

Guidebook to COVID Care and Hospital Protocols



by Dr. Margaret Aranda

GUIDEBOOK to COVID Care and Hospital Protocols

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UPDATES: <https://bit.ly/40yXkgL>

MEDICAL AND LEGAL DISCLAIMER:

Nothing in this document is meant to be medical or legal advice specific for any specific person. Always talk to your doctor for specific advice and do not take medications based on what you read on the internet. Always ask your personal doctor for medical advice. All information is subject to change.

- = Aranda MD Enterprises earns a small commission on purchases, used to help the needy.

By

Rev. Margaret Aranda Ferrante, MD, PhD, FACFEI, CTP



Introduction



Your goal is to prevent and treat sickness, so you can avoid the hospital.

If needed, ask for help or prayer...
Because God is bigger than anything.

Father God, I ask that You bless the reader and make everything work together for complete healing!



Don't Rush ~ Gather

- Add one or two items each time you shop.
- Ask for help.
- Gather supplies in a bag, backpack, or storage bin.
- Go at your own pace.
- Help your family, friends, neighbors, and elders.
- Keep supplies in an easy-to-grab place.
- Order supplies online.
- Share these recommendations with family and friends, to help keep them well, too.
- Don't be overwhelmed.

If you received this from a family or friend, please know they care about you and want you to seriously consider these recommendations.

Elders and college kids can feel overwhelmed; consider sending them a care package as a gift.

We are praying for you to get better and better with each minute!





Prevention Supplements

VITAMIN D3 + K2. Unless your doctor told you not to take vitamin K because you are on a blood thinner, this is the best vitamin D. Vitamin D3 helps calcium absorption; K2 helps the calcium go into the bones, instead of the artery lining.

***** See Section to Determine Your Vitamin D Level *****

VITAMIN C. 1000 to 2000 IU. Use a liposomal or highly absorbable one.

ZINC. 25 to 50 mg a day. For nausea, cut the dose in half.

QUERCETIN. 250 mg a day. Or drink 3-5 cups green tea per day.

MELATONIN. Not just for sleep, take 3 mg at dusk, not at bedtime. To avoid adverse effects, take a medical formulation, not a cheap one.

EGCG is in green tea, and comes in capsules. Take as directed.

NAC. Augmented NAC (aNAC): 2 capsules a day. See Affiliate Links.

NIGELLA SATIVA. 36 mg/lb/day. Is a substitute for ivermectin.

TURMERIC/CURCUMIN. 500 mg twice a day.

CLEAN SLATE. A zeolite solution for heavy metal detox, see <https://therootbrands.com/dra>

If you have poor gut absorption, you may need liquid, under-the-tongue versions of vitamin D and zinc. For medical grade supplements, visit my website at

<https://margaretaranda.metagenics.com>. My most common products are the Immune Defense Pack and 10,000 IU Vitamin D3 + K2. Many people take both.

Prevention Medications

IVERMECTIN. 0.2 mg/kg twice per week. Take your weight and divide it by 2.2. Then multiply that by 0.2 = your dose. Take with 30 gm fat to increase its absorption and *triple* its bioavailability. 30 gm fat = 1 small avocado, 2 eggs, & a handful of nuts. Don't take if pregnant or nursing. Substitute with *Nigella sativa*.

OR

HYDROXYCHLOROQUINE. For everyone over 130 lb, take 200 mg once a week. Safe during pregnancy or nursing. Substitute with quercetin or EGCG capsules.



» MINIMAL Shopping Supplies

In addition to Supplements and Medications, *Shop Now* for these Supplies. Some are readily available; others require shipment that can take a week or longer. When sick, you will not feel like shopping. Best to have on hand.

ASPIRIN. Good to have on hand for blood clot prevention: 325 mg adult aspirin, enteric coated so it bypasses the stomach to decrease risk of ulcers.

ANTIHISTAMINE. Good for decreased nasal congestion and allergic reactions. See list below. *NOTE: If you have Long COVID, you may also have Mast Cell Activation Syndrome (MCAS) and a need to be on multiple antihistamines. At one time, I was on 100 mg Benadryl® every 4 hours + Claritin® 10 mg every 6 hours + one 24 Allegra® a day for MCAS. See below.*

BLOOD PRESSURE CUFF. If your blood pressure is high and your heart rate is fast and you are dizzy, you may be dehydrated and need more fluids.

MOUTHWASH. Look on the ingredients for **cetylpyridinium chloride**. Gargle as needed and use on the Calendar Schedule if sick. Kills viruses.

NASAL IODINE 1%. Purchase well ahead of time. I like IMMUNE MIST brand.

PEPCID®. Have on hand to block H1 receptors and keep the lungs getting more oxygen. *If you take antihistamines, take this too.*

PULSE OXIMETER. Measures oxygen level. Normal is 96-98%. Low is under 90%, but always look at the patient and not at the number. Under 90%, it is **impossible** to know what the “real” reading is; only an arterial blood gas can accurately provide the actual oxygenation.

THERMOMETER. So you know if you or a loved one has a fever over 100F.

VICKS® or ESSENTIAL OILS. Helps relieve nasal congestion.

WHILE WELL

Check vitamin D level
Calculate vitamin D dose
Take daily prevention pills
Have equipment on hand
WRITE MEDICAL DIRECTIVES

LIST OF ANTIHISTAMINES

Allegra® (fexofenadine)
Benadryl® (diphenhydramine)
Claritin® (loratadine)
Zyrtec® (cetirizine)
Zyzal® (Levocetirizine)



COMPREHENSIVE Shopping Supplies

Bolded items are maximal prevention and treatment home supplies

SUPPLEMENTS

Vitamin C 1000 mg
 Vitamin D = **YOUR DOSE**
 Zinc 25 - 50 mg
 Quercetin 250 - 500 mg
 Melatonin 3-5 mg
 N-Acetyl Cysteine or NAC 600 mg
 Turmeric/Curcumin 500 mg
 Nigella Sativa: 36 mg/lb/day

B-Complex

Omega-3 Fatty Acids:

(DHA/EPA) 4grams or 4000 mg/day - for loss of smell/taste

PHARMACY SUPPLIES

Blood Pressure Cuff
 Pulse Oximeter
 Thermometer
Weight Scale
Medical grade Hydrogen Peroxide
Nebulizer
Normal saline for diluting solution
Steam inhaler

GROCERIES*

Avocados
Bananas and potatoes for potassium
Chicken soup
 Green Tea
Honey with Honeycomb
Lemons or lemon juice
Kefir
Saltine crackers

ANTI-HISTAMINES

Allegra® (fexofenadine)
 Benadryl® (diphenhydramine)
 Claritin® (loratadine)
 Zyrtec® (cetirizine)
 Zyzal® (Levocetirizine)
 If taking any of the above
 antihistamines, add Pepcid®
 (famotidine)

OVER-THE-COUNTER MEDICATIONS

Aspirin 325 mg, enteric coated
Essential Oils for steam inhaler
Lugol's iodine, 5%
 Mouthwash w cetylpyridinium chloride
 Nalal 1% iodine spray
 Vicks VapoRub®

PRESCRIPTIONS TO CONSIDER

Azithromycin 250 or 500 mg (Z-pak)
Budesonide/Formoterol 180/4.5 inhaler
Chlorhexidine gluconate 0.16% gargle
Doxycycline hyclate 100 mg
Fluvoxamine or Fluoxetine 10 mg
 Hydroxychloroquine 200 mg
 Ivermectin, **YOUR DOSE****
Nitazoxanide
Vitamin D 50,000 IU capsules

* = Prepare for diarrhea when spike protein is being eliminated, with chicken soup, foods high in salt and potassium, and drink plenty of fluids. ** = IVM = Your dose is 0.2 - 0.3 mg/kg





VITAMIN D REPLACEMENT WITH A BLOOD LEVEL



Use this page if you have a vitamin D level in the last 3 months.
Otherwise, use the next page.

1. Find your blood level of vitamin D on the left.
2. On the right, the first number is your starting dose to take now.
3. On the right, the 2nd number is the number of 50,000 IU doses vitamin D needed per week.
4. Lastly, the 3rd number is the total number of weeks needed for a good vitamin D level

For example, if your blood level is 21, take 100,000 IU now, and then take two 50,000 IU capsules per week, for 4-6 weeks.

Then check a blood level again to be sure you are absorbing vitamin D. If you do not absorb it and your level is still low, go on liquid vitamin D under the tongue. You may need prescription vitamin D, 50,000 IU capsules.

Vit D LEVEL (ng/ml)	STARTING DOSE (IU) Dose Now + # 50,000 IU/Week + # of Weeks
< 10	300,000 + 3 x 8-10 Weeks
11 - 15	200,000 + 2 + 8-10 Weeks
16 - 20	200,000 + 2 + 6-8 Weeks
21 - 39	100,000 + 2 + 4-6 Weeks
31 - 40	100,000 + 2 + 2-4 Weeks
41 - 50	100,000 + 1 + 2-4 Weeks





VITAMIN D REPLACEMENT WITHOUT A BLOOD LEVEL



Use this page if you don't know your recent vitamin D blood level.
Determine your BMI and then find your vitamin D dose.

Calculate Your Body Mass Index (BMI)

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
HEIGHT	WEIGHT (LBS)																
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5'	97	102	107	112	118	123	128	133	138	141	148	153	158	163	168	174	179
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4"	110	116	122	128	143	140	145	151	157	163	169	174	180	186	192	197	204
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

- 1) Find your height on left. 2) Scroll right and find your weight.
- 3) Scroll up and find your BMI.

Determine Your Vitamin D Dose

- **BMI less than 19:** Take 15,000 to 25,000 IU vitamin D per week.
- **BMI 20 - 29:** Take 35,000 to 50,000 IU vitamin D per week.
- **BMI 30 - 39:** Take 60,000 to 90,000 IU vitamin D per week.
- **Over 40:** Take 100,000 to 175,000 IU vitamin D per week.

Our Best Selling Vitamin D3 + K2: <https://bit.ly/3TitwDD>

ADD Immune Defense Pack: <https://bit.ly/47H5F4L>



COVID Protocols

PREVENTION

As mentioned, while well, take daily supplements and medications. Use nasal spray and mouthwash as needed.

EXPOSURE

If someone near you is sick. Take prevention supplements at double doses. And take Ivermectin 2 doses now, and again in 48 hrs (1st choice) OR Hydroxychloroquine 200 mg: one dose every 12 hrs x 5 days AND may do nasal spray and mouthwash x 3 days (see Calendar). If no ivermectin is available: Nigella Sativa 36 mg/lb/day x 5 days.

TREATMENT: Also See Calendar on Page 11



Melatonin 3-6 mg at dusk: start at lower dose and gradually work up, x 5 days.

Quercetin 500 mg: twice/day x 5 days. Take 3 hours away from ivermectin.

Vitamin C 1000 mg: twice/day x 5 days.

Vitamin D: Take your dose, with or without a blood level.

Zinc: 25-50 mg twice/day x 5 days. Consider intermittent fasting

- **Azithromycin (Z-Pack)** 250 or 500 mg/day for three days.
- **Budesonide/formoterol** 160/4.5 inhaler: every 12 hours
- **Chlorhexidine gluconate** 0.12%: gargle after nasal spray, every 8 hrs.
- **Doxycyclin hyclate** 100 mg, if needed): 100 mg every 12 hours x 5 days.
- **Fluvoxamine** 50 mg: every 12 hrs x 14 days. If nauseated, may switch to fluoxetine 20 - 40 mg every 12 hrs x 14 days.
- **Hydroxychloroquine***: 200 mg/tablet: every 12 hrs x 5-10 days.
- **Ivermectin***: 2-3 doses/day x 7-10 days or for 3 days after well. This may be taken as 1 dose in am and 2 doses in pm, or vice versa.
- **Vitamin D3**: 50,000 IU: 1-2/week depending on BMI.

* = Talk to your doctor about whether you should take ivermectin only, hydroxychloroquine only, or both for prevention and/or treatment. Also see page 10.

Intermittent Fasting

for Wellness or SICKNESS

INTERMITTENT FASTING

Fasting is different than starving.
Choose times to eat and fast.
Eat dinner earlier and earlier.
Eat breakfast later; then skip.

DRINK LOTS OF WATER

Improves fasting benefits:

Black coffee, black tea,
and green tea. No sugar.
Lemon juice okay.



HEALTH BENEFITS

Provides a detox of accumulated toxins

Rests the liver

Improves mood as liver rests

Helps remove accumulated toxins

Stabilizes blood pressure

Clears waste out of the colon

Resets stomach bacteria

Reduces stomach acid and heartburn

Lowers cholesterol

Reduces inflammation and pain

Flushes the kidneys

Improves lethargy and fatigue

HOW THEY WORK

ASPIRIN 325 MG

HELPS STOP BLOOD CLOTS
ONE PER DAY

BUDESONIDE/FORMOTEROL

LUNG DILATOR FOR MORE OXYGEN
LAB STUDY: KILLS COVID IN THE LUNGS
1-2 PUFFS EVERY 12 HR X 5-30 DAYS

DOXYCYCLINE

NEVER TAKE EXPIRED DOXY
ZINC IONOPHORE AND ANTIBIOTIC
100 MG | EVERY 12 HR X 5 DAYS

FLUVOXAMINE

SSRI ANTIDEPRESSANT

IF TAKEN EARLY, PREVENTS LONG COVID
50 MG, 2X/DAY | FOR NAUSEA OR OTHER SIDE
EFFECTS, FLUOXETINE = PROZAC
10-20 MG 2X/DAY X 14 DAYS

IVERMECTIN

ANTIVIRAL, ANTIPARASITIC, ANTIINFLAMM

2-3 DOSES/DAY | EVERY 12 HR
DEPENDS ON WEIGHT | DOSE = 0.2 - 0.3
MG/KG | TREAT: UP TO 3 DOSES/DAY
TAKE EVERY 12 HR | TAKE WITH 30 GM FAT
TAKE FOR 3 DAYS AFTER WELL, 5-16 DAYS

MELATONIN

STABILIZES MITOCHONDRIA
1-10 MG AT DUSK

QUERCETIN

ZINC IONOPHORE - LETS ZINC INTO VIRUS

250 MG 2X/DAY
SEPARATE FROM IVERMECTIN BY 3 HOURS

VITAMIN D

EVERY 12 HR | SEE APPENDIX
DEPENDS ON BODY MASS INDEX | TAKE WITH
30 GM FAT AND IVERMECTIN |
GET BLOOD TESTED

ZINC

STOPS VIRUS MULIPLICATION

: 100 MG/DAY - DO NOT TAKE 1X/DAY
= 50 MG 2X/DAY | = 25 MG 4X/DAY
= 7 MG LOZENGE X 15/DAY

COVID Protocol Summary



PREVENTION

SICKNESS

1 You have been on neither IVM nor HCQ
IVERMECTIN - YOUR DOSE:
TAKE ON MONDAY & THURSDAY
TAKE WITH 2 EGGS, NUTS, AVOCADO = 30 GM FAT

2 You have been on IVM only
IVERMECTIN - YOUR DOSE:
TAKE ON MONDAY & THURSDAY
TAKE WITH 2 EGGS, NUTS, AVOCADO = 30 GM FAT

3 You have been on both IVM & HCQ
MONDAY: TAKE IVM
THURSDAY: TAKE HCQ
TAKE IVM WITH 30 GM FAT

DAILY SUPPLEMENTS

Vitamin D - YOUR DOSE
Zinc = 25- 50 mg
Vitamin C 250 mg
Quercetin 250 mg
Green tea, lemon, honey
TAKE 3-6 mg MELATONIN
AT DUSK
CONSIDER DAILY:
FLUVOXAMINE OR FLUOXETINE

NOTE:

IVM DOSE IS BASED ON WEIGHT

HCQ DOSE IS 200 MG
FOR EVERYONE OVER 130 LB

1 & 2

TAKE IVM FOR TREATMENT

X 24 HR
IF NOT BETTER,
START HCQ FOR TREATMENT
AND TAKE BOTH X 5-14 DAYS

3

TAKE BOTH IVM AND HCQ
FOR TREATMENT X 5-14 DAYS

DISCLAIMER:
NOTHING IS MEANT
AS SPECIFIC MEDICAL ADVICE

**ALWAYS TALK TO YOUR
DOCTOR
IF YOU GET SICK WITH COVID**

IF YOU HAD TO TAKE BOTH IVM
AND HCQ TO GET OVER COVID,
ASK YOUR DOCTOR ABOUT
BEING ON BOTH FOR
PREVENTION

When sick, take everything at "Treatment" doses, until well for 3 days. Then take at "Prevention" doses.














COVID Care Calendar®



WHEN YOU ARE SICK

- 1- BRUSH TEETH
- 2- NASAL SPRAY 1% IODINE
- 3 - GARGLE

TAKE EVERYTHING YOU CAN

IVERMECTIN 7 AM		DayQuil	
Vitamin D - YOUR DOSE Zinc = 50 - 100 mg/day total			
7 AM BREAKFAST: EGGS, NUTS, AVOCADO, 30 GM FAT			
FLUVOXAMINE 10 am			After Breakfast: 
Budesonide, (Doxycycline) Vitamin C 500 mg			
HYDROXYCHLOROQUINE 11 AM			
Quercetin Green tea, lemon, honey			
12 - 1 PM LUNCH: CHICKEN SOUP, SALTINES, BANANAS			
REST 			After Lunch: 
6 PM DINNER: PROTEIN, NUTS, AVOCADO, 30 GM FAT			
IVERMECTIN 7 AM		Once a Day Aspirin 325 mg	DUSK  MELATONIN OR BENESOM®
Vitamin D - YOUR DOSE Zinc = 50 - 100 mg/day total			
FLUVOXAMINE 10 AM		NiQuil	
Budesonide, (Doxycycline) Vitamin C 500 mg			
HYDROXYCHLOROQUINE 11 AM			Before Bed: 
Quercetin Green tea, lemon, honey 			

In this order: Take meds * Eat * Brush teeth * Nasal spray * Gargle
 Drink 3-5 cups green tea per day, with local honeycomb honey & lemon
 Take 1 aspirin a day * Take melatonin at sunset, not at bedtime
 Put pills in a pill box and set six alarms a day
 If not getting better, add **intermittent fasting** for 12-18 hours or longer

When sick, ask your doctor if you should take everything at "Treatment" doses, until well for 3 days, then take at "Prevention" doses.



Medical Directives



**For elective surgery, the ER,
nursing home, or hospital.**

Tooth cleaning
Hernia surgery
Outpatient surgery
Procedure with general anesthesia
“Twilight Sleep”



WRITE A MEDICAL DIRECTIVE IN YOUR STATE



AARP: <https://bit.ly/3uiWOHq>

LawDepot: <https://bit.ly/46aUQX9>

Legal Contracts: <https://bit.ly/468fuaj>

Our Most Updated Guidebook and Medical Directives

Website: <https://bit.ly/40yXkgL>

Substack: <https://TheRebelPatient.Substack.com>

Twitter/X: <https://twitter.com/TheRebelPatient>



»» MEDICAL DIRECTIVES

DIRECTIVE TO PHYSICIANS AND MEDICAL POWER OF ATTORNEY OR SURROGATE REGARDING TREATMENTS, THERAPIES, AND PROTOCOLS

I, _____ recognize that the best health care is based upon a partnership of mutual trust and communication and shared decision-making with my physician. My physician and I will make health care or treatment decisions together, as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored as my carefully planned and intentional wishes:

___ **I DO NOT CONSENT** to any hospital agreement signed upon hospital admission that overrides these Medical Directives. This document is the final legal instruction that supercedes all other permissions or consents, unless I personally override it with a witness in attendance for my informed consent.

___ **I DO NOT CONSENT** to the use of Remdesivir or Veklury under any circumstances.

___ **I DO NOT CONSENT** to receiving ANY vaccine or booster for COVID-19.

___ **I DO NOT CONSENT** to receiving the seasonal FLU vaccine nor any combination flu vaccine.

___ **I DO NOT CONSENT** to receiving a Pneumococcal vaccine or ANY other vaccine.

___ **I DO NOT CONSENT** to intubation or ventilation for a diagnosis of COVID-19.

___ **I DO NOT CONSENT** to receiving any hospital COVID-19 protocol medications, procedures, or interventions.

___ **I DO NOT CONSENT** to being given any antivirals including nirmatrelvir/Paxlovid®, Baricitinib/Olumiant®, Obeldesivir/ATV006, or Tocilizumab/Actemra®.

___ **I DO NOT CONSENT** to being given any opioids, sedatives, paralytics, benzodiazepines, intravenous anesthetics like dexmedetomidine hydrochloride, or paralytics unless I require surgery and am in the operating or recovery room.

___ **I DO NOT CONSENT** to the use of fluids over 0.75 ml/kg/hr.

___ **I DO NOT CONSENT** to being NPO (nothing per os, nothing to eat or drink) but for a period 12 hours prior to surgery and 4 hours after surgery.

___ **I DO NOT CONSENT** to being without water by mouth for any period of time.

___ **I DO NOT CONSENT** to receiving a blood transfusion from vaccinated blood.

___ **I DO NOT CONSENT** to the use of restraints to control my behavior.

___ **I DO NOT CONSENT** to a Foley catheter or rectal tube and demand the ability to first have orders written for a bedside commode.

___ **I DO NOT CONSENT** to being placed on Do Not Resuscitate (DNR) orders, nor do I give my family or medical durable power of attorney the right to put me on a DNR.

» MEDICAL DIRECTIVES - PAGE 2

___ **I DO NOT CONSENT** to the use of excessive oxygen supplementation above that needed to establish an arterial PaO₂ of 65 mmHg and/or an O₂ saturation by pulse oximetry above 90%. For a pulse oximeter below 90%, I demand an arterial blood gas.

___ **I DO NOT CONSENT** to mechanical ventilation “to rest”, or for any other reason associated with a diagnosis of COVID or COVID pneumonia.

___ **I DO NOT CONSENT** to being isolated from my personal physician, any priest or clergy, legal representative, lawyer, paralegal, sheriff, police, or any family members or friends.

___ **I DEMAND** to be positioned to avoid sacral decubitus ulcers, necrosis, or other adverse event due to nonpositioning.

___ **I DEMAND** physical hygiene and grooming on a regular basis.

___ **I DO NOT CONSENT** to any family member or power of attorney placing me as a DNR, especially if delivered as a condition for visiting me in the hospital OR I have a diagnosis of respiratory failure due to COVID pneumonia or any COVID condition.

___ **I DO NOT CONSENT** to being alone, isolated, or dying in a hospital by myself. I demand visitors.

___ **I DO NOT CONSENT** to the removal of my communication devices from my physical reach by hand, including but not limited to my cell phone and laptop.

___ **I DO NOT CONSENT** to COVID-19 medications related to any COVID-19 Protocol, without myself, my Medical Power of Attorney or Surrogate first conducting an independent evaluation regarding side effects or risks associated with the COVID-19 Protocol medication(s).

___ **I DO NOT CONSENT** to being placed on Palliative Care, Hospice Care and demand my Medical Power of Attorney or Surrogate be present at any meeting to discuss it.

___ **I DO NOT CONSENT** to dying alone in a hospital and prefer to die alone at home.

___ **I DO NOT CONSENT TO AND DEMAND** my right to have family visit me during my death, to initiate Last Rites, and to be present during the legal pronouncement of my death and for at least one hour after my death, if desired.

___ **Only my Medical Power of Attorney or Surrogate** may approve COVID-19 Protocol or other medications. *Under no circumstances should any COVID-19 Protocol medication or COVID-19 Treatment Plan or Protocol be administered without my express Medical Power of Attorney's or Surrogate's specific approval for each and every medication to be administered.*

___ **Physicians and nurses DO NOT have my permission** to override my Medical Power of Attorney or Surrogate or to bypass any informed consent for any procedure, medication, or treatment.

» MEDICAL DIRECTIVES - PAGE 3

___ **I DO NOT CONSENT** to being treated with ridicule, mocking, or other dehumanizing behavior or charting in my medical record, including my vaccine status.

___ **I ALSO DO NOT CONSENT** to the following:

___ **IF THE FACILITY** does not allow for the use of any alternative treatments for COVID-19, I direct my Medical Power of Attorney or Surrogate to have me discharged to another facility or level of care, or to release me to my own home. In the event that I am released, discharged, or transferred to another facility including my home, I DEMAND oxygen for transport and home treatment for 48 hours.

___ **IN THE EVENT** that new medications or treatment options for COVID-19 become available, I direct my Medical Power of Attorney or Surrogate to conduct an independent evaluation regarding the side effects, risks, and complications association with any new medication(s) or treatment options, prior to consenting to the administration of new medications or treatments.

___ **I SPECIFICALLY DIRECT** my Medical Power of Attorney or Surrogate to seek the alternative treatments I embrace for COVID-19, such as those offered in alternative Protocols, including but not limited to ivermectin, hydroxychloroquine, vitamin C infusion, and more.

This directive will remain in effect until I revoke it. No other person may do so.

Signature

Initials

Date

NOTARIZED ACKNOWLEDGEMENT

State of _____

County of _____

PERSONALLY came and appeared before me on _____, the undersigned Notary, within the named _____, who is a resident of _____ County, State of _____.



THE VIAL OF LIFE

VialOfLife.com



The Vial of Life is a simple idea that has taken roots with first responders, who are trained to look for it on calls. The kit has saved hundreds of thousands of lives.

So far, over 2 million kits have been delivered, and The Vial of Life is still counting.

“The Vial of Life is designed to speak for you when you can’t speak for yourself. The vial contains important medical information that can assist emergency personnel in administering the proper medical treatment.”

-Alameda County Fire Department

Here's How it Works

Each Vial of Life kit consists of 2 Decals and 1 Medical Information form. We recommend storing the completed medical information form inside a clear sandwich baggie.



Fill it out

Answer questions about your health and medications on the medical information form.



Place on Refrigerator

Securely tape the form to the front of your refrigerator. (Recommended to store inside plastic baggie.)



Stick on the decals

Place one decal on your refrigerator and one decal on your front door at eye level.



Vial of Life Form

Print The Vial of Life Medical Information Form to hand out with your decals! (Free Download)

[Print Form](#)



➤➤ HOSPITAL PROTOCOLS

WATCH FOR:

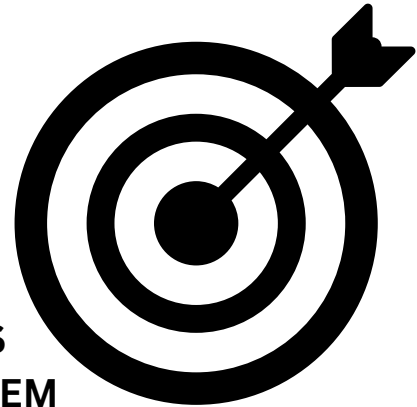
Hospital Profiling
Hospital Protocols
Blood Transfusions
Hospital Hostage Situations
Restraints
Starvation

HAVE MEDICAL DIRECTIVES

PROFILING FOR EUTHANASIA

HOSPITAL STAFF MAY TARGET THESE PATIENTS:

- SINGLES
- ELDERS
- THE DISABLED
- THOSE WITH DEMENTIA OR
- DEVELOPMENTAL DIAGNOSES
LIKE DOWN SYNDROME
- PERSONS WITH CHRONIC DISEASES
- ANYONE WHO “STRAINS” THE SYSTEM



HOSPITAL PROTOCOLS

Remdesivir: Antiviral that causes kidney failure and 70% increased risk of death. They use it even on those with kidney failure requiring dialysis, and outside the hospital.

Ventilator: Increases risk of death by 80-90%.

Sedatives and Opioids: Overdosing and death.

NEWEST DOWNLOAD:

<https://bit.ly/40yXkgL>

<https://TheRebelPatient.substack.com>

<https://Twitter.com/TheRebelPatient>



TOP DIRECTIVES FOR HOSPITALIZATION



NO DNR.

NO "Do Not Resuscitate" Orders.
To the Family: Do NOT sign for a DNR.

YES ON CPR.

NO TREATMENTS UNDER ANESTHESIA:

COVID SHOTS
BLOOD TRANSFUSIONS

NO VENTILATOR
NOT EVEN FOR "REST"

NO "NPO" STATUS = STARVATION

UNLESS IT IS FOR 8 HR BEFORE SURGERY

**NO BLOOD
TRANSFUSIONS**

NO RESTRAINTS

NO TYING WRISTS TO BED RAILS

NO OPIOIDS

Morphine
Fentanyl
Alfentanil
Hydromorphone

**NO
REMDESIVIR
AKA
VEKLURY**

NO BENZOS

Diazepam
(Valium®)
Lorazepam
(Ativan®)

NO SEDATIVES

Ambien
(Zolpidem®)
Zalepion
(Sonata®)

NO ANTIVIRALS

Paxlovid
Baricitinib
Olumiant
Obeldesivir
Tocilizumab/
Actemra

**NO
PARALYTICS**
Rocuronium
(Zemuron®)
Doxacurium
(Nuromax®)

NO SHOTS

Flu
COVID
COVID Booster
Pneumococcal

**NO IV
ANESTHETIC**
Dexmedetomidine
hydrochloride
Precedex®



ARANDA MD
ENTERPRISES

TOP HOSPITAL PROTOCOL STRATEGIES



1. **Isolation:** No access to family, friends, advocate, Pastor.
2. **Pushed Protocol Drug:** Refusal can lead to more force.
3. **Denied alternatives:** Denial, ridicule for vitamins, ivermectin, budesonide, hydroxychloroquine. Lies they don't work, not FDA approved.
4. **Denied informed consent:** For medications, treatments, intubation, ventilation, or other procedures. They may do it without asking.
5. **Gaslighting:** Refusal to vaccinate or follow protocols causes staff to constantly say the patient will die or say, "was a very sick man".
6. **Removal of communication devices:** Call lights, glasses, cell phones or removed from patient, or placed out of their reach.
7. **Dehumanization:** Methodically dehumanize the patient. Family often describes it as "being treated like an animal".
8. **Pervasive sense of wrongdoing:** Everyone feels "something was wrong".
9. **Vaccination discrimination:** Mocking, verbal, and physical abuse.
10. **Rapid oxygen increase:** Oxygen quickly increased to cause lung damage and complications, impending need for ventilator.
11. **Refusal to communicate:** No staff talks to family or advocate.
12. **Dehydration and starvation:** Staff deny food and water. Instead, they give diuretics or laxatives, causing dehydration and electrolyte imbalance.
13. **Restraint abuse:** Physical and/or chemical restraints sedatives. Failure to first follow legal requirements before placing restraints.
14. **Ventilation:** used as restraint or as a method of behavior control.
15. **Bathroom denial:** Forced onto a catheter and/or rectal tube.
16. **Non-emergency ventilation:** Lie that it is just to "give the lungs a rest".
17. **DNR pressure or shenanigans:** Pressured. Ignored or falsified DNR.
18. **Palliative care pressure:** Lack of informed consent, meetings without family.
19. **Isolated even in death:** Denied access to dying victim, to provide Last Rites, or view the body after death.
20. **Police/Security involvement:** Enforces isolated; threatens with arrest.
21. **Refusal of transfer:** Refusal to change doctors or make hospital transfer.
22. **Infections and injuries:** Sepsis, MRSA or Hospital-Acquired Infection. Pressure sores, skin tears, necrosis due to lack of patient movement.
23. **Neglect:** Lack of basic care, hygiene or grooming, linen changes.
24. **Nighttime emergencies:** Family woken up and pressured to make instant life & death choices with little information. Staff attempt to "scare" or "confuse".
25. **Perception of malevolence:** Victim states or feels like hospital staff is torturing them or going to kill them.
26. **Unqualified staff:** Treatment by foreign, travel, FEMA, or unqualified Medical Staff

Adapted from <https://chbmp.org/>

>> HOSPITAL HOSTAGE RESCUE

My Article on Hospital Hostages: <https://bit.ly/468i2VV>

Grace Schara's Protocol Death: <https://bit.ly/3Qqdbta>

Document Your Story: <https://chbmp.org/document/>

File a Hospital Complaint with the Joint Commission:

<https://bit.ly/3MAAtJOs>

File a Criminal Complaint: <https://bit.ly/3MBKSXM>

Report a Sentinel Event: <https://bit.ly/3QSsnRp>

Truth for Health: <https://www.truthforhealth.org>

Email Your Story to Us: TheRebelPatient@Substack.com



(469) 864-7149 | graithcare.adm@gmail.com

USE CODE:
DrAranda for



Call Your Sheriff's Office

Call 911

Call the Police

Call A Lawyer

Call [TruthForHealth.org](https://www.truthforhealth.org)



UNVACCINATED BLOOD TRANSFUSION

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UnjectedBlood.com

1

Are you prepared to receive blood from an unknown donor who may not live by your beliefs?

BlessedByHisBlood.com



2

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3

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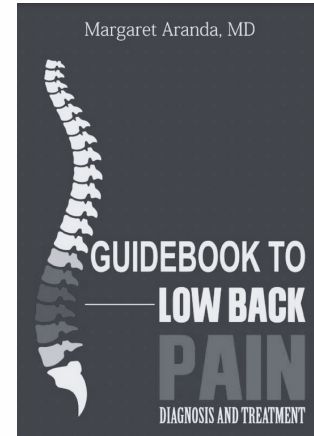
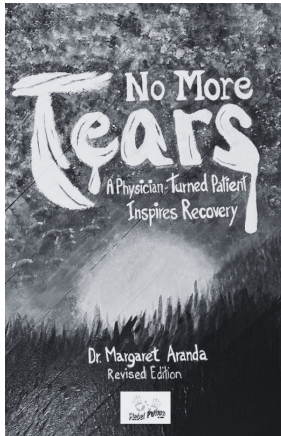
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<https://therebelpatient.myTzt.com>

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Metagenics™ Supplements. Physician-quality. Immune Defense Pack & Benesom. HisSynergy, HerSynergy, medical food, prostate support, menopause support and more. <https://margaretaranda.metagenics.com> | Practitioner CODE = MargaretAranda

LifeWave™. Low-level light therapy patches, wearable technology. Pain, X-39/X-49 stem cell activation, more.
<https://lifewave.com/margaretaranda>

The Root Brands™. Zeolite Detox Solution, Clean Slate; ZERO In, Restore, pet detox: <https://therootbrands.com/dra>

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EMF PROTECTION: <https://www.emf-protection.co.uk/135.html>

