



FreshClinics

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# Fresh Clinical Standards

Best practice in non-surgical cosmetic medicine

*By making video call consultations with Fresh Clinics, you indicate your agreement to uphold the clinical standards outlined within this document.*

# Introduction

Thanks for your interest in partnering with us at Fresh Clinics.

**Our aim is to set the standard for patient care and regulatory compliance in aesthetic medicine.**

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This document outlines the policies that apply to your clinic when working with Fresh Clinics. We are cautious, safe and compliant doctors, and we wish to work with like-minded clinicians.

There are four key areas of clinical excellence to adhere to:

<b>Clinical Domain</b>	<b>Areas of excellence</b>
1. Patient & staff safety	Infection control, sharps, occlusion, local anaesthetic, and anaphylaxis management.
2. Communication & consultation	Detailed medical history, full consent, clear handover to the doctor, follow up and review, advertising within the guidelines.
3. Compliance	Documentation, consultation, confidentiality, management of scripts.
4. Product management	Strict adherence to the New South Wales Poisons and Therapeutic Goods Act 1966 and the Poisons and Therapeutic Goods Regulation 2008 and other relevant legislation

# Clinical Domain 1

## Patient and staff safety

Patient and staff safety is our number one priority.

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### Clinical Domain 1: Patient and staff safety

Area of excellence	Expected standard
Infection control	High clinical standards of cleanliness, hygiene and infection control are expected.
	Clinics must be clean and sanitary. Fresh Clinics will not authorize in-home treatments.  Injectors must wash hands before and after each procedure (alcohol hand wash is acceptable).  Injectors must wear gloves during the procedure. Sterile gloves are preferred.  A sterile field must be created with a dressing pack and used appropriately.  Alcohol or chlorhexidine swabs must be used to clean the skin.
Sharps management	Sharps management requires careful handling and proper disposal.
	Injectors will be trained in and use careful, safe technique to handle sharps.  Sharps will be disposed of immediately in an approved sharps container.

## Clinical Domain 1: Patient and staff safety (cont)

Area of excellence	Expected standard
Occlusion management	<p data-bbox="558 331 1284 363">Occlusion of an artery can have serious complications.</p> <p data-bbox="558 396 1406 457">Patients must be warned about the risk of occlusion before any filler treatment.</p> <p data-bbox="558 491 1382 552">When filler treatment is around the eyes, the risk of blindness must be discussed.</p> <p data-bbox="558 585 1344 646">Injectors must be properly trained in any procedure before attempting it.</p> <p data-bbox="558 680 1354 741">Injectors must be trained in the management of occlusions prior to using any filler.</p> <p data-bbox="558 774 1403 871">If there is a suspected occlusion, the injector must use hyaluronidase 10-1500 units as per our protocol to dissolve filler, give 300mg of aspirin and contact the doctor on-call.</p> <p data-bbox="558 905 940 936"><b><i>“If in doubt, hyalase it out”</i></b></p> <p data-bbox="558 970 1398 1031"><b><i>See “Appendix A: Complication Management” at the end of this document for more details.</i></b></p>
Local anaesthetic use	<p data-bbox="558 1092 1271 1123">Toxicity from too much local anaesthetic can be fatal.</p> <p data-bbox="558 1157 1287 1218">Injectors must be aware of the maximum dose of local anaesthetic for their patient.</p> <ul data-bbox="607 1220 1390 1346" style="list-style-type: none"> <li data-bbox="607 1220 1390 1281">• The maximum dose of lignocaine without adrenaline is 3.5mg/kg.</li> <li data-bbox="607 1283 1390 1346">• The maximum dose of lignocaine with adrenaline is 7mg/kg.</li> </ul> <p data-bbox="558 1379 1417 1411">Injectors must be aware of the signs of local anaesthetic toxicity.</p> <ul data-bbox="607 1413 1365 1570" style="list-style-type: none"> <li data-bbox="607 1413 1365 1474">• Numbness and tingling (especially of the tongue and around the mouth).</li> <li data-bbox="607 1476 1279 1537">• Restlessness and agitation, involuntary muscle twitching.</li> <li data-bbox="607 1539 992 1570">• Drowsiness, Convulsions.</li> </ul> <p data-bbox="558 1604 1386 1696">If injectors suspect local anaesthetic toxicity any further treatment should be abandoned and the patient should go to the nearest emergency department for review.</p> <p data-bbox="558 1730 1370 1791"><b><i>If the patient is fitting or drowsy an ambulance should be called without delay.</i></b></p>

Clinical Domain 1: **Patient and staff safety (cont)**

Area of excellence	Expected standard
Anaphylaxis	Anaphylaxis can be fatal.
	<p>Clinics must have adrenaline available on premises (commonly in the form of an EpiPen).</p> <p>Adrenaline must be in-date. Systems must be in place to check the use-by date of adrenaline and replace it before it is out-of-date, or if it gets used.</p> <p>All nurses must have up-to-date training in basic life support (BLS).</p> <p>We recommend nurses train in advanced life support (ALS) as well.</p> <p>We recommend clinics have a bag-valve mask and basic airway adjuncts on-site, with nurses trained in their use.</p> <p><b><i>If anaphylaxis is suspected an ambulance should be called without delay.</i></b></p>

# Clinical Domain 2

## Communication & consultation

Anti-wrinkle and dermal filler treatments are medical procedures. Clear communication between the patient, nurse and doctor are the cornerstone of safe practice.

### Clinical Domain 2: Communication & consultation

Area of excellence	Expected standard
Medical history	A detailed medical history at the initial consultation is critical to safe treatment.
	<p>Injectors must have a complete understanding of the patient's past medical history, pregnancy or breastfeeding status, current medications and allergies.</p> <p>The injector must ask about whether the patient is pregnant, trying to get pregnant, or is breastfeeding.</p> <p>The injector must ask about any blood-thinning medication.</p> <p>If anti-wrinkle injections are going to be used, the injector must ask about any neuromuscular disorders such as myasthenia gravis or Lambert–Eaton syndrome.</p> <p>The injector must ask about any upcoming air travel.</p>
Consent	The patient must be fully consented by the nurse performing the procedure. Nurse-led consent must occur before <u>every</u> treatment.
	<p>The expected outcomes of the treatment (expected change, time to take effect, time to wear off) and the usual follow up plans should be discussed and expectations clearly set before treatment begins.</p> <p>The risk that the treatment may not work exactly as the patient hopes must be discussed. The need for repeat treatments must be discussed.</p>

## Clinical Domain 2: Communication & consultation (cont)

	<p>The risk of swelling, bleeding, bruising and infection associated with the injections must be discussed.</p> <p>For anti wrinkle injections, the risks of unintentional muscle changes must be discussed (depending on the area, drooping or raised eyebrows, drooping eyelid or drooping lips, asymmetrical smile, etc.)</p> <p>For filler injections, the risk of occlusion must be discussed. The areas at highest risk for occlusion are the glabella and nasolabial folds.</p> <p>In filler treatment of areas around the eyes, the rare complication of blindness from occlusion must be discussed.</p>
Hand-over	<p>The hand-over of the patient is a critical clinical juncture.</p>
	<p>The handover of the patient's details between the nurse and the doctor is vital to safe practice. Clear, precise and complete details must be given.</p> <p>At the time of a video or face-to-face consultation, the injector must hand-over;</p> <ul style="list-style-type: none"> <li>● The patient's name and age.</li> <li>● Whether the patient has had treatment in the past. If so, where that treatment was, and whether there were any complications.</li> <li>● Any previously diagnosed medical conditions.</li> <li>● Any current medications.</li> <li>● Any previous surgery to the area being treated.</li> <li>● Whether the patient has any allergies.</li> <li>● Whether the patient is pregnant or breastfeeding.</li> <li>● Whether the patient has any air travel in the next two weeks.</li> <li>● That the risks and expectations for the procedure have been explained to the patient and that they have consented.</li> </ul> <p>The treating nurse may then suggest a possible treatment.</p> <ul style="list-style-type: none"> <li>● Your suggestion must include;             <ul style="list-style-type: none"> <li>○ The specific product(s) to be used.</li> <li>○ The proposed location(s) of each dose.</li> <li>○ The exact dose of each product in each area.</li> </ul> </li> <li>● By law, it is the treating doctor who will provide the treatment recommendations. We appreciate your experience and clinical judgement and would welcome your treatment suggestion.</li> </ul>

**Clinical Domain 2: Communication & consultation (cont)**

Area of excellence	Expected standard
Consultation	Fresh Clinics will not authorise a treatment under the following circumstances
	<p><i>Any contraindication</i></p> <ul style="list-style-type: none"> <li>● Pregnant, breastfeeding or trying to conceive.</li> <li>● Infection in the proposed area of injection.</li> <li>● Previous significant reaction.</li> <li>● Prosthesis (such as permanent implants) at the site of injection.</li> <li>● People who are on anticoagulation therapy.</li> <li>● People who form keloid scars.</li> <li>● For anti-wrinkle injection, a diagnosis of neuromuscular diseases, such as myasthenia gravis or Eaton Lambert syndrome.</li> <li>● For filler, any of the conditions listed in the table on the following page “<b>Contraindications to treatment with dermal filler</b>”.</li> </ul> <p><i>Poor understanding or incomplete consultation</i></p> <ul style="list-style-type: none"> <li>● If the video call quality is too poor, or the video call drops out, we are unable to authorise the treatment.</li> <li>● If the patient does not communicate in English well enough we are unable to complete the consultation.</li> </ul> <p><i>Minors</i></p> <ul style="list-style-type: none"> <li>● We will not authorise treatments for persons under 18.</li> <li>● This includes minors with parental consent.</li> </ul> <p><b><i>The list of contraindications and other reasons to decline a treatment are not exhaustive.</i></b></p> <p><b><i>Fresh Clinics doctors have full discretion to decline any treatment for any patient at any time.</i></b></p>

## Clinical Domain 2: Communication & consultation (cont)

### Conditions contraindicating the use of dermal fillers

<b>Contraindications to treatment with dermal filler</b>	
Condition	Examples or comment
Active skin infection	Impetigo, herpes simplex, massive demodex folliculorum, pityrosporum, <i>Propionibacterium acnes</i> , viral warts
Active localized infection	Ear, nose, or throat infections, dental abscess, periodontitis
Active generalized infection	Active gastroenteritis, active urinary bladder infection
Allergy/hypersensitivity	Hypersensitivity to filler components including lignocaine, chronic urticaria, and Quincke's oedema
Active collagenoses	Active mixed connective tissue disease (eg active morphea, active systemic lupus)
Immune compromise	Graft versus host disease
Autoimmune conditions	Active Hashimoto's disease Active mixed connective tissue disease
Systemic infections: bacterial	Tuberculosis
Active anticoagulant medication	Active use of any thrombolytics or anticoagulant medication (warfarin, dabigatran, rivaroxaban, apixaban)
Hemostatic or coagulation disorders	Haemophilia Significant haemoglobin pathology (eg thalassemia major)

## Clinical Domain 2: Communication & consultation (cont)

### Conditions warranting caution in the use of dermal fillers

<b>Treat with dermal filler at the discretion of the doctor</b>	
Condition	Examples or comment
Inflammatory conditions of the skin	Atopic patients, allergic contact dermatitis, seborrheic dermatitis, active lichen planus, active acne rosacea
Other inflammatory diseases	Pyoderma Osteoarthritis
Noninfectious gastrointestinal conditions	Crohn's disease, ulcerative colitis
Active psoriasis arthropathic	If the condition is more arthropathic: caution warranted If the condition is more psoriatic than arthropathic: treatment is possible
Systemic infections: viral	HIV
Conditions potentially causing a Koebner response	Lichen planus, lichen nitidus, or lichen sclerosus, psoriasis, viral warts
Other collagenoses	Marfan syndrome, Ehlers–Danlos syndrome
Immune compromise	Bullous diseases
Autoimmune conditions	Dermatomyositis/polymyositis, lupus erythematosus, rheumatoid arthritis
Transplant patients Immunosuppressive therapy	Heart, kidney, liver, bone marrow transplant: beware of increased risk of infections
Thyroid dysfunction	Not a contraindication to treatment, but be aware that eyelid swelling is common (unrelated and unprovoked by filler use)
Cachexic state	Does not contraindicate treatment, but product may be more visible in patients who lack subcutaneous fat and have thin tissue coverage
Conditions affecting skin pigmentation	Melasma and post-inflammatory hyperpigmentation
Cutaneous collagenoses	Chronic discoid lupus erythematosus, active but not end-stage scleroderma

## Clinical Domain 2: Communication & consultation (cont)

Area of excellence	Expected standard
Post-treatment	Good communication after the treatment can avoid many potential issues.
	<p>We recommend written post-procedure instructions should be given to the patient.</p> <p>Follow-up communication should be made 1-2 weeks after treatment.</p> <p>The patient should be encouraged to contact the clinic with any issues or concerns.</p>
Scheduled review	Post-procedure review of all patients is an expected standard.
	<p>We recommend all patients are contacted between 1 and 2 weeks following treatment.</p> <p>Phone or text message follow-up is acceptable, though face-to-face is preferred.</p> <p>The patient with any issues or concerns should be seen again in the clinic by the nurse who performed the therapy, with a call to the doctor if required.</p> <p>Patients should be encouraged to contact the clinic with any concerns, particularly if they are worried that they might be developing an infection.</p>
Escalation of concerns	If you are worried, you should call us.
	In any clinical situation where you are concerned or unsure please call the on-call doctor.
Advertising	Strict guidelines are in place around advertising cosmetic treatments.
	Clinics must comply with the relevant guidelines and regulations in this area.

# Clinical Domain 3

## Compliance

It is critical that all relevant regulations and guidelines are adhered to strictly and completely. Fresh Clinics seeks to set the standard for medicolegal compliance in the non-surgical cosmetic industry.

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### Clinical Domain 3: Compliance

Area of excellence	Expected standard
Documentation	A high standard of clinical documentation is expected.
	<p>A secure and comprehensive digital or handwritten clinical note must be made.</p> <p>The note should record;</p> <ul style="list-style-type: none"><li>• Patient details, time and location of treatment.</li><li>• A signed consent form with the risks clearly outlined.</li><li>• The treatment product, amount, and location.</li><li>• The expected follow-up plan.</li></ul> <p>Photographs prior to treatment should be taken and stored securely.</p> <ul style="list-style-type: none"><li>• Written consent from the patient must be obtained to take photographs.</li><li>• Clinical images are “health information” and must be treated with the same privacy and confidentiality as any other health record or information.</li><li>• Images stored with other personal photos in an injector's phone are not considered secure.</li></ul> <p>Both the clinical note and the photographs must be stored in accordance with the relevant Australian law.</p> <p><b><i>The Fresh Clinics application is compliant and is our preferred method for note taking, consent and photographs.</i></b></p>

### Clinical Domain 3: Compliance (cont)

Consultation & treatment authorisation.	A complete video consultation must be made prior to any initial treatment, any treatment change, or if a consultation has not occurred in greater than 12 months.
	<p>A video call with appropriate handover must be given</p> <ul style="list-style-type: none"><li>- When the patient is new to the clinic.</li><li>- When there is a change in the patient's medical history.</li><li>- When a new treatment product, area or dose is considered.</li><li>- When treatment authorisation is older than 12 months.</li></ul> <p>The doctor must give a treatment plan and verbal approval to proceed before any proposed treatment can be commenced. An electronic approval request must be submitted via the Fresh Clinics app or online portal as soon as practical following the consultation.</p> <p>A video consultation may also be made at any other time for any clinical question.</p> <p>Only registered nurses or suitably-trained EN's pre-approved by Fresh Clinics may use these authorisations to administer a treatment.</p> <p>The issuing and management of treatment authorisations will be in accordance with the relevant regulations and may need to adapt if there are changes.</p>

# Clinical Domain 4

## Product management

Botulinum toxin, collagen, hyaluronic acid, other non-permanent fillers and lignocaine are classified in the Poisons Schedule as S4 drugs. Their use is controlled in NSW by the Poisons and Therapeutic Goods Act (1966), and by the equivalent legislation in each state.

The doctors at Fresh Clinics take their clinical responsibilities for the Schedule 4 medications they authorise seriously. The expected standards for product management are non-negotiable.

The legal penalties for the inappropriate management of Schedule 4 medications are significant and include prison for serious breaches.

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### Clinical Domain 4: Product management

Area of excellence	Expected standard
Ordering and supply	We may consign S4 medications to a clinic to facilitate the treatments that we authorise.
	We retain clinical responsibility for these medications. Use without our authority is not acceptable.  It is illegal to use the medications we supply for any purpose other than those given on our authorisations.  It is illegal for an unauthorised person to use these medications. Nurses must be pre-approved by Fresh Clinics before we will allow them to use the medications that we authorise.  It is illegal to on-sell these medications.

#### Clinical Domain 4: Product management (cont)

Storage and cold-chain	S4 Medications are restricted substances and must be stored securely.
	<p>Medications must be stored in accordance with the manufacturer's guidelines.</p> <p>For example, Botox by Allergan must be kept between 2 and 8 degrees celsius.</p> <p>Where a cold-chain is required, clinics must be able to demonstrate compliance if requested.</p> <p>Medications must be stored in a secure room with restricted access. Medications supplied by Fresh Clinics must be clearly separated from any other medication. Medications must be stored separately from food.</p> <p>Clinics must be appropriately registered to store medications on premises where required by their state law.</p>
Use, tracking and disposal	S4 Medications are restricted substances and accurate records must be kept.
	<p>A record of all medications on the premises must be kept (i.e. a "Drug Book").</p> <p>A record of medications that are supplied to the clinic must be made the day they arrive.</p> <p>A record of the use of medications must be made shortly after they are used.</p> <p>Clinics must record (at a minimum) the type of medication, the amount, the client, the injector, and the doctor.</p> <p>Any loss, theft or other discrepancy in the Drug Book must be disclosed to Fresh Clinics as soon as possible.</p>

## Clinical Domain 4: Product management (cont)

### Compliance reporting and auditing process

Once a day (clinic opening days only)
<ul style="list-style-type: none"><li>• Record the temperature of the clinic fridge at the opening and closing of business.</li><li>• Record every use of a schedule 4 medication in your drug book, keeping an accurate count.</li><li>• Record every arrival of new S4 stock in the drug book.</li><li>• Ensure S4 medications are kept in a secure, locked location.</li><li>• Ensure valid scripts are being generated and stored for all S4 medication use.</li><li>• Communicate any concerns to <a href="mailto:compliance@freshclinics.com.au">compliance@freshclinics.com.au</a></li></ul>
Once a week
<ul style="list-style-type: none"><li>• Take a photo of your drug book(s).</li><li>• Take a photo of your fridge temperature monitoring book.</li><li>• Email both to <a href="mailto:compliance@freshclinics.com.au">compliance@freshclinics.com.au</a></li><li>• Communicate any concerns to <a href="mailto:compliance@freshclinics.com.au">compliance@freshclinics.com.au</a></li></ul>
Once a month
<ul style="list-style-type: none"><li>• Schedule a time for a brief inspection with our Compliance Officer (FaceTime or similar).</li><li>• Your supplying doctor will complete and authorise the audit, and may be in touch if they have any questions.</li><li>• Communicate any concerns to <a href="mailto:compliance@freshclinics.com.au">compliance@freshclinics.com.au</a></li></ul>

# Before you begin with us

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✓ **Ensure you have read and understood this document.**

- If there are any aspects that are unclear please contact us directly.
- We are happy to help arrange any training you or your staff may require.

✓ **Ensure you have registered your clinic(s) with us.**

- We require your ABN and other relevant billing details.
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✓ **Ensure your nurses have all registered with us.**

- Nurses must register using our online form.
- All nurses must have up to date registration and insurance details.

✓ **Book a time for a clinic inspection.**

- All clinics must have their premises viewed by our compliance officer..
- If you are going to secure your product through us, ensure you have met the appropriate requirements for storage and record keeping.

✓ **Begin your treatments!**

- You will be provided with a log-in to access our website. From there you can request treatment authorisations and product.

## Appendix A: Complication Management

The incidence of complications is low and the majority of adverse events are mild (oedema, erythema, and local ecchymosis) and of limited duration. However, more severe events, such as ischemia and necrosis, may occur. The symptoms of ischemia can occur immediately after the injection or several hours after the procedure.

### Signs and symptoms of occlusion:

Many cases of impending necrosis occur immediately with injection and the practitioner needs to be aware of the signs of this. However there are several published papers describing delayed necrosis.

Sign or symptom	Note
Pain	Severe pain is not a feature of dermal filler treatments - <b>if a patient complains of severe pain during treatment or in the subsequent hours after treatment, this should alert the practitioner to the risk of impending necrosis and warrant an urgent review.</b>
Prolonged blanching	When the vasculature is affected, the area will often initially look very pale, white or dusky due to the reduction in blood supply. This colour will remain after removal of the needle. The pattern of blanching is often described as reticulated or irregular, following the same path as the blood supply that has been restricted. This blanching may not be apparent if adrenaline or certain topical anaesthetics have been used
Dusky, purple discolouration	This is more typical several hours later following treatment when tissue death has already occurred.
Coolness	When the blood supply has been affected, the tissues are not being perfused so the temperature will be reduced, this will not be apparent immediately following injection.

## Minimising the risk of occlusion:

Having a good knowledge of the anatomy of the area being treated
Good injection technique with the filler delivered at the appropriate depth and tissue
The smallest possible volume to achieve the desired effect should be used, avoid overfilling an area and if more product is required, a repeat treatment in 7-14 days may be more appropriate and safe
Avoid using products containing adrenaline as this may mask the blanching produced by occlusion
Be aware that injection of local anaesthetic or lignocaine pre-mixed with a dermal filler may lessen or block any pain experienced by the patient of an impending necrosis and the practitioner may lose an important warning sign.
Do not inject into the tip of the nose.
Use caution when injecting filler into the glabellar region. Injections should be placed superficially and medially.
The use of blunt ended cannulas are less likely to penetrate vessels and lead to an inadvertent intravascular injection
Be cautious when treating patients who have undergone any cosmetic or other surgical procedures to the area as the anatomy and vasculature may be altered. Extra caution is required when injecting over existing fillers.
Pay attention when injecting – look for warning signs and listen to your patient!
Necrosis is more common when using denser or longer-acting fillers.

## Treatment of occlusion and necrosis:

Necrosis may result from arterial occlusion by direct injection into an artery or embolization of product, typically presenting immediately with acute pain and blanching. It may also occur due to venous occlusion from external compression of a vessel by dermal filler or subsequent oedema and compression, more often with hyaluronic acid fillers. Venous occlusion usually presents later with dull pain and dark discolouration of the skin.

### 1. Immediately stop treatment

- As soon as the practitioner suspects the blood supply has been compromised (typically pain and blanching in an at risk area), the most important step is to immediately discontinue injecting any further product and if possible aspirate any product when withdrawing the needle.

### 2. Massage the area.

- Massage will help to encourage blood flow and may remove any obstruction caused by dermal filler compressing a vessel. Massage may be required for several minutes.

### 3. Apply heat

- Heat will encourage vasodilatation and increase blood flow to an area.

### 4. Tap the area.

- Tapping over an area may dislodge intra-arterial emboli either at the site or further up in the vessel.

### 5. Inject with hyaluronidase

- Where hyaluronic acid fillers are the culprit, injecting with hyaluronidase may relieve the problem before complications even occur.
- Test patching is not required if hyaluronidase is used for impending necrosis as the risk of necrosis is generally greater than the risk of anaphylaxis.
- As with any aesthetic treatments, it is important to have appropriate resuscitation available to deal with any potential complications.
- Hyaluronidase is likely to significantly reduce areas of necrosis when administered within 4 hours of a hyaluronic acid dermal filler injection.
- There will likely be no improvements if the injection is after 24 hours.
- Hyaluronidase has also been shown to diffuse into the lumen of blood vessels even when injected externally to it, so for potential cases of necrosis due to intravascular deposition of hyaluronic acid it is not necessary to try to inject directly into the vessel.

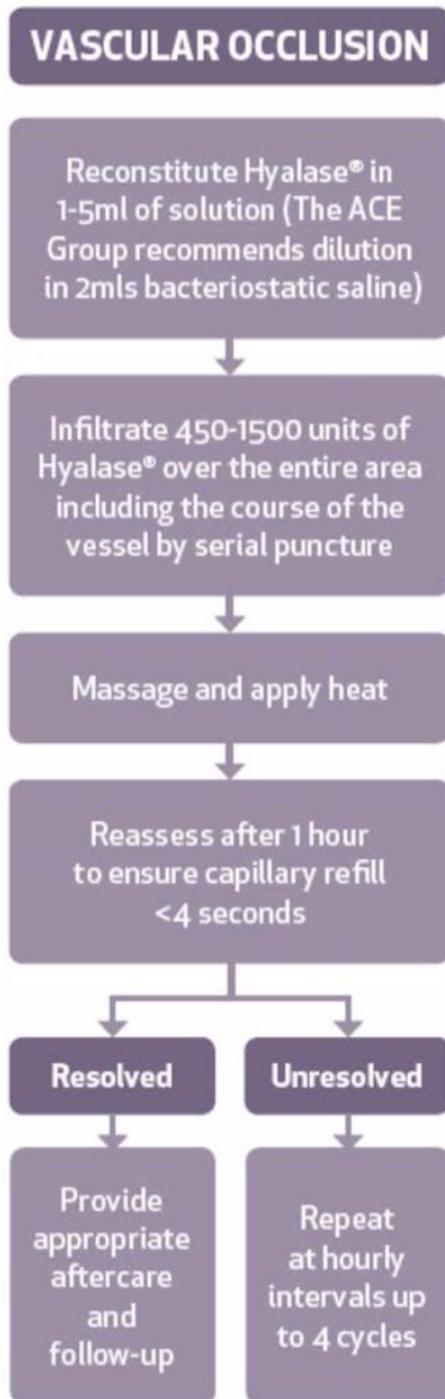
### 6. Aspirin

- We recommended immediate treatment with 300 mg of aspirin, followed by 75mg a day until the necrosis has resolved (where there are no contra-indications to the use of aspirin).

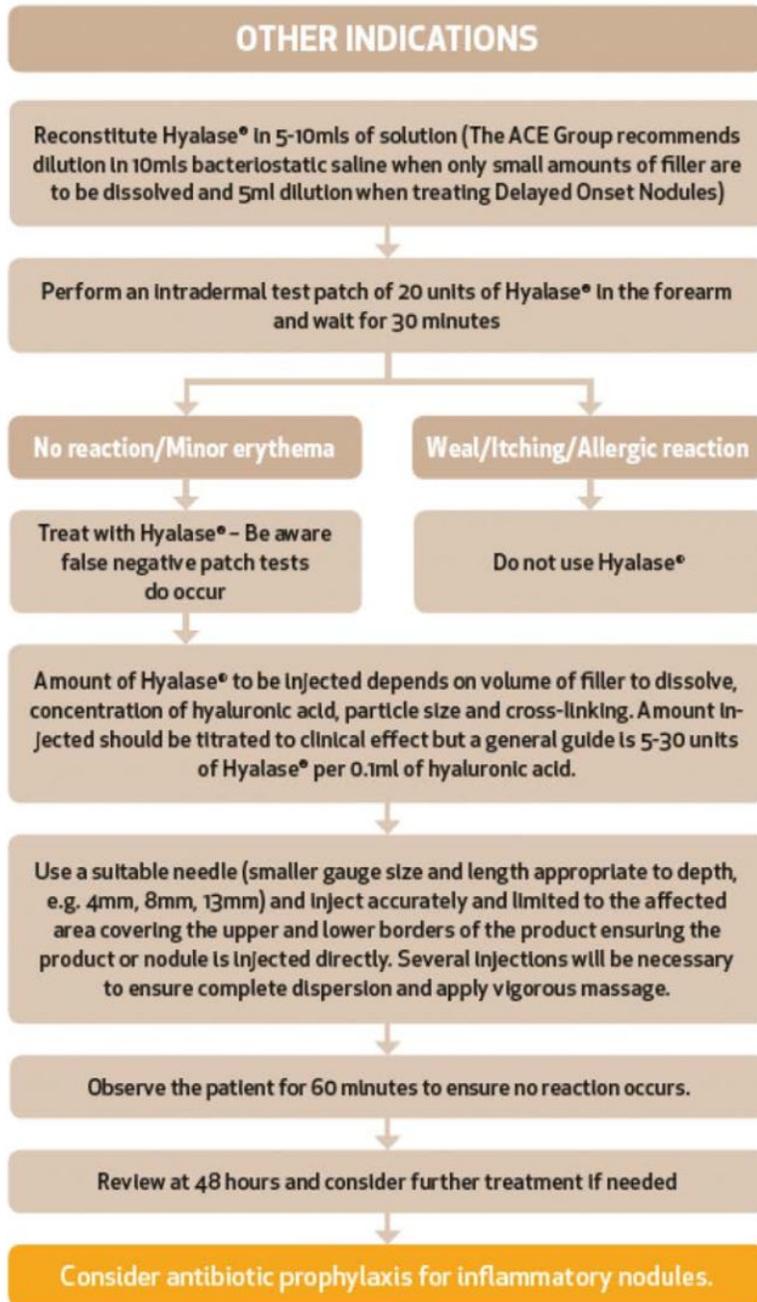
You must contact us immediately to discuss any suspected cases of occlusion.

All patients with suspected occlusion need follow up until the problem has completely resolved. This may be on a day by day basis initially.

## Suspected Occlusion Protocol



## Hyaluronidase for other reasons



## Hyaluronidase Protocol

Hyaluronidase preparation protocol based on Hyalase (Sanofi-Aventis 1500 IU ampoule)

- Dilute one ampoule with 5 ml of 1% lidocaine (No adrenaline)
- = 300 IU per 1 ml ( base stock in 5 ml syringe)

The amount to use depends on indications.

For excess product ie. superficial lumps or nodules

Dosage ~ 10 to 30 IU hyaluronidase, repeat in 48 hours if necessary

For vascular compromise

Dosage ~ 300 to 1500 IU

Inject into the subcutaneous plane and inject all area's showing signs of ischaemia. Do not attempt to inject into any arteries. Repeat every hour until normal circulation returns.

How to draw up the required units of hyaluronidase

For low dosage

- Draw 0.1 ml in a 1 ml syringe = 30 IU
- Add 0.9 ml 1 % lignocaine (No adrenaline) to the 1 ml syringe
- We now have 30 IU in 1 ml of solution with concentration of 30 IU per ml
- = 3 units per 0.1 ml

For high dosage (for vascular compromise) use 1-5 mls

- 1 ml = 300 units
- Inject into the subcutaneous plane and inject all area's showing signs of ischaemia. Do not attempt to inject into any arteries. Repeat 6 hourly if necessary.

## Emergency Contacts

In a critical emergency contact an ambulance immediately on 000.

Chief Medical Officer  
Dr John Holbrook  
e: [johnh@freshclinics.com.au](mailto:johnh@freshclinics.com.au)  
p: 0451 133 768

Director  
Dr John Delaney  
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p: 0403 236 377