MOBILYTE

Operational Playbook

Mobile IV Hydration Startup, Operations, and Field Implementation System

07 | OPERATIONS & FIELD IMPLEMENTATION
Startup Guidance • Operational Workflows • Staffing • Inventory • Scaling

Prepared by Erik Zeliski, CRNA | Mobilyte Wellness | mobilytewellness.com

We are Mobilyte.

The operating platform and launch ecosystem for independent wellness providers.

Startup guidance, operational software, and trusted partnerships, organized in one place for clinicians building and running independent wellness practices. Your business stays yours.

mobilytewellness.com

Welcome to Mobilyte

Mobilyte IV Hydration is designed around a premium concierge-style mobile wellness model focused on convenience, professionalism, operational efficiency, client experience, and scalable healthcare operations.

This Operational Playbook provides startup guidance, operational workflows, implementation systems, staffing coordination concepts, field procedures, inventory organization, telehealth coordination concepts, and mobile IV hydration business guidance for operators seeking to build or expand a mobile IV hydration and wellness practice.

> **i Ecosystem Integration:** This Playbook is designed to function alongside the broader Mobilyte operational ecosystem, including legal frameworks (MSO/MSA), compliance systems, HIPAA procedures, onboarding workflows, standing orders, operational SOPs, telehealth procedures, and staffing coordination documents.

Section 1 — The Mobilyte Business Model

Concierge Mobile Wellness Model

Mobilyte operates using a concierge healthcare and wellness model in which licensed healthcare personnel travel directly to clients for wellness-related IV hydration and injection services. This model eliminates the overhead of a fixed clinical location while delivering a premium, high-touch client experience.

Core Model Priorities

- **Convenience —** Services delivered at the client's location: homes, hotels, offices, event venues, athletic facilities, and approved mobile settings.
- **Operational Efficiency —** Streamlined workflows that minimize administrative burden and maximize appointment throughput.
- **Professional Presentation —** Every client touchpoint reflects clinical credibility, from vehicle organization to intake communication.
- **Flexible Scheduling —** Appointment-based model with route optimization to serve multiple clients per day.
- **Telehealth Integration —** Good Faith Examinations (GFE) and eligibility screening coordinated through telehealth workflows.
- **Scalable Systems —** Operational infrastructure designed to expand from solo provider to multi-unit operations.
- **Premium Positioning —** Mobilyte is not designed to compete as a discount service. Pricing reflects convenience, professionalism, and clinical oversight.

Service Delivery Locations

Services may be provided in a variety of approved settings, including:

Setting	Operational Notes
Private Residences	Primary service location for most operators. Comfortable, private environment.
Hotels & Hospitality	High-demand setting, especially in tourism and event markets. Coordinate with property management.
Corporate Offices	Corporate wellness programs, executive services, and team recovery events.
Event Locations	Festivals, athletic events, weddings, and group wellness experiences.
Athletic Venues	Pre- and post-competition recovery for teams, athletes, and fitness communities.
Temporary Locations	Pop-up wellness settings, health fairs, and partnership activations.

Service Radius Strategy

Suggested startup service areas should prioritize dense population centers, affluent residential areas, hotels and hospitality zones, event-heavy areas, athletic and fitness communities, business districts, tourism markets, and high-income suburban markets.

Recommended startup radius: Approximately 20–30 miles from operational base. Expand gradually based on staffing capacity, scheduling efficiency, and routing optimization.

> ℹ **Routing Efficiency:** Operational routing efficiency becomes critically important as volume increases. Batch appointments geographically and build realistic buffer times between stops to maintain service quality and professionalism.

Section 2 — Startup Implementation Checklist

Prior to launch, operators should coordinate the following foundational components. Use the checklist tables below to track progress through each category.

Business & Operational Structure

✓	Component	Status
☐	Business entity formation (LLC, PLLC, PC, PA, or S-Corp)	
☐	EIN registration	
☐	Business banking setup (dedicated business account)	
☐	Accounting systems and bookkeeping workflows	
☐	Business insurance coordination (general liability, professional liability)	
☐	MSO / MSA legal structure implementation	
☐	State operational and regulatory review	
☐	Business license and local permit requirements	

Clinical Oversight Structure

✓	Component	Status
☐	Medical Director engagement and agreement	
☐	Standing orders development and approval	
☐	Supervising provider relationship documentation	
☐	Telehealth provider coordination	
☐	Good Faith Examination (GFE) procedures established	
☐	Delegation and supervision workflows defined	
☐	Clinical documentation standards finalized	
☐	Emergency escalation protocols in place	

Technology & Operations Setup

✓	Component	Status
☐	Scheduling system selected and configured	
☐	Intake and consent form system implemented	
☐	Payment processing platform activated	

☐	EMR / clinical documentation system selected	
☐	HIPAA-compliant communication systems in place	
☐	Secure cloud storage configured	
☐	Telehealth platform setup and tested	
☐	Client communication templates created	
☐	Website and booking workflows live	

Supply & Vendor Setup

✓	Component	Status
☐	IV supply vendor accounts established	
☐	Medication and wellness additive vendors confirmed	
☐	Sharps disposal vendor contract in place	
☐	Refrigeration and temperature-control equipment sourced	
☐	PPE inventory stocked	
☐	Emergency equipment assembled and inspected	
☐	Mobile organization systems installed in vehicle	
☐	Backup inventory prepared	

Operational Launch Preparation

✓	Component	Status
☐	Vehicle setup and organization complete	
☐	Route planning systems configured	
☐	Inventory tracking system active	
☐	Emergency escalation procedures documented and distributed	
☐	Staffing workflows and schedules finalized	
☐	Client communication templates tested	
☐	Booking workflows end-to-end tested	
☐	Operational readiness dry run completed	

Section 3 — Recommended Startup Stack

The following categories outline suggested technology, communication, documentation, and vendor systems for mobile IV hydration operations. Specific tools should be selected based on operational scale, budget, jurisdictional requirements, and workflow preferences.

Payment & Scheduling

- **Payment Processing —** Square or comparable POS/invoicing platforms with mobile capability.
- **Scheduling & Intake —** IntakeQ, Jotform, Practice Better, Jane App, or equivalent platforms.
- **Business Operations —** Mobilyte Launchpad to run the business. Google Workspace for email, calendar, document management, and team coordination.

Communication Systems

- **Business Phone —** Dedicated business phone line or Google Voice for professional client communication.
- **HIPAA-Compliant Messaging —** Encrypted messaging platforms for clinical communication and team coordination.
- **CRM Systems —** Client relationship management tools for follow-up workflows, rebooking, and communication tracking.
- **Automated Reminders —** Scheduling reminders, appointment confirmations, and post-treatment follow-up sequences.

Clinical Documentation Systems

- **Mobile Charting —** Tablet- or phone-based charting workflows optimized for field use.
- **Secure Cloud Storage —** HIPAA-compliant cloud storage for clinical records, consent forms, and operational documentation.
- **EMR Integration —** Electronic medical records system for treatment documentation, clinical notes, and audit trails.
- **Telehealth Documentation —** GFE records, eligibility screening documentation, and telehealth encounter notes.

Vendor Categories

Potential vendor partnerships may include:

- Established 503A/503B compounding pharmacies — compounding and IV supply
- Guardian MD, Doctors For Providers — physician and medical director matching
- McKesson, Henry Schein, Medline — medical supplies and equipment
- Stericycle — sharps and biohazard waste disposal
- Local medical supply vendors — regional availability and cost optimization
- Telehealth support vendors — GFE coordination and provider networks

⚠ *Vendor relationships may vary by jurisdiction and operational model. Verify vendor compliance with applicable state pharmacy, compounding, and distribution regulations before establishing accounts.*

Section 4 — Vehicle Setup & Mobile Organization

Vehicle Setup Philosophy

The mobile unit is the operational foundation of a mobile IV hydration practice. It should function simultaneously as a clean workspace, a professional client-facing environment, a mobile healthcare supply system, and a scalable operational platform.

Vehicle organization directly and measurably affects setup speed, appointment timing, inventory waste, professional appearance, staff stress, scheduling capacity, and long-term operational scalability.

Recommended Vehicle Organization

Clean Procedure Supplies

IV catheters (multiple gauge sizes), alcohol prep pads, tourniquets, nitrile gloves, gauze, medical tape, saline flushes, IV tubing, and IV start kits. Organize in labeled bins or compartments for rapid access during appointments.

Hydration & Medication Storage

IV fluids (Normal Saline, Lactated Ringer's), vitamin and wellness additives, refrigerated supplies, and backup inventory. Maintain expiration tracking logs and implement FIFO (first in, first out) rotation procedures.

Emergency Equipment

Blood pressure cuff, pulse oximeter, emergency medications (per standing orders and protocols), sharps container, PPE kit, biohazard supplies, spill kit, and incident documentation forms. Emergency equipment should be inspected at the start of every operational day.

Administrative & Operational Supplies

Backup intake and consent forms, device chargers, tablets or laptops, inventory tracking sheets, scheduling information, route planning materials, and portable lighting for low-light service environments.

Refrigeration & Temperature Control

Temperature-sensitive supplies should be transported using medical-grade coolers with temperature monitoring procedures, backup cooling systems, and documented inventory rotation. Operational temperature safeguards should be part of every daily preparation workflow.

> ℹ **Vehicle Organization Tip:** Build duplicate supply kits for high-volume days. Pre-assembled kits reduce setup time, minimize forgotten supplies, and allow rapid vehicle restocking between appointments.

Section 5 — Core Inventory System

Maintaining an organized, well-stocked inventory is essential for operational reliability, clinical safety, and professional client experience. The following categories represent a suggested core inventory system for mobile IV hydration operations.

Category	Suggested Items
IV Access Supplies	IV catheters (20g, 22g, 24g), tourniquets, saline flushes, alcohol prep pads, chlorhexidine swabs, medical tape, Tegaderm, gauze, syringes, needles
Hydration Supplies	Normal Saline (500mL, 1000mL), Lactated Ringer's, IV tubing, pressure bags, drip rate controllers
Wellness Additives	B-complex vitamins, Vitamin C, Magnesium, Zinc, Glutathione, amino acid blends, NAD+ support products, wellness injection supplies
Safety & PPE	Nitrile gloves (multiple sizes), masks, sharps containers, biohazard bags, surface disinfectants, hand sanitizer, spill kits
Operational Supplies	Device chargers, tablets, mobile hotspot, labeling supplies, inventory bins, backup forms, medical-grade coolers, portable lighting

ℹ **Expiration Management:** Track expiration dates aggressively. Implement a monthly inventory audit with FIFO rotation. Expired supplies represent both wasted cost and clinical risk.

Section 6 — Daily Operations Workflow

Morning Preparation Workflow

Complete the following operational sequence before departing for the first appointment of the day:

1. Review the day's schedule — confirm appointment times, locations, and service selections.
2. Confirm telehealth / GFE completion status for every scheduled client.
3. Verify intake forms and consent documentation have been received and reviewed.
4. Review inventory levels and confirm all required supplies are stocked.
5. Check refrigerated inventory — verify temperature logs and supply integrity.
6. Prepare mobile supply kits — pre-assemble treatment kits by appointment.
7. Review route planning — optimize driving sequence for efficiency and buffer time.
8. Verify staffing coordination if operating with a team.
9. Send client confirmation communications (text, email, or app notification).
10. Inspect emergency supplies and equipment readiness.

Appointment Workflow

Arrival & Setup

1. Professional client greeting and introductions.
2. Environment assessment — evaluate the service space for safety, lighting, and comfort.
3. Set up a clean, organized workspace with all required supplies within reach.
4. Client identity verification.
5. Review intake information, medical history, allergies, and contraindications.
6. Verify consent documentation is complete and signed.
7. Confirm treatment selection and answer any client questions.

Treatment Flow

1. Perform clinical assessment and vital signs if applicable per standing orders.
2. Initiate IV access using aseptic technique.
3. Begin infusion and document treatment details in real time.
4. Monitor client throughout infusion — observe for adverse reactions, infiltration, or discomfort.
5. Maintain professional communication — educate client on treatment benefits and aftercare.
6. Complete breakdown and disposal — sharps, biohazard waste, and workspace cleanup.

Post-Treatment

1. Deliver follow-up instructions and aftercare guidance.
2. Confirm payment collection or invoicing.
3. Complete all clinical and operational documentation.

4. Note supply restocking needs for end-of-day reconciliation.
5. Offer rebooking and discuss membership or package options.
6. Confirm proper waste handling and disposal.

End-of-Day Workflow

1. Inventory reconciliation — compare usage against schedule and restock as needed.
2. Refrigerated supply review and temperature log documentation.
3. Sharps disposal review — confirm containers are sealed and scheduled for pickup.
4. Complete all outstanding documentation and clinical notes.
5. Review route and scheduling for the following day.
6. Prepare supply restocking list and reorder if needed.
7. Review and file any incident reports.
8. Charge all devices (tablets, phones, mobile hotspots).
9. Clean and organize vehicle for the next operational day.
10. Conduct an operational readiness check for the following day.

Section 7 — Client Booking & Intake Flow

A smooth, professional booking and intake process sets the tone for the entire client experience. The following workflow represents a suggested end-to-end client journey from initial inquiry through rebooking.

Client Workflow

11. **Initial Inquiry —** Client contacts the practice via website, phone, social media, or referral.
12. **Service Education —** Provide treatment menu, pricing, and service descriptions. Answer questions about safety, ingredients, and clinical oversight.
13. **Scheduling Coordination —** Book appointment based on availability, location, and route optimization.
14. **Intake Documentation —** Client completes medical history, allergy review, medication review, and wellness goals via digital intake forms.
15. **Telehealth / GFE Coordination —** If required by state regulation or standing orders, coordinate Good Faith Examination via telehealth.
16. **Consent Review —** Client reviews and signs informed consent documentation.
17. **Payment Collection —** Collect deposit or full payment per booking policy.
18. **Appointment Confirmation —** Send confirmation with appointment details, provider name, and what to expect.
19. **Arrival Communication —** Notify client of estimated arrival time on the day of service.
20. **Service Delivery —** Execute the appointment workflow (Section 6).
21. **Follow-Up Communication —** Post-treatment check-in, aftercare reminders, and satisfaction feedback.
22. **Rebooking Opportunities —** Offer recurring appointments, memberships, or package options.

Intake Considerations

Operational intake workflows should capture the following at minimum:

- Medical history and current health status
- Contraindication screening (pregnancy, renal disease, heart failure, active infections)
- Allergy review (medication allergies, latex sensitivity, adhesive reactions)
- Current medication review (anticoagulants, diuretics, cardiac medications)
- Hydration and wellness goals
- Telehealth screening results and GFE documentation
- Informed consent with treatment-specific risks and benefits
- Communication preferences and emergency contact information

Section 8 — Treatment Menu Structure

Service Menu Philosophy

Treatment menus should feel professional, premium, easy to understand, wellness-focused, and operationally scalable. The menu is a client's first impression of your clinical offerings — it should communicate competence and clarity without overly medical language or unsupported claims.

> ⚠ *Avoid overly medical marketing, unsupported health claims, excessive menu complexity, and confusing treatment descriptions. Wellness-oriented language positions services correctly and reduces regulatory risk.*

Suggested Menu Categories

Hydration Support

- **Basic Hydration —** Foundational IV hydration for general wellness, mild dehydration, and daily recovery.
- **Recovery Hydration —** Enhanced hydration for post-exercise, travel recovery, and lifestyle-related dehydration.
- **Performance Hydration —** Optimized hydration with electrolyte support for athletes and high-performance individuals.
- **Travel Recovery —** Targeted hydration and nutrient replenishment for post-travel fatigue and jet lag.

Wellness Support

- **Immunity Support —** Vitamin C, Zinc, and immune-supporting nutrients delivered for seasonal wellness.
- **Energy Support —** B-complex, amino acids, and energy-supporting formulations for fatigue and low energy.
- **Beauty Support —** Biotin, Glutathione, and skin/hair/nail-supporting nutrients.
- **Wellness Optimization —** Comprehensive nutrient infusion for overall wellness maintenance.

Specialty Add-Ons

Vitamin boosters, Glutathione push, Magnesium, NAD+ support, and wellness injections (B12, Vitamin D, etc.). Add-ons increase average ticket value while offering clients customization.

> ℹ **Pricing Strategy:** Pricing structures vary by market, operational scale, telehealth requirements, staffing structure, and supply costs. Research your local competitive landscape and position based on value and convenience, not price.

Section 9 — Staffing Model Overview

The following outlines suggested core staffing roles for a mobile IV hydration practice. Staffing structures will vary based on state scope-of-practice laws, supervision requirements, operational volume, and growth stage.

Role	Core Responsibilities
Medical Director / Supervising Provider	Standing orders development and approval, clinical oversight and protocol review, delegation authority, telehealth coordination, and periodic chart review.
Registered Nurse (RN) / Provider	Direct client care, IV access and administration, clinical assessment, treatment documentation, inventory coordination, and professional client communication.
Administrative / Scheduling Support	Booking coordination, intake form review, payment processing, client communication workflows, and operational scheduling.
Telehealth Provider	Good Faith Examinations (GFE), client eligibility review, telehealth documentation, clinical escalation support, and remote clinical oversight.

Section 10 — Real-World Operational Tips

The following operational insights are drawn from direct field experience building and operating a mobile IV hydration practice. These are the details that separate a functional business from a professional one.

Route Planning

- **Batch geographically —** Cluster appointments by area. Cross-city trips burn time, fuel, and scheduling capacity.
- **Buffer time —** Build 30–45 minutes between appointments. Setup, breakdown, travel delays, and unexpected clinical needs all require margin.
- **Traffic awareness —** Account for peak traffic patterns when scheduling. A 15-minute drive at 10 AM may be 45 minutes at 5 PM.

Inventory Management

- **Duplicate supply kits —** Pre-assemble multiple kits so a high-volume day doesn't require mid-route restocking.
- **Aggressive rotation —** FIFO. Track expirations monthly. Expired supplies are wasted capital and a clinical liability.
- **Separate backup inventory —** Keep backup supplies in a secondary storage location. Never rely on a single kit to get through a full day.

Client Experience

- **Proactive confirmation —** Confirm appointments 24 hours and again 1 hour before arrival. No-shows are the biggest threat to early revenue.
- **Professional appearance —** Scrubs or branded attire, clean vehicle, organized supplies. First impressions are formed before you start the IV.
- **Clear communication —** Explain the process, set expectations on timing, and provide aftercare instructions. Education builds trust and referrals.

Mobile Operations

- **Charging systems —** Keep vehicle chargers, portable batteries, and backup device power available at all times.
- **Backup documentation —** Carry paper backup forms. Cellular service is not guaranteed at every location.
- **Connectivity planning —** Mobile hotspot as backup for areas with poor cellular coverage.
- **PPE redundancy —** Always carry more gloves, masks, and sharps containers than you think you'll need.

Scheduling Strategy

- **Don’t overschedule early —** In the first months, prioritize operational consistency over volume. Master the workflow before scaling.
- **Realistic route timing —** An appointment isn’t 30 minutes. It’s 10 minutes of travel, 10 minutes of setup, 30–45 minutes of treatment, 10 minutes of breakdown, and 10 minutes of documentation.
- **Expand gradually —** Add service areas, hours, or staff only when current operations are consistently smooth.

Section 11 — Scaling the Mobilyte Model

Growth Pathways

Potential expansion pathways for a mobile IV hydration practice include:

- **Additional Mobile Units —** Expand capacity by adding vehicles and providers to serve more appointments per day.
- **Expanded Staffing —** Hire additional RNs or contract providers to cover broader geographic areas and extended hours.
- **Event Services —** Festivals, athletic events, corporate wellness days, and group bookings.
- **Corporate Wellness Programs —** Recurring wellness partnerships with businesses, gyms, and athletic organizations.
- **Membership Programs —** Recurring revenue through monthly membership packages with bundled treatments.
- **Telehealth Expansion —** Broader telehealth integration for patient eligibility, GFE coordination, and remote oversight.
- **Multi-City Operations —** Geographic expansion into new markets with replicated operational systems.
- **Wellness Partnerships —** Collaborations with spas, gyms, chiropractors, medical aesthetics, and hospitality properties.
- **White-Label Support —** Operational consulting and infrastructure support for other providers launching mobile wellness practices.
- **Additional Service Lines —** Wellness injections, NAD+ services, GLP-1 weight management support, and complementary wellness offerings.

Scaling Priorities

Operational scaling should always prioritize:

- Workflow consistency and SOP adherence across all providers and units
- Documentation quality and clinical record integrity
- Staffing systems, credentialing, and supervision structures
- Inventory controls and supply chain reliability
- Client communication standards and experience consistency
- Compliance safeguards, audit readiness, and regulatory awareness
- Telehealth coordination and GFE workflow scalability

Section 12 — Implementation Attachments & Support Materials

The following materials may be attached or implemented separately as part of the Mobilyte operational ecosystem. These documents provide the implementation layer for the concepts, workflows, and systems described in this Playbook.

Category	Available Materials
Operational	Startup Checklists, Inventory Sheets, Daily Operations Checklists, Vehicle Setup Guides, Intake Forms, Consent Forms, Incident Reports, Supply Tracking Forms
Clinical	Standing Orders, Treatment Protocols, Emergency Escalation Procedures, Telehealth Procedures, Documentation Standards, Clinical SOPs
Business	Pricing Sheets, Membership Structures, Vendor Lists, Marketing Templates, Booking Scripts, Follow-Up Templates, MSO/MSA Agreements
Training	RN Field Guides, Onboarding Procedures, Workflow Training, Inventory Procedures, Communication Standards, Compliance Training

Final Operational Philosophy

The Mobilyte operational model is built on a simple truth:

Operational success is driven less by complexity and more by consistency, professionalism, organization, communication, workflow discipline, and operational reliability.

Master the fundamentals. Build systems you can repeat. Stay organized. Communicate clearly. Expand only when your current operation runs smoothly. The practices that thrive are the ones that execute the basics at a high level — every appointment, every day.

Template Positioning Disclaimer

This Operational Playbook is provided for business, operational, implementation, workflow coordination, staffing, telehealth, onboarding, inventory management, startup planning, and healthcare compliance planning purposes only and must be independently reviewed, customized, approved, and operationally implemented by qualified legal counsel, appropriately licensed healthcare professionals, compliance professionals, operational personnel, and related healthcare operational professionals prior to operational use in any jurisdiction.