**TO HOSPITAL:**XXXXXXX Hospital, CITY a/k/a XXXXXX Hospital, CITY, and all representatives, subsidiaries, parent companies, attorneys, CEO, President, Chief Medical Officer, Patient Advocates, Chief of Staff, Medical Executive Committee, Board of Trustees, and anyone with authority to act pursuant to this demand.

**FROM:**                 NAME, Legally authorized representative for PATIENT pursuant to Advanced Directive for Health Care Medical Power of Attorney and otherwise next of kin and legal representative

**PATIENT:**          PATIENT NAME, DOB

**DATE:**  DATE

**FAXED & HAND-DELIVERED via COURIER SERVICE to:**

Address: 1234 PXXXXXXX Ave, CITY, TX XXXXX, Floor 4, ICU Room XXXX

Fax number: XXX/XXX-XXXX

**CC:**         **1.** Texas Department of Health, 1100 West 49th Street, Austin

Texas 78756-3199

**2.** Hon. Ken Paxton**,** Office of the Attorney General,PO Box 12548Austin, TX 78711-2548

**3.** Hon. Bob Hall, P.O. Box 12068, Capitol Station, Austin, TX 78711

**4.** Texas State Representatives (each individual)

**CC:** Hospital Ethics Committee or other Committee as referenced herein

**ATTENTION:**   Doctors and all staff treating, or responsible for treatment decisions for, PATIENT referenced above, believed to be in Room #, on the floor # of the named hospital:

**We demand that [PATIENT NAME, DATE OF BIRTH] be started on 1mg NEBULIZED Budesonide every four hours as is our "Right to Try" under Federal Law and Texas Law** **(*see* *Texas Right to Try Act*, Chapter 489 of the Texas Health and Safety Code).**

**We will not accept a Budesonide inhaler, as this is not the treatment studied.**

Hospitals do, in fact, give nebulized Budesonide treatment for COVID-19. Once such hospital is Medical Center Hospital for a patient who was deathly ill with COVID; the hospital had recommended hospice care for the patient and suggested to the husband that he prepare for an end-of-life visit. However, once the hospital implemented nebulized Budesonide, the patient was weaned off of the ventilator and returned home. .(<https://thetexan.news/innovative-treatment-budesonide-key-to-west-texas-womans-remarkable-coronavirus-recovery/>)

**We invoke our “Right to Try” rights outlined on this fax according to US law** (<https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/right-try>) Of course, we hope to get cooperation from the doctors and the hospital for the requested proven and low-risk Budesonide treatments for COVID-19 as the potential benefits are great, the risks very low and it represents a reasonable option.

Budesonide, as you should know,  
1) attacks the lung's cytokine storm effectively via direct contact.

2) is a common treatment with little or no side effects and is commonly given to emphysema patients and those with high altitude disease.

Budesonide has been studied with great success. *See* the following:

1) The STOIC study (<https://www.thelancet.com/article/S2213-2600(21)00160-0/fulltext>) Nebulized Budesonide greatly reduces the time for recovery and increases survival. (not nasal inhalers).

2) Oxford (the oldest and most prestigious institution in the world) BRC and the STOIC trial was also supported by AstraZeneca.

3) The PRINCIPLE Study (<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01744-X/fulltext>)

4) Other international studies as well as countless US case studies reported by physicians nationwide attest to the effectiveness and survival rate for nebulized Budesonide. I can site doctors and specific cases if needed.

5) Peer-reviewed evidence exists for use of Budesonide in acute respiratory distress syndrome (ARDS) and acute lung injury (ALI). If this patient has a secondary diagnosis coded for either ALI or ARDS, nebulized Budesonide is within the Standard of Care to treat the condition. (*see* “Effect of nebulized budesonide on respiratory mechanics and oxygenation in acute lung injury/acute respiratory distress syndrome: Randomized controlled study” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5292862/>)

6)In addition, not only has the NIH’s *COVID-19 Treatment Guidelines* not recommended against Budesonide (*see* *Guidelines* p. 210) but they have also acknowledged Budesonide’s “broad anti-inflammatory properties”. (*see* *Guidelines* p. 216)

**We immediately demand an ethics committee meeting**

**if our demands and rights are not followed.**

**Therefore, We Demand:**

That [PATIENT NAME, DATE OF BIRTH] be given 1 mg nebulized Budesonide treatment immediately and every four hours per the previous citations. In addition, we demand a current COVID test to determine whether the PATIENT has an active infection at this time. Please note that we expect the same parameters of testing allowed by your employees to be used.

A prompt reply to our demands is appreciated. Also, in the unfortunate case that the hospital does not immediately comply, we demand and request the time and place of the ethics committee meeting, which will avert us pursuing legal action. Due to the urgency to implement the treatment, we request the ethics committee meeting within 24 hours, a timeframe which is more than adequate to secure an ethics committee quorum.

In the case of a bad outcome and a denial of our federal right to try, we will gather names of every hospital employee on this case and pursue all legal options on a business and personal level.

Sincerely,

[PATIENT NAME OR FAMILY NAMES IF PATIENT LACKS CAPACITY]