

# Southwark 'Long-Covid' Pathway

A guide for Southwark General Practice for managing post-acute Covid infection

## Key messages

- **Approximately 10% of patients have prolonged illness after Covid**
- **All patients who had suspected or confirmed Covid should be offered follow up** to assess for prolonged symptoms after 4-6 weeks
- Many patients with prolonged illness after Covid recover with holistic and symptomatic support

Always work within your knowledge and competency

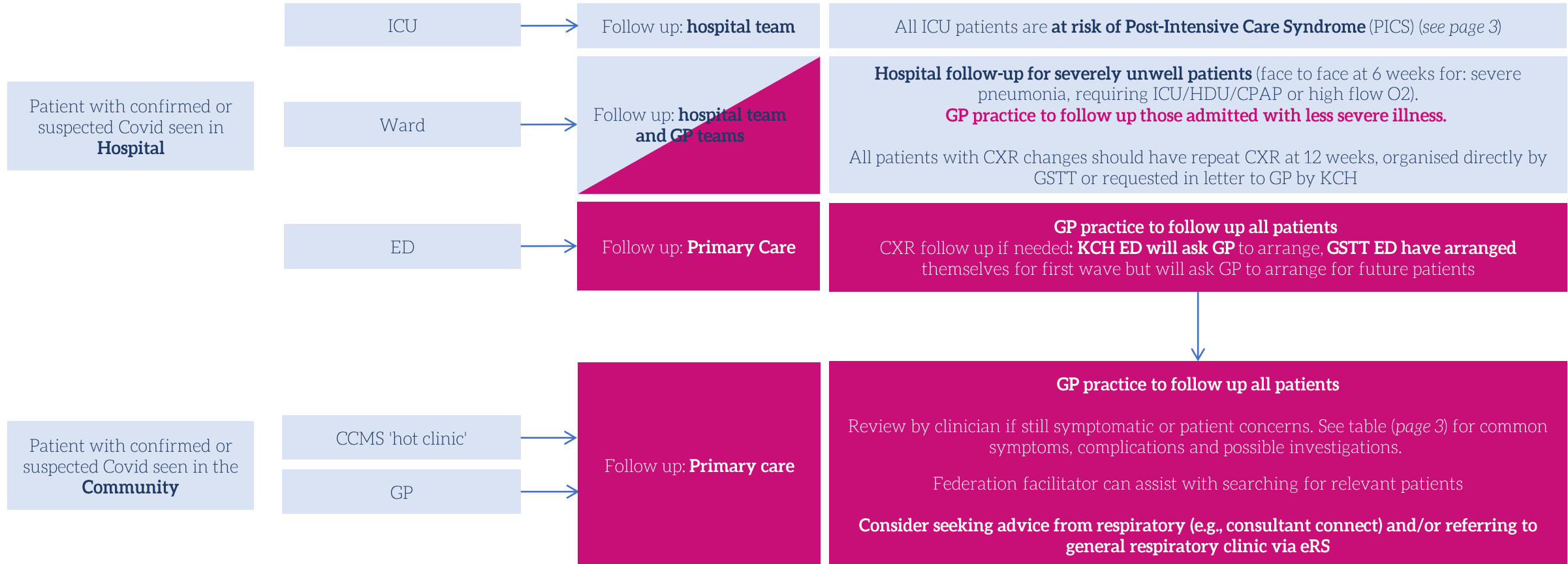
# Southwark follow up for long-Covid

This guidance is for patients with post-acute Covid (ongoing symptoms beyond 3 weeks). It is separate to acute guidance for the [initial stage of infection or for acutely deteriorating patients](#).

For patients followed up in primary care, follow up arrangements are at the discretion of individual practices. We recommend follow up by text message or phone call at 4-6 weeks.

The advice to offer follow up to all patients is a recommendation from NHS London Respiratory Clinical Network, NHS England and British Thoracic Society.

**Correctly coding suspected or confirmed Covid-19 infection is important** for correct recall and follow up. The search for patients to offer follow up can be obtained via your federation.



Common Symptoms	Differentials to consider	Considerations and Investigations
<b>Breathlessness</b>	PE, Heart Failure, Interstitial lung disease	<ul style="list-style-type: none"> <li>Oxygen saturations at rest should be above 94% and post-exertion oxygen saturations can be helpful.</li> <li>Consider supervised Desaturation Test (1 min sit-to-stand or 40 steps- 3% drop in pulse oximeter reading on exercise is a cause for concern) – please see <a href="#">leaflet</a> for use of pulse oximeter at home</li> <li>Note increased risk of VTE including PE with severe Covid-19 pneumonia. Refer <i>acutely / seek immediate advice</i> via Consultant Connect if hypoxic (oxygen saturation &lt;94%) or desaturating (3% drop on exertion)</li> <li>ECG (to exclude ischaemic changes) and CXR</li> <li>Bloods: inflammatory markers and BNP, consider D-dimer to rule out PE (but if high clinical suspicion of acute PE or acutely unwell send to ED)</li> <li>Serial peak flows can be helpful for <a href="#">investigation of breathlessness</a> (see Asthma UK <a href="#">peak flow diary</a>) . If SOB after 6 weeks consider referral. If no concerns or complications- may be best managed with <a href="#">breathing exercises</a>. Also consider pulmonary rehab.</li> </ul>
<b>Chest pain</b>	PE, Myocarditis, MI	<ul style="list-style-type: none"> <li>Chest pain is a common symptom of long-Covid. Flitting chest pains 6-8 weeks post-Covid are not unusual and do not signify PE in absence of other typical features.</li> <li>Assess as for breathlessness as above, but ensure acute cardiac causes are considered</li> </ul>
<b>Cough</b>	Covid or new infection (secondary pneumonia)	<ul style="list-style-type: none"> <li>CXR and sputum MCS</li> <li>Dry cough more likely to be post-viral and can continue for 8 weeks</li> <li>If no concerns or complications- may be best managed with <a href="#">breathing techniques</a></li> </ul>
<b>Fever</b>	Covid or new infection	<ul style="list-style-type: none"> <li>Bloods (inflammatory markers),</li> <li>Cultures (sputum/urine/wounds), CXR</li> <li>May be due to persisting Covid but need to rule out other infectious causes.</li> </ul>
<b>Palpitations/ tachycardia</b>		<ul style="list-style-type: none"> <li>Perform ECG, bloods (including BNP) and consider cardiology referral</li> <li>Need to rule out cardiac pathology, though tachycardia may be driven by an infection</li> </ul>
<b>GI</b>	Covid or other	<ul style="list-style-type: none"> <li>Diarrhoea may be secondary to Covid, consider other routine GI investigations if persistent</li> </ul>
<b>Abnormal LFTs</b>		<ul style="list-style-type: none"> <li>Raised ALT common. Jaundice is a red-flag; Monitor with bloods.</li> <li>Consider referral if ALT worsening or persistently elevated</li> </ul>
<b>Rash</b>	Erythematous exanthema Livedo reticularis etc.	<ul style="list-style-type: none"> <li>There are a wide range of <a href="#">dermatological manifestations</a> of Covid</li> <li>If clinical concerns, infectious features or unwell then consider referral</li> </ul>
<b>Fatigue</b>	Post-viral fatigue	<ul style="list-style-type: none"> <li>Fatigue is common and usually resolves over time. A graded return to activity may be beneficial</li> <li>Provide patient with <a href="#">written advice</a></li> </ul>
<b>Depression and Anxiety</b>	Consider PTSD	<ul style="list-style-type: none"> <li>Common complication , consider screening all patients e.g., with PHQ-4. Consider referral to IAPT or Social Prescriber.</li> <li>Beware of PTSD in all patients – consider referral to IAPT. In ICU discharges consider post-ICU clinic (consultant connect)</li> </ul>
<b>Neurological</b>	CVA, encephalitis	<ul style="list-style-type: none"> <li>Serious neurological complications are rare. Non-specific symptoms (headache, dizziness, 'brain fog') can be managed supportively</li> </ul>
<b>Post-ICU syndrome</b>		<ul style="list-style-type: none"> <li>Common symptoms : Incontinence, hair loss, reduced exercise tolerance, breathlessness, swallowing difficulty, sexual dysfunction, PTSD</li> <li>For advice or referral: GSTT Consultant Connect 'Post ICU care', KCH email directly to <a href="mailto:anne.mcloone@nhs.net">anne.mcloone@nhs.net</a></li> </ul>

## Long- Covid clinics and referral

If you are unsure about the need for secondary care assessment, please use advice and guidance or Consultant Connect.

Please include the following information in any referral:

- Investigations: CXR, bloods, Covid results (if available)
- Details of any recent hospital contact (ED or admission)
- Baseline observations (resting and ambulatory HR, oxygen saturation and ideally supervised desaturation test)

### **GSTT**

GSTT will follow up long-Covid patients in respiratory clinics. They will be triaged to the most appropriate clinic following ERS referral. If all observations are normal they are likely to encourage further observation and support within primary care.

### **Kings and Lewisham**

Patients seen at King's College Hospital or Lewisham (ED or ward admission) should be referred to these hospitals directly as their Covid clinics are still running.

## Useful Patient information links

- [National Covid Patient Support Website](#) – interactive website with videos on breathlessness, eating to recover, conserving energy, exercise and mental health
- [Patient support website from Asthma UK and the British Lung Foundation](#), with a helpline and WhatsApp for breathlessness support
- [Recovery After Coronavirus –GSTT leaflet](#). Includes information on Managing physical symptoms of breathlessness, fatigue, anxiety, swallow changes, eating and drinking:
- [Printable PDF Post-Covid Patient Information Pack](#) (including information on managing cough, post-Covid fatigue, and pacing)
- [Occupational Therapists guide to fatigue during Covid recovery](#)
- Lots more resources on [BMJ article](#) by Greenhalgh et al.

### **Sources and Thanks**

[Greenhalgh et al, BMJ](#); [London Clinical networks Covid Respiratory Resource Pack](#); [After-care needs of inpatients recovering from COVID-19](#), [BTS Guideline](#)

Thank you to all those who contributed and fed back including KCH Respiratory team, GSTT Respiratory team, GSTT ICU team and KCH ED teams.