

Procedure

1. **PRE-TREATMENT EVALUATION-** Prior to a client being administered a peptide, an assessment and telemedicine clearance must be performed on all consenting participants.

1. The assessment consists of obtaining the client's
 - i. medical history
 - ii. vital signs (blood pressure, heart rate, respirations, & pulse ox, temperature), mental alertness status
 - iii. assessment of any change(s) in medical history / diagnosis- development of a new allergy, and whether the client is complaining about or experiencing any abnormal symptom(s) /illness(s)
 - iv. BMI must be verified at 27 or higher
 - v. Screening tool
 - vi. Lab Draw
2. Client/staff should complete the GLP-1 screening tool, telehealth, and labs prior to receiving injection

i. Clients who are currently on GLP-1 elsewhere and are transferring to

Hydreight

1. Must have a lab panel or have completed lab panel within 90 days
 - a. If not, then a lab panel must be done prior to telehealth and approval
2. After telehealth, client may continue at the same dose they were previously on prior to transfer to Hydreight for initial fill of prescription.
 - a. For subsequent fills and follow up dosing changes, follow protocol below as written.
- c. Service Provider
Educates the client re:
 1. Review the peptide information and education, what to expect
 2. How to give a subcutaneous injection
 - a. Review video with patient

3. Side effects of GLP-1
4. SP does the Lab draw
5. If approved- Explain next steps such as prescription turn-around time and scheduling

6. Once the RX arrives the Client to record administration in the app

7. Scheduling of follow ups after 3rd dose and every 4 weeks thereafter

4. Labs-Client should have completed and received the following test results prior to telehealth consult and receiving GLP-1 Injection:
 - i. Use Weight Management Panel-Fasting- includes-
 1. Comprehensive Metabolic Profile (CMP)
 2. Lipid Panel
 3. Hemoglobin A1C (HbA1C) >8% will not be allowed to receive except in medical director's discretion
 4. TSH
 5. BMI- this is a calculation not a lab
 - ii. Labs will only be obtained initially unless the client has a change in medical history
5. Once clearance has been approved, the provider will approve patient-specific order thru app.

i. Patient specific – this vial is ordered by the provider for the specific patient and is only to be used on this patient per the instructions on the label .

2. ADMINISTRATION OF GLP-1 – This is done by the client ONLY

SIDE EFFECTS:

Some Potential Adverse Reactions, Side Effects or Complications to GLP-1
Tremors* Cramps* Difficulty Breathing*
Flushes* Anaphylaxis* Angioedema*
Fainting/dizziness Severe Headache Vomiting
Diarrhea Nausea Irregular Hunger

Unexplained Anxiety Unexplained Irritability Irregular Weakness
Chills / Fever Gauntness Heart Rate Changes
Hypoglycemia Dizziness Retinopathy
Vision changes/impairment Color blindness Blurred vision
Abdominal pain Constipation Heartburn
Burping Rash/Itching Swelling of eyes, face, mouth
Jaundice Stool discoloration Swelling of legs, ankles, feet * Denotes potential GLP-1 toxicity (allergic hypersensitivity) – follow Emergency Protocol.
Some Symptoms to Thyroid Gland Tumors (Including MTC)
Swelling in neck / throat* Hoarseness* Difficulty Breathing*
Difficulty Swallowing*
* Denotes potential for thyroid gland tumor – see our physician or other healthcare provider.
Some General SQ/IM Injection Side Effects or Complications
Injection-Site Effects* Headache Nausea/Upset Stomach
Indigestion/Heartburn Mild Diarrhea Joint Pain
Vein Inflammation Lightheadedness Increased Thirst
Dizziness Chills Severe Fatigue
Infection Fever Shakes
* Injection-site effects may include, without limitation, temporary pain, burning, bruising, blood, cellulitis or discoloration at the site of injection.

Olympia (all state but AL, CA, MS)– There is 1 vial strength and sizes.

GLP-1 5mg/ml and a 3ml vial (total 15mg of GLP-1)

Once punctured, the vial is to be discarded at 28 days.

****Reminder: Client does not need to increase dosage if they are losing weight. ****

MONTH	MAX WEEKLY DOSE	ONLY ONE VIAL STRENGTH GLP-1 5mg/ml	# OF VIALS
1	0.25 mg	0.05ml (5 units of vial)	1
2	0.50 mg	0.1ml (10 units of vial)	1

3	1.00 mg	0.2 ml (or 20 units of vial)	1
4	1.75 mg	0.35ml (or 35 units of vial)	1
5+	2.5 mg	0.5ml (or 50 units of vial)	1

*Medical provider to order 2 vials when patient goes from 1mg weekly dose to 1.75mg