



Lucido

MONITORING ASSISTANT

CLINIC GUIDE

# The day-of-treatment monitor for Spravato® clinics.

What Lucido is, how a treatment day runs across the three views, and the compliance posture you can hand to your medical director.

Lucido runs the two-hour monitoring window the FDA requires after every Spravato® dose. It guides clinical staff through each step in real time, keeps the patient gently informed, and produces a fully-populated SPRAVATO® REMS Patient Monitoring Form at the end of every session — automatically. It replaces the clipboards, sticky notes, kitchen timers, and after-hours form-filing most clinics rely on today. This guide is for the owner-operator weighing Lucido, and for the medical director or compliance lead they pass it to.

LUCIDA-GO.COM · CLINIC GUIDE · DRAFT 2026-06-03

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# 1 • The day-of problem

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Spravato® (esketamine) is one of the most tightly regulated prescription drugs in the country. The FDA's REMS program requires that **every patient be monitored on site for two hours after each dose** — vitals taken pre-dose, at 40 minutes, and before discharge; adverse events watched for; the room not left unattended. A signed SPRAVATO® Patient Monitoring Form must be filed within **seven days** of every session. If a clinic can't prove this happened, its certification is at risk.

<b>2 hr</b> ON-SITE MONITORING, EVERY DOSE	<b>3+</b> VITAL CHECKS PER SESSION	<b>7 days</b> TO FILE THE FORM	<b>1 form</b> PER SESSION, NO EXCEPTIONS
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Most clinics carry all of this by hand. The day looks like this:

## Vitals on clipboards

Pre-dose, midpoint, pre-discharge — three sets per patient, transcribed by hand, hoping nothing is misread or lost.

## REMS forms after the fact

Someone stays late filling in what already happened. Forms slip past the seven-day window. An inspector notices.

## The clock in someone's head

The 120-minute window lives on a kitchen timer at the front desk, or in the memory of whoever is covering the floor.

## Audit trails that are a fiction

Who recorded those vitals? When? Who overrode the threshold? Nobody can say six months later, when it's the thing that matters.

# 2 • The operating principle

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Lucido is the cockpit, *not the filing cabinet*.

Lucido runs the session in real time and captures every field the REMS form needs as it happens. At discharge, the clinic has a complete, ready-to-file record. Then, by design, it lets go.

A configurable number of days after each session — 14 by default — the underlying record auto-deletes. The clinic's permanent copy is the export it has already taken: the signed PDF in the cabinet, the CSV in

its reporting tool. Lucido is not the system of record. It makes producing the system of record effortless — and it keeps no permanent PHI footprint beyond what's needed to run the next session.

**120 min**

MONITORING WINDOW,  
ENFORCED IN THE DATABASE

**7 days**

REMS FILING DEADLINE,  
TRACKED PER SESSION

**14 days**

DEFAULT RETENTION, THEN  
AUTO-DELETE

### **Why this matters to your compliance cost**

You are a Business Associate of your clinics. HIPAA cost scales with how far PHI sprawls. A tool that captures the minimum, files fast, and deletes on a clock keeps that surface area — and the bill — small.

## 3 · A monitor, not a record

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Lucido runs the two-hour observation window — vitals, alerts, the patient phone, the auto-filed form. Your EHR keeps the chart. Your billing keeps the claims. Lucido focuses on the part of the day REMS actually demands.

### LUCIDO IS

#### **A day-of monitoring assistant**

Vitals at the right intervals, observations as they happen, alerts that find the right phone, a calm companion for the patient.

#### **One live view of the floor**

The owner desktop shows every room, phase, and alert. The staff phone walks the clinician through each step.

#### **A REMS auto-filer**

Every discharge produces the genuine Janssen form, filled and ready to download, fax, or bundle a whole day.

### LUCIDO ISN'T

#### **An EHR**

Charts, diagnoses, and history stay where they are. Lucido holds the minimum the form asks for — nothing else.

#### **A long-term record store**

The session record auto-deletes after the retention window. Your permanent copy is the export.

#### **A clinical decision tool**

It captures exactly what the form asks. It doesn't interpret vitals or recommend doses — that stays with the clinician.

#### **Billing or scheduling software**

It tracks who's in which room today, not claims or future-week appointments. It runs alongside your tools.

### **Three surfaces, one source of truth**

One treatment day runs across three screens. Each shows the same live state of every room, framed for the person holding it — nothing is entered twice.

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Riverbend Wellness - De...

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**Today**

Schedule

Patients

Rooms

Staff

REMS filing

Settings

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🔒 Lock screen

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CLINIC CODE  
**12345**

demo@lucida.health  
[Sign out](#)

## Today

Live view of every room in the clinic. ● Updated 0s ago [Refresh now](#)

**REMS FILING**  
2 due tomorrow · 2 due in 3 days · 11 sessions unfiled →

CLINIC IS OPEN - DAILY CODE  
**12345**    lucida-go.com/s/pair?code=12345

Sign in as staff    Close clinic

STAFF ON SHIFT - 3

● Marcus Aldridge MD x

● Rachel Chen RN x

● Priya Nair NP 📱 x

Sign staff in →

### Rooms

**Birch**  
BIRCHH

MONITORING

Jaime Okafor  
Priya Nair

88 min elapsed 32 min remaining

**Cedar**  
CEDARR

DOSING

Lina Marsden  
Rachel Chen

58 min elapsed 62 min remaining

**Maple**  
MAPLEE

AVAILABLE

No session in progress.

**Oak**  
OAKOAK

AVAILABLE

No session in progress.

### Today's queue

[Edit schedule →](#)

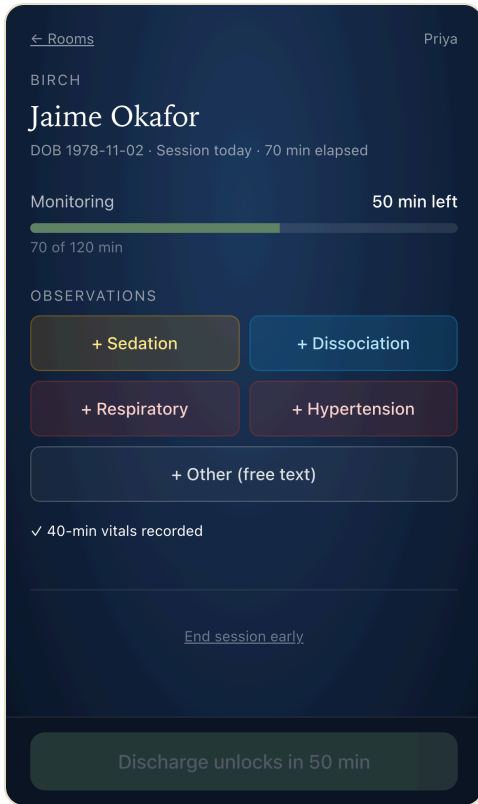
Friedrich, Anne  
12:00 pm · Maple · 84mg

Start →

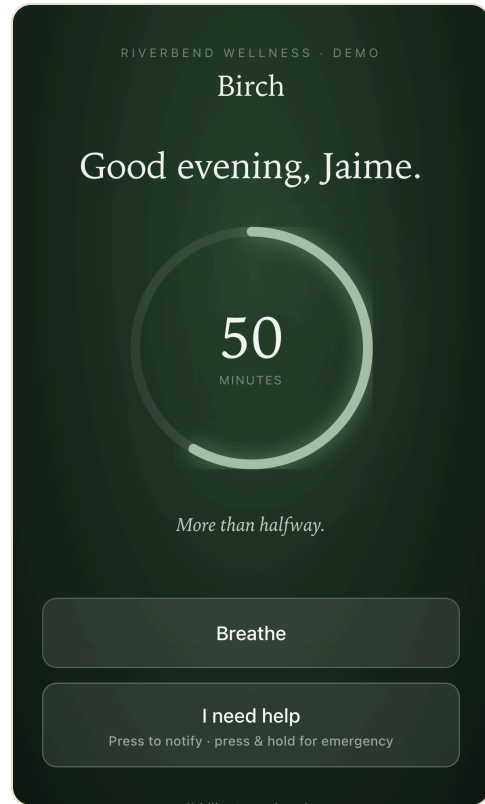
Whitaker, Devon

Start →

**Owner desktop.** Run the floor from reception: every room, its phase, minutes remaining, the day's queue, and the filing backlog at a glance.



**Staff phone.** The clinician's phone walks the session phase by phase — vitals, dosing, observations, the SAE review, discharge.



**Patient phone.** On the patient's own phone — no app, no account. A soft countdown, breathing, and a help button that reaches staff at once.

**Lucida**  
Riverbend Wellness - De...

- Today
- Schedule
- Patients
- Rooms
- Staff
- REMS filing
- Settings

Lock screen

CLINIC CODE  
**1 2 3 4 5**

demo@lucida.health  
[Sign out](#)

## REMS filing

Every completed session. File within 7 days of the treatment date. The underlying record auto-deletes 14 days after the session.

**Awaiting filing** 11 sessions

Select all Mark as filed

	Treatment date	Patient	Dose	Lot	Duration	Filing deadline	Auto-delete in				
<input type="checkbox"/>	2026-06-02	Okafor, Jaime	56 mg	LX24-A1742	120 min	6d left	13d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-06-02	Friedrich, Anne	84 mg	LX24-A1742	120 min	6d left	13d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-06-02	Whitaker, Devon	84 mg	LX24-A1742	120 min	6d left	13d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-06-01	Friedrich, Anne	56 mg	LX24-A1742	94 min (early)	5d left	12d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-06-01	Whitaker, Devon	84 mg	LX24-A1742	120 min	5d left	12d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-06-01	Esposito, Maria	84 mg	LX24-A1742	120 min	5d left	12d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-06-01	Coleman, Daniel	56 mg	LX24-A1742	120 min	5d left	12d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-05-29	Coleman, Daniel	56 mg	LX24-A1742	120 min	2d left	9d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-05-29	Pendry, Olivia	56 mg	LX24-A1742	120 min	2d left	9d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-05-28	Whitlow, Sarah	56 mg	LX24-A1742	120 min	1d left	8d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>
<input type="checkbox"/>	2026-05-28	Beaumont, Andre	84 mg	LX24-A1742	120 min	1d left	8d	<a href="#">PDF</a>	<a href="#">Fax-ready</a>	<a href="#">Mark as filed</a>	<a href="#">Delete</a>

Exports

**And the output.** At discharge the form fills itself and lands in the filing queue, with a seven-day countdown on each session.

A fourth surface, the platform admin, is used by Lucido to operate the service. It sits outside your clinic's data and never sees patient records.

## 4 • A session, end to end

How a Spravato® treatment unfolds across the three views — from check-in to the auto-filed Patient Monitoring Form. The clinician's phone is the source of truth for each step; the desktop reflects it, and the patient phone runs in parallel.

Phase	Owner desktop	Staff phone	Patient phone
<b>Check-in</b>	Drag the patient onto an open room on the schedule grid; the booking flips to checked-in.	Picks up the assignment; confirms identity and the day's attestations.	Scans the room QR, confirms a first name — no login.
<b>Pre-session</b>	Room reads pre-session; watching for an out-of-range reading.	REMS checklist, then pre-dose vitals against the clinic's thresholds.	Quiet pre-treatment screen; phone stays in hand.
<b>Dosing</b>	Room flips to dosing — visible across the floor.	56 mg is two devices, 84 mg is three, with a five-minute rest and lot capture. The clock starts at the first device.	Calm “we're beginning” screen; the two-hour ring starts.
<b>Monitoring</b>	Live timer on the room card; a red overlay drops if the patient asks for help.	Steps away; returns for 40-minute vitals; tags observations as they happen.	Soft countdown, breathing, a help button always on screen.
<b>SAE review</b>	Counts down to discharge eligibility.	Each observation is marked a Serious Adverse Event or not before the room can flip.	Unchanged — the review is invisible to the patient.
<b>Discharge</b>	The Patient Monitoring Form appears in the filing queue within seconds.	Pre-discharge vitals; the clinician attests with a typed name and PIN; taps discharge.	Warm “you're done” screen; the phone unpairs.

### The rails are in the database, not the screen

Discharge won't run before 120 minutes. An out-of-range pre-dose vital blocks dosing until a prescriber overrides it with a reason and PIN. A first-time patient can't be dosed until the enrollment form is marked filed. The SAE review must be done before discharge. And once a session is closed, the record can't be edited. A rushed user or a future bug can't get around any of it.

## 5 • The trust story

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Lucido runs entirely on AWS. Everything below is on by default — not a paid tier, not a roadmap item — and it's the posture a compliance-anxious buyer should expect to see.

### **Runs on HIPAA-eligible AWS**

Every service in the stack — Lambda, RDS Postgres, Cognito, CloudFront, IoT Core — is on AWS's HIPAA-eligible list.

### **Encrypted in transit**

TLS on every connection; the app-to-database link verifies AWS's certificate chain.

### **Completed sessions are immutable**

A database trigger blocks every edit to a discharged record except its filed status.

### **An append-only audit log**

Every PHI-touching action is recorded in a table a trigger keeps append-only. Seven-year retention, owner-exportable.

### **Only what the form asks**

Lucido collects the minimum REMS requires — no marketing fields, no analytics on patient data.

### **No email vendor, no analytics vendor**

Lucido sends no outbound email and runs no third-party analytics — no extra vendor touches a record.

### **The AWS BAA is signed**

AWS acts as a Business Associate under a signed addendum — the legal foundation for handling PHI.

### **Encrypted at rest**

AES-256 on the database, its backups, and the audit logs. No unencrypted store exists.

### **The 120-minute rail is enforced in the database**

Discharge is a Postgres function that refuses to run early — not a UI check.

### **Authentication that fits the floor**

Owner email + optional MFA; staff daily code + PIN with lockout; patients pair by QR, no credentials.

### **PHI minimizes itself**

A nightly job deletes each session record once it's past the clinic's retention window.

### **The operator can't read your patients**

Platform-admin tooling sees clinic-level metrics, never names, dates of birth, vitals, or forms.

### **A note on honesty**

Lucido is in active development and runs on synthetic demo data — no real patient information is in the system today. The production environment, with a customer-managed encryption key and seven-year immutable audit retention, is stood up when the first clinic signs. A short, documented list of hardening steps is completed before any real PHI lands, and we're glad to walk your medical director through exactly where things stand.

Two companion documents go deeper: the **Security & HIPAA** posture (the full encryption matrix, access model, and control scorecard) and the **HIPAA Readiness Guide** (the cost-and-architecture playbook for taking a small Business Associate to real PHI). Ask and we'll share them.

## 6 • Getting started

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### What onboarding looks like

- 1 **A short discovery call** — your clinic, your room count, and the EHR you sit alongside.
- 2 **A signed Business Associate Agreement** before any real patient data lands. Non-negotiable on both sides.
- 3 **Your clinic is created** — you set the rooms, the vital-sign thresholds, and your staff PINs in a short setup wizard.
- 4 **A 30-minute walkthrough** with you and your clinical lead, on a practice clinic seeded with sample data.
- 5 **Run one or two sessions in parallel** with your current paper or EHR workflow to gain confidence — then switch over.

### What day one feels like

You open the clinic and it generates the day's staff code and room cards. Staff sign in on their own phones with the code and a PIN. The first patient scans a room QR. The clinician's phone guides pre-session vitals, dosing, the monitoring window, and discharge — and the REMS form is waiting in the filing queue before the patient has left the building. You practise the whole thing on sample data first, then clear it in one tap.

### Why not just keep doing it on paper?

Paper, a spreadsheet, and a kitchen timer can get you through a day — until an inspector asks you to prove a session from six months ago. Lucido captures the same information once, at the bedside, and turns it into a filled form and a tamper-evident audit trail without anyone staying late. It isn't a new system of record to migrate to; it runs the two hours and hands you the record, then gets out of the way.

### Pricing

#### Free during development

Lucido is free for the clinics that adopt it while we finish the product. **No per-session fees, no per-patient fees.** Pricing comes later, and we'll talk about it openly when it does.

TRY IT YOURSELF

## Walk a demo clinic.

A pre-seeded clinic with live rooms and completed REMS history. Synthetic data only — no sign-up.

OPEN

[lucida-go.com](https://lucida-go.com)

TALK TO US

## Book a short call.

A conversation about your clinic, your REMS workflow, and what a Lucido pilot would look like. No deck.

REQUEST ACCESS

[lucida-go.com/#access](https://lucida-go.com/#access)

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Lucido is a day-of-treatment monitoring tool, not a medical record system; clinics keep their own records through exports. SPRAVATO® is a registered trademark of its respective owner; Lucido is independent and is not affiliated with, sponsored by, or endorsed by Janssen Pharmaceuticals. This guide is informational, not legal or clinical advice; a formal compliance program should be reviewed with qualified HIPAA counsel before any real Protected Health Information is processed. Screenshots depict a synthetic demo clinic. · [lucida-go.com](https://lucida-go.com) · Clinic Guide · Draft 2026-06-03