



IVERMECTIN-PRophylaxis & Outpatient Treatment rEducing Covid Toll

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- Please note that these protocols are guidelines for medical practitioners.
- They are not absolute in terms of dosing and frequency.
- Primary care givers are the foremost authority to decide what is optimal for their patients.

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PRE-EXPOSURE PROPHYLAXIS

Intervention

1. Ivermectin 0.2-0.4mg/kg bodyweight weekly
2. Povidone Iodine 0.4-0.6% Dilution Nasal /throat spray q6-8h
3. Hydrogen Peroxide 0.75-1.5% oral/nasal spray or nebulisation q6-8h

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IVERMECTIN-PROphylaxis & Outpatient Treatment rEducing Covid Toll (PROPHYLAXIS)

- **Ivermectin 0.2mg/kg bodyweight per dose:**
 - **one dose twice a week**
- With the presence of the DELTA Variant, Doctors there have suggested to increase their dose to 0.4mg/kg

Exposure to a suspected or confirmed COVID patient (POST EXPOSURE)

- Ivermectin 0.2-0.4mg/kg bodyweight per dose, one dose on Day 1 and Day 2, then weekly

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EARLY OUTPATIENT PROTOCOL - MILD COVID SYMPTOMS

First signs of COVID infection, ie fever, cough, body pains, muscle aches, etc.:

- Check oxygen saturation using pulse oximeter every 2-4hrs esp elderly and with co-morbidities, must be 95% and above
- **Ivermectin 0.4-0.6mg/kg bodyweight per dose, one dose per day, minimum 5 days. May extend daily dose up to 7 days***
- **Doxycycline 100mg BID or Azithromycin 500mg OD for 7 to 10 days**
- **Inhaled Budesonide 200mcg /dose, 2 actuations BID (Patients over 65 yrs old or ≥50 yrs old with co-morbidities, Obese at ANY age, anxiety disorders)**

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EARLY OUTPATIENT PROTOCOL - MILD COVID SYMPTOMS

- Oral Drugs and Supplements
 - Vitamin C 1000-2000mg TID
 - Vitamin D3 5000IU OD
 - Quercetin 500mg BID
 - Zinc 50mg OD
 - Nebulize with
 - Hydrogen Peroxide 3% FOOD GRADE - dilute 1cc with 10cc NSS or distilled water, q6h.
 - Melatonin 1-2mg/kg in 3 divided doses
 - Aspirin 100mg OD
 - N-Acetylcysteine 600mg Q8
 - Montelukast 10mg + Levocetirizine 5mg OD
 - Optional - LienHwaQingWen 2 caps TID

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EARLY OUTPATIENT PROTOCOL - MODERATE- SEVERE COVID SYMPTOMS

When Oxygen saturation is consistently below 95% for more than 5 minutes

- Must start on Oxygen support, increase O₂ output until O₂ saturation reaches >95%
- Monitor O₂ saturation hourly esp in at night time
- ORAL STEROIDS^{a,b}:
 - Methylprednisolone 16mg BID (8AM- 5pm) for 7 days - better lung tissue penetration, less likely to cause hypertension and water retention

OR

- Dexamethasone 4mg BID (AM - PM)

^a (take note of Aspirin and steroids, risk of gastric irritation/bleeding)

^b may continue inhaled budesonide if given prior

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EARLY OUTPATIENT PROTOCOL - MODERATE to SEVERE COVID SYMPTOMS

- For OBESE or patients with very low Oxy Sat 85%,
 - Methylprednisolone 1.5-2 mg/kg divided into 2 or 3 doses (AM-NOON-DINNER)
- OR
- Dexamethasone 8mg BID (AM-PM)

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EARLY OUTPATIENT PROTOCOL - MODERATE to SEVERE COVID SYMPTOMS

- Oral Drugs & Supplements
 - IVERMECTIN 0.4-0.8mg/kg **Sublingual**
 - Vitamin C 2000-3000mg TID
 - Vitamin D3 10,000IU OD
 - Quercetin 500mg BID
 - Zinc 50mg OD
 - Nebulize with
 - Hydrogen Peroxide 3% FOOD GRADE - dilute 1cc with 10cc NSS or distilled water, q6
 - Or Ipratropium bromide + Salbutamol q12h , if patient is tachycardic, ipratropium bromide only.

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EARLY OUTPATIENT PROTOCOL - MODERATE to SEVERE COVID SYMPTOMS

- (Cont.) Oral Drugs & Supplements
 - Melatonin 4-8mg/kg in 3 divided doses
 - ASPIRIN 300mg OD or Clopidogrel 75mg BID or Apixaban 2.5mg BID (severe hypoxemia)
 - N-Acetylcysteine 1200mg TID
 - Colchicine 500mcg BID for 3 days then OD (diarrhoea is a side effect, must be noted)
 - Montelukast 10mg + Levocetirizine 5mg OD
 - Optional - Lienhwa QingWen 2-4caps TID (note hypertension and gastric irritation)

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EARLY OUTPATIENT PROTOCOL - MODERATE to SEVERE COVID SYMPTOMS

- IF AVAILABLE
 - Leronlimab 750mg SQ Day 1, and if necessary 325mg SQ day 5, 7, 14, 21
 - Fluvoxamine 50mg BID OR Cyproheptadine 4mg TID (Serotonin Syndrome), if both not available, famotidine 80mg BID
- Special Cases
 - Men with high androgen state (Obese, Male pattern baldness, Benign prostatic hyperplasia) for 10 days only - Dutasteride 0.5mg, or finasteride 5mg or spironolactone 50mg OD

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EARLY OUTPATIENT PROTOCOL - MODERATE COVID SYMPTOMS

IV HOME CARE PROTOCOLS

- Sodium Ascorbate 50-100mg/kg q6 or 1.5g q6 (Incorporate vit c in 50ml sterile water or NSS, run for 30-40mins)
- N-Acetylcysteine 1000-2000mg q12 or Glutathione 1200-2500mg q12 slow IV drip (must not be incorporated with other IV fluids/drugs)
- Methylprednisolone 80-250mg Bolus followed by 40-125mg q12 or Dexamethasone 6mg q12
- Heparin (LMWH) 0.5mg/kg SQ q12
- Additional minerals that can be incorporated: Selenium 10mcg, Zinc chloride 10mg, Magnesium 250-500mg

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EARLY OUTPATIENT PROTOCOL - MODERATE to SEVERE COVID SYMPTOMS

LUNG/ CHEST MANAGEMENT

- Lie in prone position if oxygen saturation is persistently below 90
- Imperative to do chest tapping, vibration while executing postural drainage position to mobilize mucus plugs/secretions
- Guasha or Lymphatic drainage on the neck and back also may help relieve severe cough and phlegm (CAREFUL in patients on heparin / Apixaban)
- Do deep breathing exercises if tolerated alternatively, Use a Large Bore straw and blow into a long bottle to increase respiratory effort
- Sit and walk a few steps as tolerated to increase circulation, avoid muscle loss and thromboembolism
- Keep room ventilated well

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EARLY OUTPATIENT PROTOCOL - MODERATE COVID SYMPTOMS

Diet management

- Avoid Phlegm/mucus producing foods
 - Milk, cheese, dairy
 - Citrus fruits
 - Breads, pastries
- Avoid high glycemic index foods ie white rice, white bread, pasta
- Give easily digested foods with high caloric density such as bone broths, cooked beans (monggo, lentils), virgin coconut oil

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EARLY OUTPATIENT PROTOCOL - MODERATE COVID SYMPTOMS

IVERMECTIN (Special cases)

- Patients with meningitis, encephalitis **SHOULD NOT** take ivermectin
- Patients taking drugs such as Tacrolimus, cyclosporine, warfarin should monitor drug levels if they opt to take IVM
- Patients with kidney diseases can take ivermectin
- Patients with liver issues **EXCEPT CIRRHOSIS** can take ivermectin
- Pregnant and lactating women are **not recommended to take for prophylaxis**, however if infected with moderate to severe infections , they may take ivermectin
- Kids are normally do not require IVM, 0.2mg/kg

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IVERMECTIN AND VACCINES

- IVERMECTIN does not affect vaccine efficacy
- If you want to take ivermectin prior to vaccination, 1 week prior is best
- for vaccinated, wait 1 week after injection
- IF you have been vaccinated and you have been exposed to covid, you HAVE to take your IVM
- If you have been previously infected, You may still continue to take your IVM if you wish to.