

ACUTE INFLAMMATORY STORM & CYTOKINE MANAGEMENT PROTOCOL

Client Name: _____ Date: _____ Primary Complaint: _____

SECTION 1: THE REVEAL (Identify Occult Triggers)

Assess for the "fuel" behind the current inflammatory cascade. Check all that apply:

- ☐ **Post-Viral Sequelae:** Recent infection (last 6 months)? Reactivated EBV/HHV-6 history?
- ☐ **CIRS / Environmental Flare:** Known mold exposure? Water-damaged building history? Recent "crash" after moving/travel?
- ☐ **Occult Dental Infection:** History of root canals? Wisdom teeth extractions (cavitations)? Unexplained jaw/face pain?
- ☐ **Gut-Derived Endotoxemia:** History of "Leaky Gut"? Recent high-stress event + digestive distress? (LPS Leakage)

SECTION 2: MATRIX PRIORITIZATION (Organize)

Identify which nodes are currently under the most pressure from the cytokine load:

Matrix Node	Key Crisis Indicators	Severity (1-10)
Defense & Repair	Migrating joint pain, systemic fever, "flu-like" feeling	
Communication	Brain fog, sudden insomnia, tachycardia, "burning" nerves	
Energy	Crushing fatigue (Cell Danger Response), muscle wasting	
Biotransformation	Chemical sensitivity, jaundice, intolerance to supplements	

SECTION 3: THE TARGET (Intervention Strategy)

Goal: Extinguish the fire (NF- κ B/NLRP3 inhibition) and signal resolution (SPMs).

Intervention	Purpose	Target Dose (Suggested)	Client Dose
SPMs	Resolve inflammation/Clean debris	2,000mg – 4,000mg	—
Liposomal Curcumin	NF-kB Inhibitor / Bioavailable	High-dose (per label)	—
High-Dose Melatonin	NLRP3 Inflammasome Stabilizer	20mg+ (at night)	—
Quercetin / Zinc	Zinc Ionophore / Modulator	500mg - 1,000mg	—
Molecular Hydrogen	Neutralize Hydroxyl Radicals	1-2 tablets/sessions	—

SECTION 4: CRISIS MONITORING & REFLECTION

Daily Symptom Tracking (Scale 1-10): * **Brain Fog / Cognitive Speed:** Day 1: [] → Day 3: [] → Day 7: [] * **"Burning" or Nerve Pain:** Day 1: [] → Day 3: [] → Day 7: [] * **Energy / Fatigue Levels:** Day 1: [] → Day 3: [] → Day 7: []

Practitioner Observations:

NEXT STEPS:

1. **Immediate:** Stabilize NLRP3 and initiate high-dose SPMs for __ days.
2. **Investigation:** Order 3D Cone Beam CT (Dental) or ERMI (Mold) if no improvement in 72 hours.
3. **Transition:** Once "fire" is out, pivot to foundational gut/liver support.

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