh Air moving through your home and get outside daily for sunshine and air
- 4- Rest and **stay hydrated** with Oral Fluids – But, you must get up and move often
- 5- Document your Pulse Ox values and Pulse multiple times a day, using your **Pulse Oximeter** – Report Ox Sats below 95% to your physician
- 6- COVID patients should spend as much time **outside as tolerated**
- 7- Once you have COVID, Plan on spending time in the Prone Position while awake (lying on your stomach for hours at a time) to keep COVID Pneumonia from progressing
- 8- Have someone use a **Vibrating Massager** on your back, while lying on your stomach, or do it to yourself (share basic RT exercises for pneumonia)
- 9- Use your **Spirometer** multiple times a day, up to 4 times minimum
- 10- **Isolate** yourself from your family –(caretakers need mask and gloves)
- 11- Perform prescribed **Breathing Treatments** near a window, or exterior door in your room
- 12- Have an **Essential Oil Diffuser** near your bed, and regularly inhale the vapors from the steam, or boil orange and lemon peels and inhale the steam.
- 13- Check your **Blood Pressure & Pulse** at least 3 times a day, document in a notebook
- 14- Use Strict Hand hygiene, trash-bag for tissues (person who changes bag, wear gloves)
- 15- -People treating COVID patient at home, wear gloves and mask, wash hands often
- 16- -Daily EKG -using Kardia Mobile (if you have cardiac history)
- 17- Put ALL **Emergency Contacts** on a Card on your Refrigerator
- 18- PRINT OFF 7-14 copies of “COVID MEDS & NOTES CHART” – keep a record daily for each person with COVID19
- 19- **Purchase 1-week Pill Organizer** for 4 times/day, AND **1 Week Pill Organizer** for 2 times/day. This will help you sort and organize your COVID10 Medications around the clock.
- 20-**Sort** ALL recommended supplements and Medications into Pill Organizers (**in advance**) so your MEDICATIONS are ready for you, when COVID Strikes.
- 21- When, your MD prescribes new meds, add them to the Pill Organizer (s)
- 22- **As soon as you are sick**, Start at the top of your airway, use Budesonide Nasal Spray, twice a day, Gargle w/ Listerine multiple times a day!! Kill COVID in you mouth! Use Inhaled Budesonide for lower airway disease. Lay Prone.

Seek Medical Attention for following Symptoms:

- 1- Difficulty Breathing,
- 2- Persistent Pain/pressure in the chest,
- 3- Mental confusion or
- 4- inability to arouse,
- 5- Developing bluish discoloration of lips/face, (pale lips and gums needs to be reported)
- 6- Decreased urine output,
- 7- Oxygen Saturation $PcO_2 \leq 92-94\%$

Oxygen Support At Home:

- Target Pulse Oximeter (SpO₂) 94-96% or higher (88%-92% in Patients w/ COPD)

Signs of Respiratory Distress

- Report SpO₂ (pulse oxygen saturation) <94%
- Report Respirations ≥ 24

AS SOON AS YOU TEST POSITIVE

**you should anticipate your MD's Prescribing the Following ---IMMEDIATELY:
IF YOU ARE HIGH RISK, YOU NEED THESE MEDICATIONS IN YOUR HOME
ASAP**

- [Budesonide](#) 0.5-1mg/2ml respules (enough for every 2hr PRN then BID)
[Dosage determined by disease severity, not weight- 1mg q.2hr for severe COVID19 Cases]
- Azithromycin 500 mg. once a day for 5 days
 - (OR) [Clarithromycin](#) 500mg Sig:1 Tab PO BID
- [Prednisone/Solu-Medrol](#) 1mg/kg every day (60mg for 5 days then taper) (because there is data that suggests Covid patients 'languish on Dexamethsone, It is prefered patients use Prednisone/Solu-Medrol)
- Aspirin 325mg/day (or Low Molecular Weight Heparin) (High Risk patients consider use of stronger anticoagulants like [Heparin](#), [Lovenox](#) and, [Xarelto](#) or [Eliquis](#) for blood thinning)
OPTIONAL MEDICATIONS TO ALSO ADD:
- [Colchicine](#) 0.6mg BID or [Fluvoxamine](#)
- [Bronchodilators](#) like, [Levalbuterol](#) (preferably) or [Albuterol](#) for Nebulization for Asthma & Respiratory Patients
- [Ivermectin](#) or [Hydroxychloroquine](#)

All COVID19+ Patients Should be Immediately set up with a Medical Supply Company for:

- 1- [Nebulizer](#) and Face Mask (vs. [Metered Dose Inhaler](#))
 - 2-Order an overnight Pulse Oximeter study within first 5 days of Positive COVID19 on all high risk patients
 - 3-[Oxygen Concentrator](#) delivered to their homes before day 5/or upon low PaO2 =/<94%
 - 4-If the Med Supply Co. WILL NOT provide the concentrator w/o a documented overnight pulse oximetry study revealing PaO2 < 88%, (and insurance refuses to cover it) Notify patients they can pay cash for rental of a Concentrator (~\$75/mo)
 - 5-Pre-arrange Home IV Infusion Company for Hydration and Monoclonal Antibody Infusion at Home
-

HIGH RISK PATIENTS

Need Prophylaxis Protocol of [Ivermectin](#) or Hydroxychloroquine

(Identify Patients who have [Contraindications to Ivermectin](#), or [Contraindications to HCQ](#) In order to choose which medication would be best suited for each patient for Prophylactic Protection)

DOSAGES FOR BOTH --- INCLUDED IN Document entitled "LETTER TO YOUR DOCTORS"

HIGH RISK PATIENTS WHO TEST POSITIVE:

Immediately Prescribe [Hyper-Immune-globulin](#) OR Monoclonal Antibody

Treatment ([BAMLANIVIMAB](#) by Eli Lilly (Medicare/Medicaid/all insurances cover Bamlanivimab)

Anyone can get BAMLANIVIMAB ADMINISTERED through IV - **AT HOME.**)

- **Call Corum for Bamlanivimab at 866-799-5830**

ADVOCATING FOR YOURSELF AND FOR LOVED ONES USING NEBULIZERS & BUDESONIDE

[Start during 1st Week if you have Respiratory Symptoms- minimum Twice a Day

In late November 2020, the NIH stated, “[Overall, the evidence to date has not been definitive in determining whether a direct link exists between nebulization and increased coronavirus transmission.](#)” But, the authors went on to say, “[It should be noted that a 2012 assessment of three cohort studies investigating the transmission of coronavirus to healthcare personnel during the 2002–2003 SARS-CoV outbreaks found no significantly elevated risk of SARS-CoV transmission to healthcare workers caring for patients undergoing nebulizer treatment. **It has been rightly pointed out that there are no known infection-related hazards to an uninfected patient and even to a patient with COVID-19 that preclude the use of a nebulizer at home.**](#)” In other-words, they knew using Nebulizers did not contribute to transmission of COVID. Many brave doctors have been convinced to prescribe Budesonide Inhalers using a Nebulizer at home, after going to Dr. Bartlett’s www.BudesonideWorks.com website. If you are skeptical, please go to this website and review the studies and articles under the [Validation tab](#) . To review doctor and patient testimonials find them under the [Stories tab](#). Go To www.BudesonideWorks.com Website to the [Got Covid page here](#). - Scroll down to Stage 3 – “**Late Stage - In Hospital**” where the website has language to support you in talking to the hospital as Primary Care Providers, in order to get the proper treatment for your hospitalized patients.

Dr. Richard Bartlett’s recommendation regarding the effectiveness and necessity of using the 25 year FDA approved Nebulized Budesonide in the treatment of lung inflammation in COVID, was published in the **Spring of 2020**. He was [censored](#), and [publicly shamed](#) with [Dr. Fauci PUBLICLY discouraging the use of Budesonide](#) stating that Budesonide only provided a ‘Placebo Effect.’ This, [youtube](#) video shares Dr Bartlett’s journey & research. One Year later, in February 2021, **Oxford university**, the oldest university in the world, founded in 1096, recipient of 72 Nobel prize laureates — validated and vindicated Dr. Bartlett’s Data, through the [STOIC Trial](#) which showed that **90% of hospitalizations and emergency room visits and even urgent care visits could be avoided if everyone was using early treatment with Budesonide!!**

Think of the lives lost --- due to Medical Censorship!

‘The Crème de la crème randomized controlled **STOIC trial** showed that **the study group that got the nebulized Budesonide, had such success, it became Unethical to continue denying the placebo group Budesonide Treatment which could save their life, and reduce their morbidity.** While Nebulization use was prohibited by the CDC due to ‘possible’ risk of the spread of COVID19, studies showed that Intubation and Excavation were the largest chances of spread of the Coronavirus,’ which was commonly done, due to the standards set forth by the CDC/NIH, to wait until patients were in Resp Distress to hospitalize them, then put them on Ventilators.

Dr. Bartlett details the benefits of Budesonide [Here](#): Stating, “Budesonide is so safe, it is used on 2lb preemies. “Budesonide Reduces the Viral Load. Budesonide down regulates the ACE-Receptors-pulling away the welcome mat to COVID, and, overtime there’s less ACE- Receptors because of the inhaled Buedsonide. Because COVID19 is an inflammatory disease, inhaling steroids into the lungs reduces the inflammation in the lungs. COVID elevates Interleukin 2,3,4,5,6,11,13,14, & 15, elevates SVF, GMCSF, and Thromboxane which is released from the lung tissue and increases the hypercoagulable state that is causing PE’s and clotting in the cerebrovascular arteries causing strokes and DVT’s, and, Increases cyclooxygenase. **Pre-Covid19 Research had already been done that proves all of these toxic enzyme/dangerous cytokine elevations ARE SUPPRESSED FROM BEING RELEASED by inhaled Budesonide.** There’s so many inflammatory chemicals that are poured into the body due to COVID19, starting in the lung tissue. The disease starts in the Upper Respiratory system, then, goes down in the lower Respiratory system, on into the cardiovascular and renal systems, then, the viral load reduces to almost nothing but, then, the immune dysregulation starts. Budesonide keeps the cytokine storm from progressing, preventing Multi-Organ Failure. But, if the disease becomes systemic you would use a systemic steroid, or focal immune suppressant like [Remdesivere](#). Because we know that any viral pneumonia can lead to a bacterial pneumonia, Clarithromycin covers 86% of strep pneumonias, Azithromycin covers 78% of strep pneumonias, therefore, one of these antibiotics should be used to proactively prevent secondary pneumonia. [There ‘is’ another inhaled corticosteroid, w/ a longer half-life, that ‘can’ increase bacterial pneumonia by 3x’s, therefore down regulating the immune system because of the longer effect; **but that IS NOT so with Budesonide!**”

FYI: There is NO OXFORD UNIVERSITY RANDOMIZED CONTROL TRIAL
proving 90% success with [masks](#), or any other NON-Science supported mandate that have removed American Freedoms.

IF YOU ARE BEING DENIED INHALED BUDESONIDE THROUGH A NEBULIZER

Direct your doctor to:

Go To www.BudesonideWorks.com Website to the [Got Covid page here](#). Insist the Doc Orders the Meds according to [This Protocol](#).

If You or a Loved one is in the hospital, Insist on BUDESONIDE for Immediate Treatment! -On the same Website (BUDESONIDEWORKS.COM), [Scroll down to Stage 3](#) - Late Stage - In Hospital where the website has language to support you in talking to the hospital in order to get the proper treatment. "If the **hospital staff refuses** to treat with budesonide based on the excuse that the virus is aerosolized with a nebulizer and will be spread throughout the hospital, a **suggested response** is below:

- Request that the nebulized treatment be administered in a **negative pressure room**. Every hospital has one.
- Tell them **you have a right** to ask for a treatment that works. Patients have a right to choose the therapy they want.
- If they still refuse, our hospital insider (nurse/attorney/hospital administrator) suggests that you say the following: "I request an **ethics consultation** with the hospital ethics committee with a complaint of **failure of communication**." This creates a legal record in case you need further legal recourse or action. Remember doctors have taken an oath to "do no harm."
- Please go to this website and review the studies and articles under the [Validation tab](#) and to review doctor and patient testimonials under the [Stories tab](#).
- - Many people have used this site to get what they need.
- - **Some people have to threaten legal action**. There are many lawsuits coming against doctors and hospitals who refuse to treat.

[HCQ – Why it is being Censored and Politicized](#)

The Lancet is responsible for their [mixed messaging](#) throughout this epidemic, specifically as it related to their [publication involving the use of HCQ](#), which later had to be [retracted](#) because it was made known that the trials being cited administered never before used, extremely high doses which proved fatal to the patients. Additionally the Lancet published mixed review In regard to inhaled corticosteroids, like Budesonide: [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30447-1/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30447-1/fulltext)

Thankfully, doctors on the frontlines are publishing less ambiguous data, and have shown that the use of both of these medications has shown great success!!

[Hydroxychloriquine](#) has been FDA approved for 75 years, **Budesonide** [FDA approved for 21 years](#), [Ivermectin](#) and all other medications being recommended above and below are **ALL LONG STANDING FDA APPROVED DRUGS**. That **means they are better tested than ANY COVID19 VACCINE being given to American right now**. There can ONLY be an emergency authorization on a COVID19 vaccine, IF there are no proven therapeutics that have been shown to successfully treat COVID19.

It has been quite difficult as most hospitals and doctors are discouraged or prevented from using cheap, safe, effective treatments like budesonide, HCQ and Ivermectin. We live in scary times.

If you Physician(s) are unable or unwilling to prescribe you any these medications or recommend access to these therapeutics; there are doctors you can locate who will give you options, using the following links:

- [The Genesis Center in Cumming GA](#)
- [America's Frontline Doctors Primary Physician](#) \$90 consult fee, Open 7am-9pm
- Phone Number: (855) 503-2657 Email: info@speakwithanmd.com
- For a Large List of WorldWide MD's who can help you: TeleMed Options: <https://www.exstnc.com/>
- Also see complete list on a separate document entitled: Doctors List

IF YOU ARE HOSPITALIZED WITH COVID – WHAT TO EXPECT/PROVIDE TO YOUR MD

[I Mask+ FLCCC Hospital Protocol](#)

[Critical Care COVID-19 Management East Va Medical School-Dr. Marik Protocol](#)

AI Schema for [Respiratory Support in Patients with COVID19](#)

[Dr. Zelenko Interview with Dr. Mobeen, Dr. Risch](#)

Technical Briefing

COVID19 Management w/ [Dr. Marik](#).

Read the papers by [Dr. Zelenko](#), [Dr. Risch](#), [Dr. McCullough](#), and [Dr. Marik](#).

IF YOU ARE HOSPITALIZED: HOSPITAL EXPECTATIONS

Labs: You should Expect to Be Done on you or your loved one:

- 1- CBC w/ Diff, daily
- 2- Absolute Lymphocyte Count, daily
- 3- LFT Liver Function Tests daily
- 4- KPT – Prothrombin Time INR
- 5- CRP, C-Reactive Protein every 48-72 hours,
- 6- D-Dimer, every 48-72 hours,
- 7- Ferritin every 48-72 hours,

Testing You should Expect:

- 1- Chest X Ray
- 2- Possible CT of chest or CT Angiogram

Intravenous Fluids and IV Meds

- Not only should you be getting hydration, expect to get IV Steroids and Broad Spectrum Antibiotics (be sure to ask 'which' antibiotics, you are being given)

Oxygen Support:

- Target SpO₂ 94-96% (88%-92% in Patients w/ COPD) – if your pulse ox is reading under 94% and dropping, you need to call and report it to your MD, and discuss getting an oxygen concentrator in your home, for Oxygen Support

Medications you/or your loved one should Expect to be put on:

- **Glucocorticoids/ Steroid Treatments**
IV Methylprednisolone 0.5-1mg/kg for 3 days (preferably) w/I 48hrs of admission or if Oxygen requirement is increasing)

- **Anticoagulation – Blood Thinning Medications**

Aspirin 325 mg

Prophylactic dose of:

[UFH](#) (Unfractionated Heparin) or

[LMWH](#) (Low Molecular Weight Heparin) (e.g. Lovenox / enoxaparin 40mg daily SQ) **Monitor if any of the**

following occurs-(Represents a Medical DECLINE):

- Increased Work of breathing (using accessory muscles)
- **Hemodynamic instability - defined** as perfusion failure, represented by clinical features of circulatory shock and advanced heart failure. It may also be **defined** as 1 or more out-of-range vital sign measurements, such as low blood pressure, rapid heart beat
- Increase in oxygen requirement

Use **D-Dimer and SIC score for further risk stratification** (SIC score ≥ 4 , portends high thrombotic risk) **Follow [AHA/ESC and ISTH guidelines](#)** in case patient is on [antiplatelet agents](#) (before giving high prophylactic dose of UFH or LMWH, [e.g. enoxaparin 40mg, or 0.5mg/kg BD SQ])

- **Investigational Therapies to Discuss with your Physician:**

- [Convelescent plasma](#) (Request this in the 1st week of COVID)

- [Bamlanivimab](#) should be used within the 1st 10 days of COVID19 (If you are High Risk, DEMAND IT [THE DAY YOU TEST POSTIVE](#)) – This should be given [at home](#).

[Regeneron](#) can be used in the 1st 8 days (If you are High Risk, DEMAND IT THE DAY YOU TEST POSTIVE) - [Tocilizumab](#) (off label)

Provided to you by:

The_Face_of_COVID19 Instagram Page

TheFaceofCOVID19@gmail.com

-

THE GREAT BARRINGTON DECLARATION: A group of infectious disease epidemiologists and public health scientists have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, [occurring in the US right now, they are recommending an approach they call “Focused Protection.”

Please read their declaration, and consider signing “[The Great Barrington Declaration](#)” as a concerned citizen who wants to see change!

POST-COVID IMMUNITY TESTING

Consider getting testing for Monthly COVID19 immunity levels that you gained after having the actual virus. You can discuss with your doctor what they think is the best way of measuring your antibody levels, but, you can consider using the [AditxScore for Scoring the Immune-System](#), created by [Aditx Therapeutics](#) who developed the [AditxScore](#) for COVID-19 to try to detect natural immunity and vaccine-induced immunity to COVID-19. This will help you regarding whether or not the COVID19 Vaccines that are available, are necessary for you to consider as COVID19 Survivor. Obviously, [you have Natural Immunity following having COVID19](#). Scientist are not sure how long immunity may last, but have suggested [as long as a decade or longer](#). Needless to say if you have Natural Immunity, you have no need of a vaccine. Please keep that in mind, before submitting to an experimental vaccine.

POST COVID19 CONSIDER **DONATING YOUR PLASMA** YOU CAN RECEIVE PAYMENT FOR YOUR VALUABLE LIFE SAVING DONATIONS ;

[According to Mayo Clinic](#), “Blood donated by people who've recovered from COVID-19 has antibodies to the virus that causes it. The donated blood is processed to remove blood cells, leaving behind liquid (plasma) and antibodies. These can be given to people with COVID-19 to boost their ability to fight the virus. The U.S. Food and Drug Administration (FDA) authorized convalescent plasma therapy for people with coronavirus disease 2019 (COVID-19). The FDA is allowing its use during the pandemic because there's no approved treatment for COVID-19.”

[According to John's Hopkins Bloomberg School of Public Health](#), “**Convalescent plasma** contains all the antibodies that a person makes. However, it is possible to take one of those antibodies and make lots of them. A **monoclonal antibody** is a single antibody and sometimes they put them together—what is called a monoclonal antibody cocktail. That's what President Trump received. Both convalescent plasma and monoclonal antibodies are what we call **antibody-based therapies**, but they differ in how they are made. **Convalescent plasma comes from people who donate their plasma**, and monoclonal antibodies are essentially made in a factory (from antibodies). The big difference is that every unit of plasma is a little different, whereas monoclonal antibodies tend to be a standard product where every vial is the same. **Convalescent plasma** is only \$300 to \$400 a unit and patients usually need only one or two units. It's probably the cheapest therapy that we have available. The reason that monoclonal antibodies are so expensive is because they have to be made in tissue culture. You have to grow the cells. And these cells have to produce the protein which then needs to be purified. **Antibody-based therapies**, either the **monoclonals** or **hyper-immunoglobulin** is also under development [and] is made from plasma by collecting thousands of units and bringing them into, essentially, a factory where they take out the antibodies and concentrate them. You then get only the antibodies, and that's known as **hyperimmunoglobulin**. The advantage over [simply giving] plasma would be that it's more of a standardized product, so that you know what's in each vial, similar to monoclonal antibodies. **When [Your patients] recover from COVID, [they] mount very strong antibody responses that are neutralizing for the virus**, [thus, the importance of getting post COVID19 patients to donate their plasma, with ease, is to the advantage of the severe COVID19 Patients you will treat.]

Long Haulers Syndrome (Lingering or Long-term Issues)

Research published in The Journal of the American Medical Association estimates 10-30% of COVID-19 patients become long haulers.

Symptoms of LongHauler Syndrome: Coughing and shortness of breath, debilitating fatigue, malaise and lethargy, cardiac dysrhythmias, insomnia, joint pain, headaches, brain fog, memory and concentration problems, neuropathic pain, GI discomfort including diarrhea, loss of appetite and weight loss.

One common theory is that there is viral persistence, inactivated viral fragments, or reactivation of a latent virus. While research is still ongoing to make any conclusive statements, we do believe that the etiology is an immune state caused by pro-inflammatory cytokines.

- LongHauler does not occur if you use Ivermectin
- If everyone used Ivermectin, the pandemic would become just a nuisance, (dr Mobeen)
- 90% non infectious state by Day 4, on Ivermectin

Info from www.BudesonideWorks.com

Many folks who had COVID and are suffering from long-term issues such as brain fog as well as breathing, heart, intestinal and joint issues. We have noticed that most of those folks were not properly treated early with budesonide so the cytokine storm happened throughout the body and perhaps did some damage. If you are one of those people, you may try some of the following suggestions:

1. Try some of **preventive** measures in stage 1 above to see if they help. Most especially the nasal budesonide and both of the hydrogen drinks ([Hydroshot](#) and [Silver Bullet](#)).
2. Do an **internal cleanse** such as [the harmful organism cleanse](#). This cleanse helps detoxify your system and supports your immune system and has helped many people get completely well.
3. Explore some of Dr. Mobeen Syed's **medical lectures** on Long Haulers:
 - [Brain Fog, Myalgia, Depression, And Fatigue in Long-Haulers – Drbeen Medical Lectures](#) o [COVID Long Haulers – Discussion with Dr. Bruce Patterson – Drbeen Medical Lectures](#)

Chronic COVID Treatment Center™

<https://covidlonghaulers.com/>

Research, Prediction, Diagnosis and Treatment for Chronic COVID-19

A novel integrated Chronic COVID Treatment Center™ has been established through a collaboration between prominent research facilities, clinicians, and medical laboratories to integrate world-class specialized immunological lab testing, expert medical consultation and patient counseling, to help optimize treatment for both the physical and emotional aspects of patients recovering from COVID-19. According to the British Medical Journal, post-acute COVID-19 or “long COVID” is defined as symptoms 3 weeks after the initial onset of symptoms. Chronic COVID-19 are symptoms extending 12 weeks from the initial onset of first symptoms.

is a Website Dedicated to Helping People with Long Hauler Syndrom post COVID:

Our team is led by renowned virologist Dr. Bruce Patterson and supported clinically by Drs. Ram Yogendra and Purvi Parikh and a national network of physicians, nurse practitioners and other medical providers.

You can sign up through a portal on the landing page and receive a logistics and protocol sheet. The labs will contact you on how to receive the kit and get your blood work to them for analysis. Our panel collectively evaluates cytokines known to be involved in chronic COVID-19 and was developed using an algorithm established on a large, long-hauler patient population. Other labs evaluate only a few of the cytokines in our panel.

Our approach is based on decades of research on viral pathogens that impair the immune system's ability to function effectively, including Dr. Patterson's research on COVID-19 and other disease models.

Initially, the lab is quoting 2-3 weeks from receipt of sample for results because of the backlog. They plan to process the samples faster over time as they get all systems in place and start to receive back the kits they are shipping out. The goal is to get the turnaround to 1-2 weeks by the first of May.

Reimbursement of any lab test varies depending on your insurance coverage. You will be provided with relevant CPT codes to submit to your insurance company for reimbursement consideration

Using IncellDx's patented kit, we are measuring immune markers and cytokines. Cytokines are immunoregulatory proteins made by immune cells to communicate, signal and coordinate immune responses. Cytokines are produced by a broad range of cells including T-cells, B-cells, macrophages, and endothelial cells and play an important role in the regulation of the immune system. However, in certain conditions and pathologies, elevated cytokines can contribute to hyperinflammatory states, which we believe is the underlying cause behind chronic COVID-19.

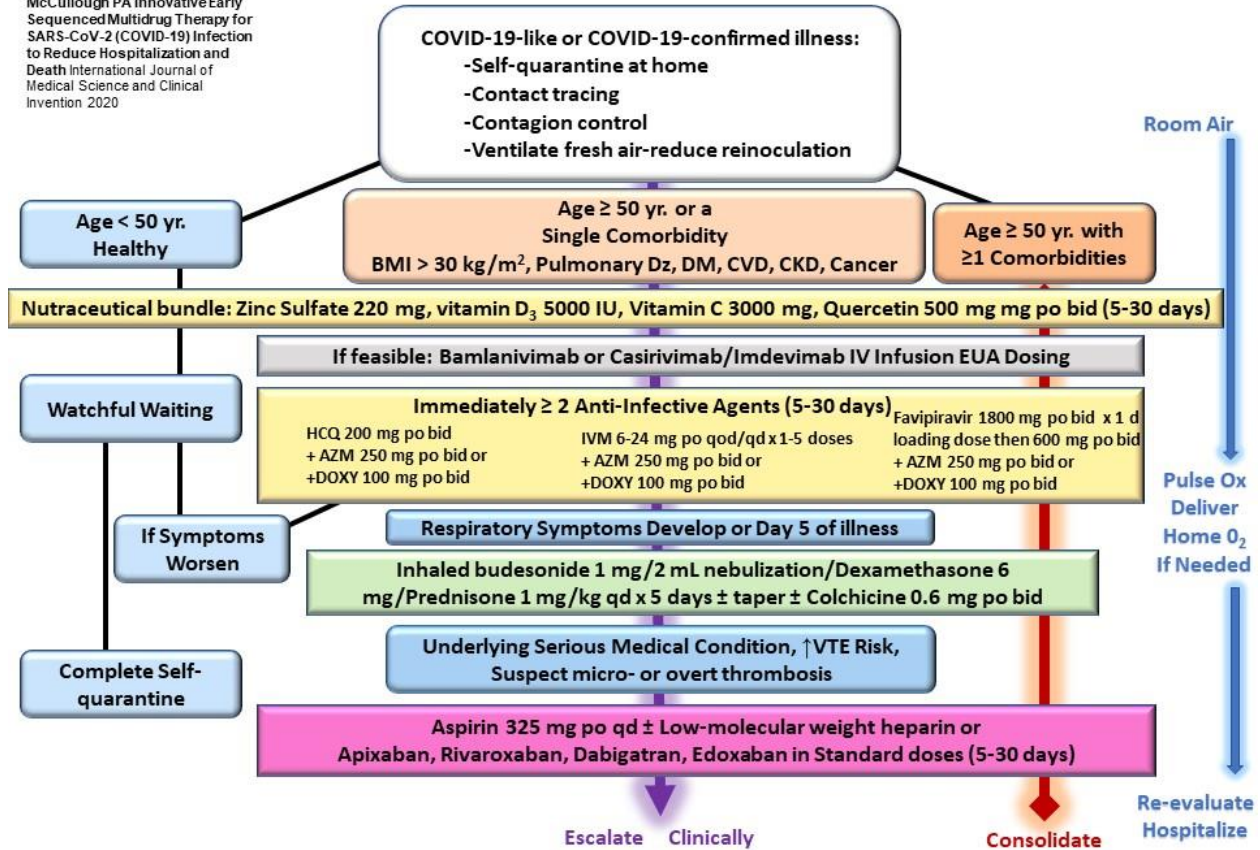
Provided to you by:

The_Face_of_COVID19 Instagram Page

TheFaceofCOVID19@gmail.com

Print Off Flow Chart Below and have on Hand:

McCullough PA Innovative Early Sequenced Multidrug Therapy for SARS-CoV-2 (COVID-19) Infection to Reduce Hospitalization and Death International Journal of Medical Science and Clinical Invention 2020



BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCQ=hydroxychloroquine, AZM=azithromycin, DOXY=doxycycline, IVM=ivermectin, VTE=venous thrombo-embolic, EUA=Emergency Use Authorization (U.S. administration)