



# BEE HEALTHY IV THERAPY AFTERCARE AND CONSENT FORM

## Treatment Indications

IV therapy for immune system support includes a number of vitamins and minerals to naturally boost the immune system and reduce the chances of you catching a bug. Whether you have a cold, the flu, or another medical condition, having an illness puts extra demands on the body during the recovery process. Your body needs more vitamins and nutrients than usual to fight off your illness. Boosting your antioxidant levels can also help accelerate the recovery process.

Hydration is an essential part of recovering from illness, but it's not always easy to drink a lot of fluids when sick, especially if you have nausea. Drinking plenty of fluids helps your body flush out toxins, thin mucus to improve your congestion, and restores fluids lost if you have been feverish. IV therapy for illness has the added benefit of hydrating you while providing essential vitamins and antioxidants. Our IV Immunity replenishes your body with electrolytes and immune-boosting vitamins and antioxidants.

## Review of Facts and Ingredients

IV therapy is used to promote health and wellness. The infusion of fluids, vitamins, and minerals can help support a healthy immune system, promote healthy skin, and keep you hydrated. The right balance of vitamins and minerals in the body can also help improve your energy levels. The ingredients of this IV infusion include the following:

- Glutathione is a substance made from the amino acids glycine, cysteine, and glutamic acid. It is produced by the liver and involved in many body processes. Glutathione is involved in tissue building and repair, making chemicals and proteins needed in the body, and in immune system function.
- Ascorbic Acid, also known as Vitamin C, is a powerful Antioxidant that plays an important role in the body. This high concentration of Ascorbic is the ultimate immune system enhancer designed to help maintain a healthy immune response. High-dose Vitamin C may help aid the body in: supporting Various Cellular functions of both the innate and adaptive immune system; Protecting the Body's Cells from damage; maintaining the health of skin, teeth, bone, cartilage, and blood vessels; and helping improve brain function.
- Zinc Chloride, which is a potent antiviral, holds many benefits including acne reduction, soothing inflammation, wound healing, and cold recovery. It is useful for those with dehydration or immune system challenges, or for anyone wanting to give their system a powerful boost. Each of your cells contains zinc, the body's second-most abundant trace mineral.

## Procedural Description

The provider will disinfect the injection site and place a needle directly in a vein. The IV will typically be placed in the arm, but it is possible to be placed elsewhere. The needle is used to place the IV catheter, which is essentially a straw left in the skin during the infusion.

The needle is removed once the catheter is accurately placed and before the infusion begins. Once the IV is inserted, the provider will begin the IV therapy infusion. The fluid drips through the catheter and enters your body. Once inside your body, the fluid from the IV bag is absorbed directly into the bloodstream. This method typically delivers medication faster than oral administration. During IV therapy, you need to keep still, so you do not disturb or dislodge the catheter. Aside from that, you can read, browse on your phone, or combine this with one of the many spa services we offer.

## Contraindications

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- Glutathione is contraindicated if the patient is allergic to high doses of the drug, however, it is naturally occurring in the liver. Those pregnant, or breastfeeding should not take this drug. The inhaled form should not be used in asthma patients. Drug interactions are unknown.
- Ascorbic Acid should not be given to diabetics, patients prone to recurrent renal calculi, those undergoing stool occult blood tests, and those on sodium-restricted diets or anticoagulant therapy should not take excessive doses of vitamin C over an extended period of time.
- No zinc-related adverse reactions have been reported in clinical studies or post-marketing reports in patients receiving intravenously administered parenteral nutrition solutions containing zinc sulfate within the recommended dosage range.

## Pre-Treatment Instructions

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### **Hydrate:**

You are asking yourself why – won't the IV rehydrate me? The minerals and vitamins infused via IV are dehydrating at the cellular level and your body will be more responsive if you are hydrated prior to starting the IV. Also, if you are low on fluids the veins in your arms will be smaller and they tend to hide on us when we are looking for the best site to start your IV. Your response to the IV and finding a vein will be improved by drinking a few glasses of water before your appointment.

### **Eat:**

We ask that you eat prior to your appointment time – make sure protein is part of the meal/snack. Some of the vitamins and minerals can cause nausea if infused on an empty stomach.

### **Relax and breathe:**

Once you are seated in the recliner chair waiting for your IV to begin, take a few minutes to relax. Close your eyes and take 5 deep breaths in and out. Count slowly to 5 on the inhale and exhale. This will help release any nervous tension and prepare you for your treatment.

### **Wear comfortable clothes:**

No need to dress up for your IV! We recommend a short sleeve top or sleeves that can be rolled up above the elbow. And wear those comfy pants and socks – especially if you have a tendency to get cold. We have comfy blankets for you to stay warm if needed.

## Post-Treatment Instructions

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You can shower or bathe as usual, but be sure to keep the area clean. You can apply Neosporin as a topical antiseptic to help mitigate risk of infection at the IV site. Keep an eye on signs of infection for the next few days, which are listed below. Taking arnica tablets before and after the treatment can help reduce bruising, and are available for purchase if interested. You should be able to resume normal activities. Please call Honey Skincare Studio if you experience the following:

### **Signs of Infection**

- Increased pain
- Swelling
- Warmth
- Redness
- Red streaks leading from the area

- Pus draining from the area
- Fever
- You notice a lump at the IV site
- You notice new or worse bruising at the IV site

**Post Infusion Side Effects:**

- Headache
- Constipation
- Weakness
- Tiredness
- Chills
- Drowsiness
- Bruising at the injection site

**Side Effects of Glutathione:**

- Breathlessness
- Wheezing

**Side Effects of Ascorbic Acid:**

- Nausea
- Vomiting
- Heartburn
- Stomach cramps
- Headache

**Side Effects of Zinc:**

- Aluminum toxicity
- Copper deficiency
- Hypersensitivity reactions

Long-term adverse effects are unknown. Risk of pulmonary embolism if precipitates are in the solution.

## Intravenous (IV) Infusion Therapy Consent Form

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This document is intended to serve as informed consent for your Intravenous (IV) Infusion Therapy as ordered by the medical provider at Honey Skincare Studio

(Initials)\_\_\_\_\_ I have informed the medical provider at Honey Skincare Studio of any known allergies to medications or other substances and of all current medications and supplements. I have fully informed the provider of my medical history.

(Initials)\_\_\_\_\_ Intravenous infusion therapy and any claims made about these infusions have not been evaluated by the US Food and Drug Administration (FDA) and are not intended to diagnose, treat, cure, or prevent any medical disease. These IV infusions are not a substitute for your physician's medical care.

(Initials)\_\_\_\_\_ I understand that I have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and to give my informed consent.

(Initials)\_\_\_\_\_ I understand that:

1. The procedure involves inserting a needle into a vein and injecting the prescribed solution over a determined period of time.
2. Alternatives to intravenous therapy are oral supplementation and/or dietary and lifestyle changes.
3. Risks of intravenous therapy include but are not limited to:
  - a. Occasionally: Discomfort, bruising, and pain at the site of injection.
  - b. Rarely: Dizziness, muscle cramps, lightheadedness, inflammation of the vein used for injection, phlebitis, metabolic disturbances, and injury.
  - c. Extremely Rare: Severe allergic reaction, anaphylaxis, infection, cardiac arrest, and death.

## 4. Benefits of intravenous therapy include:

- a. Injectables are not affected by stomach, or intestinal absorption problems.
- b. The total amount of infusion is available to the tissues.
- c. Nutrients are forced into cells by means of a high concentration gradient.
- d. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.

(Initials)\_\_\_\_\_ I am aware that other unforeseeable complications could occur. I do not expect the nurse(s) and/or physician(s) to anticipate and or explain all risks and possible complications. I rely on the providers to exercise judgment during the course of treatment with regard to my procedure. I understand the risks and benefits of the procedure and have had the opportunity to have all of my questions answered. I understand that I have the right to be informed during the procedure and know what the risks and benefits are. Except in emergencies, procedures are not performed until I have had an opportunity to receive such information and give my informed consent.

(Initials)\_\_\_\_\_ I understand that I have the right to consent to or refuse any proposed treatment at any time prior to its performance. My signature on this form affirms that I have given my consent to IV Infusion Therapy, including any other procedures which, in the opinion of my physician(s) or others associated with this practice, may be indicated.

(Initials)\_\_\_\_\_ I understand that I must give at least 24-hour notice of intent to cancel or reschedule my appointment. I understand that I will incur the full fee for treatment, regardless of the amount used due to wasted materials.

## WRITTEN CONSENT

**My signature below confirms that:**

1. I understand the information provided on this form and agree with all statements made above.
2. Intravenous (IV) Infusion Therapy has been adequately explained to me by the provider.
3. I have received all the information and explanation I desire concerning the procedure.
4. I authorize and consent to the performance of Intravenous (IV) Infusion Therapy.
5. I release Honey Skincare Studio and all the medical staff from all liabilities for any complications or damages associated with my Intravenous (IV) Infusion Therapy.

PRINTED NAME:

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SIGNATURE:

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DATE:

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