



PLAN FROM PHYSICIAN MEDICATION PROTOCOL FOR COVID-19

PATIENT NAME:	
PATIENT DATE OF BIRTH (DOB) (DD/MM/YYYY)	PATIENT PHONE NUMBER
PATIENT PHN (PERSONAL HEALTH CARD NUMBER)	
PATIENT ADDRESS	
PHYSICIAN NAME	
PHYSICIAN CPSBC ID-NUMBER	PHYSICIAN PHONE NUMBER
DATE (DD/MM/YYYY)	PRESCRIPTION EXPIRY DATE

IMMUNE HEALTH

- Age < 15 Years Old Daily:**
 1. ELDERBERRY & ZINC GUMMIES as directed for ~90 days (90) (RX3)
 2. VITAMIN D 2,000 i.u. PO OD for ~90 days (90) (RX3)
- Age > 15 Years Old Daily:**
 1. ELEMENTAL ZINC 50 mg PO OD for ~90 days (90) (RX3)
 2. VITAMIN D 5,000 to 10,000 i.u. PO OD for ~90 days (90) (RX3) {
 3. QUERCETIN 500 mg PO BID for ~90 days (90) (RX3)
 4. MELATONIN 1 to 6 mg PO QHS for ~90 days (90)

NOTE: If you're fair skinned, experts say going outside for 10 minutes in the midday sun—in shorts and a tank top with no sunscreen—will give you enough radiation to produce about 10,000 international units of the vitamin. Therefore, a shirtless, fully-exposed human back exposed to summertime sun for 20 minutes makes approximately 20,000 i.u. of Vitamin D.

HCQ GLOBAL SARS-CoV-2 PROPHYLAXIS THERAPY

- Weekly:**
 - DAY 1 on WEEK 1: Plaquenil, or Hydroxychloroquine 400 mg (or 2 X 200 mg) BID on first day, **THEN**
 - DAY 2 on WEEK 2: Plaquenil or, Hydroxychloroquine 400 mg (or 2 X 200 mg) WEEKLY for ~90 days (15) (RX3)
- Daily:**
 - ELEMENTAL ZINC 50 mg PO OD for ~90 days (90) (RX3)
 - VITAMIN D 5,000 to 10,000 i.u. PO OD for ~90 days (90) (RX3)
{NOTE: a shirtless, fully-exposed human back exposed to summertime sun for 20 minutes makes approximately 20,000 i.u. of Vitamin D.}
 - QUERCETIN 500 mg PO BID for ~90 days (90) (RX3)
 - MELATONIN 1 to 6 mg PO QHS for ~90 days (90)
 - MAGNESIUM GLYCINATE (or BISGLYCINATE) 200mg PO TID for ~90 days (RX3)
NOTE: NOT sulfate or gluconate (diarrhea)

ACUTE COVID-19 INFECTION TREATMENT

Low-risk patient

- Younger than 60
 - NO comorbidities
 - NO serious symptoms.
1. SUPPORTIVE: Rest, oral fluids **TYLENOL** as needed
 2. VITAMIN C 1,000 mg (1 gram) PO OD for 7 days
 3. QUERCETIN 500 mg PO BID FOR 7 days
 4. ELEMENTAL ZINC 50 mg PO OD for 7 days
 5. MEDICAL F/U: *Close follow up with a doctor*

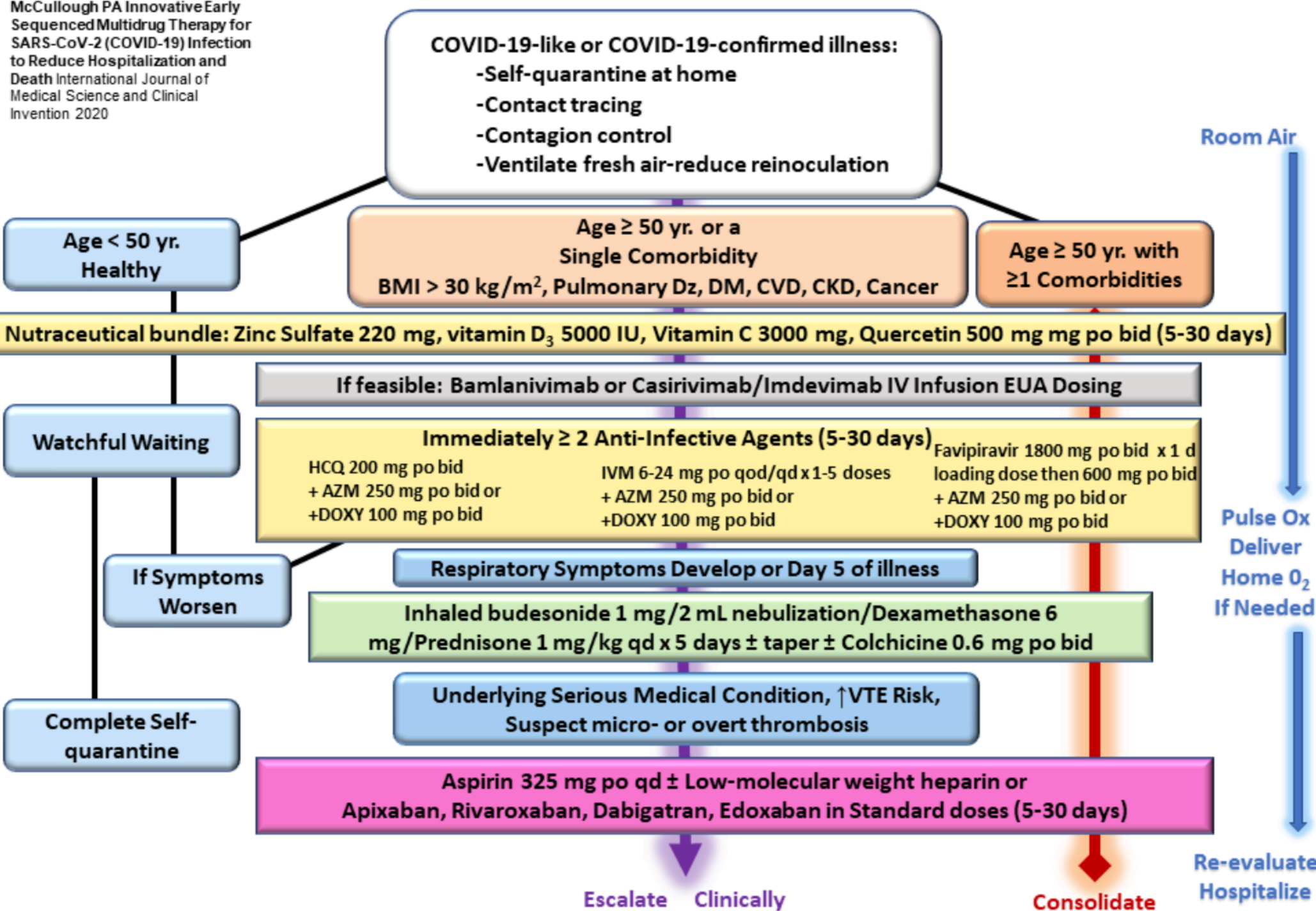
High-risk patient

- Older than 60
 - Younger than 60 with comorbidities
 - Serious symptoms.
1. SUPPORTIVE: Rest, O2-prongs, PO fluids **TYLENOL** PRN
 2. ELEMENTAL ZINC 50mg. PO OD for 7 days
 3. HYDROXYCHLOROQUINE (HCQ) 200 mg PO BID for 5 to 7 d
 4. AZITHROMYCIN 500 mg PO OD for 5 DAYS, **or**
 5. DOXYCYCLINE 100 mg PO BID for 5 to 7 day

LONG HAUL COVID-19 PATIENT (if chronic fatigue, muscular aches)

- IVERMECTIN 0.2-0.4 mg/kg PO OD for 2 to 7 days, **or**
- HYDROXYCHLOROQUINE (HCQ) 200mg PO BID for 3-5 days
- ASA 325 mg PO BID for 30 days PRN
- PREDNISONE 10mg PO OD for 6 days
- ELEMENTAL ZINC 50mg PO OD for 90 days
- VITAMIN B MIX 1 CAP PO BID for 30 days
- VITAMIN D 5,000 to 10,000 i.u. PO OD for 30 days

Signature & Prescription Number:



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)

HUMAN RIGHTS, EXEMPTIONS & INFORMED CONSENT CONSIDERATIONS

ADDENDUM: LAWS PROTECTING MEDICAL EXEMPTION(S) & INFORMED CONSENT

[I] The **Constitution of Canada** (French: *Constitution du Canada*) is the supreme law in Canada. It outlines Canada's system of government and the civil and human rights of those who are citizens of Canada and non-citizens in Canada. The **Canadian Charter of Rights and Freedoms of 1982** is part of 'Canada's Constitution'. In terms of **Medical & Psychosocial Exemptions**, we are particularly concerned with **Sections 1, 2, & 7**:

1. **Guarantee of rights and freedoms – SECTION 1.**
"Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society"
 2. **Fundamental freedoms – SECTION 2.**
"Everyone has the following fundamental freedoms:
 - a. freedom of conscience and religion;
 - b. freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication;
 - c. freedom of peaceful assembly; and
 - d. freedom of association."
 7. **Life, liberty & security of the person – SECTION 7.**
"Canadian Charter of Rights and Freedoms "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice."
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[II] Provincial *Human Rights Commissions* use the **Canadian Human Rights Act, 1976-77, c.33, s.1** to monitor and punish all forms of discrimination (including harassment, which is a specialized form of discrimination) from province to province. People with **MEDICAL EXEMPTIONS** can not be discriminated against, or harassed, by public services, businesses, etc.

[III] **United Nations Educational, Scientific and Cultural Organization (UNESCO)** is a specialised agency of the UN aimed at promoting world peace & security through international cooperation in education, sciences, & culture. UNESCO's '**Universal Declaration on Bioethics and Human Rights**' [19 October 2005] '**Article 6: Consent**,' **Section 1** . **Section 2**, & **Section 3**.' are particularly important to understanding '**Informed Medical Consent**.'

6. **Article 6 – Consent**
 1. **Section 1.** '*Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.*'
 2. **Section 2.** '*Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.*'
 3. **Section 3.** '*In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.*'
 27. **Article 27 – Limitations on the application of the principles:** '*If the application of the principles of this Declaration is to be limited, it should be by law, including laws in the interests of public safety, for the investigation, detection and prosecution of criminal offences, for the protection of public health or for the protection of the rights and freedoms of others. Any such law needs to be consistent with international human rights law.*'
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[IV] The **Nuremberg Code** (German: Nurnberger Kodex) is a set of research ethics principles for human experimentation created as a result of the **Nuremberg trials** at the end of the Second World War.

1. '**Nuremberg Code [1947] POINT 1: The voluntary consent of the human subject is absolutely essential.**'
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Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

Peter A. McCullough, MD, MPH,^{a,b,c} Ronan J. Kelly, MD,^a Gaetano Ruocco, MD,^d Edgar Lerma, MD,^e James Tumlin, MD,^f Kevin R. Wheelan, MD,^{a,b,c} Nevin Katz, MD,^g Norman E. Lepor, MD,^h Kris Vijay, MD,ⁱ Harvey Carter, MD,^j Bhupinder Singh, MD,^k Sean P. McCullough, BS,^l Brijesh K. Bhambi, MD,^m Alberto Palazzuoli, MD, PhD,ⁿ Gaetano M. De Ferrari, MD, PhD,^o Gregory P. Milligan, MD, MPH,^a Taimur Safder, MD, MPH,^a Kristen M. Tecson, PhD,^b Dee Dee Wang, MD,^p John E. McKinnon, MD,^p William W. O'Neill, MD,^p Marcus Zervos, MD,^p Harvey A. Risch, MD, PhD^q

^aBaylor University Medical Center, Dallas, Tex; ^bBaylor Heart and Vascular Institute, Dallas, Tex; ^cBaylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, Tex; ^dCardiology Division, Regina Montis Regalis Hospital, Mondovì, Cuneo, Italy; ^eChrist Advocate Medical Center, Chicago, Ill; ^fEmory University School of Medicine, Atlanta, Ga; ^gJohns Hopkins School of Medicine, Baltimore, Md; ^hCedars Sinai Medical Center, Los Angeles, Calif; ⁱAbrazo Arizona Heart Hospital, Abrazo Health System, Phoenix, Ariz; ^jCarter Eye Center, Dallas, Tex; ^kCardiorenal Society of America, Phoenix, Ariz; ^lUniversity of Texas McGovern Medical School, Houston, Tex; ^mBakersfield Heart Hospital, Bakersfield, Calif; ⁿUniversity of Siena, Le Scotte Hospital Viale Bracci, Siena, Italy; ^oUniversity of Torino, Torino, Italy; ^pHenry Ford Hospital, Detroit, Mich; ^qYale University School of Public Health, New Haven, Conn.

Specialties

Internal Medicine
Critical Care
Nephrology
Cardiology
Electrophysiology
Infectious Diseases
Ophthalmology
Epidemiology
Biostatistics

ABSTRACT

Approximately 9 months of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly communicable nature of the SARS-CoV-2 outbreak has hampered the design and execution of definitive randomized, controlled trials of therapy outside of the clinic or hospital. In the absence of clinical trial results, physicians must use what has been learned about the pathophysiology of SARS-CoV-2 infection in determining early outpatient treatment of the illness with the aim of preventing hospitalization or death. This article outlines key pathophysiological principles that relate to the patient with early infection treated at home. Therapeutic approaches based on these principles include 1) reduction of reinoculation, 2) combination antiviral therapy, 3) immunomodulation, 4) antiplatelet/antithrombotic therapy, and 5) administration of oxygen, monitoring, and telemedicine. Future randomized trials testing the principles and agents discussed will undoubtedly refine and clarify their individual roles; however, we emphasize the immediate need for management guidance in the setting of widespread hospital resource consumption, morbidity, and mortality.

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KEYWORDS: Ambulatory treatment; Anticoagulant; Anti-inflammatory; Antiviral; COVID-19; Critical care; Epidemiology; Hospitalization; Mortality; SARS-CoV-2

US/Italian Multicenter Collaboration

Academic Medical Centers
Public Health
Integrated Health Systems
Community Practice
Biotech Industry

Off-Target Antivirals

McCullough PA, Fourth-Quarter 2020 COVID-19 Drug and Diagnostic Developments A Virtual Conference Monday, November 2nd 2020, 9:00am - 6:00pm CET McCullough PA Proc (Bayl Univ Med Cent). 2020 (in press)

Corticosteroids

Antiplatelet Drugs/Antithrombotics

