



BEE HYDRATED IV THERAPY AFTERCARE AND CONSENT FORM

Treatment Indications

Staying hydrated is important after a workout, being in the sun for an afternoon, or after a night of drinking. You help your body maintain normal function by drinking fluids, which in turn helps you feel better throughout your day. Illness also puts a greater demand on your body for resources, which in turn can dehydrate you more quickly. Staying hydrated when ill can be difficult when you're not feeling well, especially if you're feeling nauseous or sleeping more than usual. Water does not contain electrolytes, which are minerals found in your body that are essential to the proper function of muscles, the pH balance of your blood, and more. Electrolytes are naturally lost when you sweat. Your body does not produce electrolytes on its own, so these minerals must be replaced daily by ingesting food, beverages, or supplement.

Symptoms of dehydration include:

- Fatigue
- Headache
- Nausea
- Lightheadedness
- Unclear thinking
- Rapid heart rate

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. Stay hydrated with Normal Saline fluid with added minerals, and vitamins to ignite your immune system. This "strong electrolyte" helps restore a healthy balance of fluid and electrolytes in your body while boosting energy levels.

- Mineral blend is the combination of magnesium, zinc, manganese, copper, and selenium may aid the body in: higher function of the nervous system; behavior, memory, and learning; immune defense and function Combating infections and wound healing; metabolism of amino acids, cholesterol, glucose, and carbohydrates; cognitive function; fertility in both men and women; thyroid hormone metabolism; and DNA synthesis.
- 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.
- Vita complex.

Contraindications

Ascorbic Acid, magnesium, zinc, manganese, copper, and selenium are naturally occurring, water-soluble vitamins found in the body. If you have any diseases that disrupt electrolyte imbalances, you should not receive these extra supplementations.

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.

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, watch television or browse on your phone during the process.

Pre-Treatment Instructions

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

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 the 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

SIDE EFFECTS OF INGREDIENTS:**Ascorbic Acid**

- Nausea
- Vomiting
- Heartburn
- Stomach cramps
- Headache

Magnesium

- Heart disturbances
- Breathing difficulties
- Poor reflexes
- Confusion
- Weakness
- Flushing (warmth, redness, or tingly feeling)
- Sweating
- Lowered blood pressure
- Feeling like you might pass out
- Anxiety
- Cold feeling
- Extreme drowsiness
- Muscle tightness or contraction
- Headache

Zinc

- Nausea
- Vomiting
- Diarrhea
- Stomach pain

Manganese

- Headache and insomnia
- Exaggerated tendon reflexes
- Memory loss
- Impaired motor skills
- Psychiatric issues
- Irreversible nerve damage that causes symptoms like Parkinson's disease
- Reproductive problems

Copper

- Hives
- Difficulty breathing
- Swelling of your face, lips, tongue, or throat
- Nausea
- Vomiting
- Bloody diarrhea
- Fever
- Stomach pain
- Low blood pressure
- Anemia
- Heart problems

Intravenous (IV) Infusion Therapy Consent Form

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:

SIGNATURE:

DATE:
