

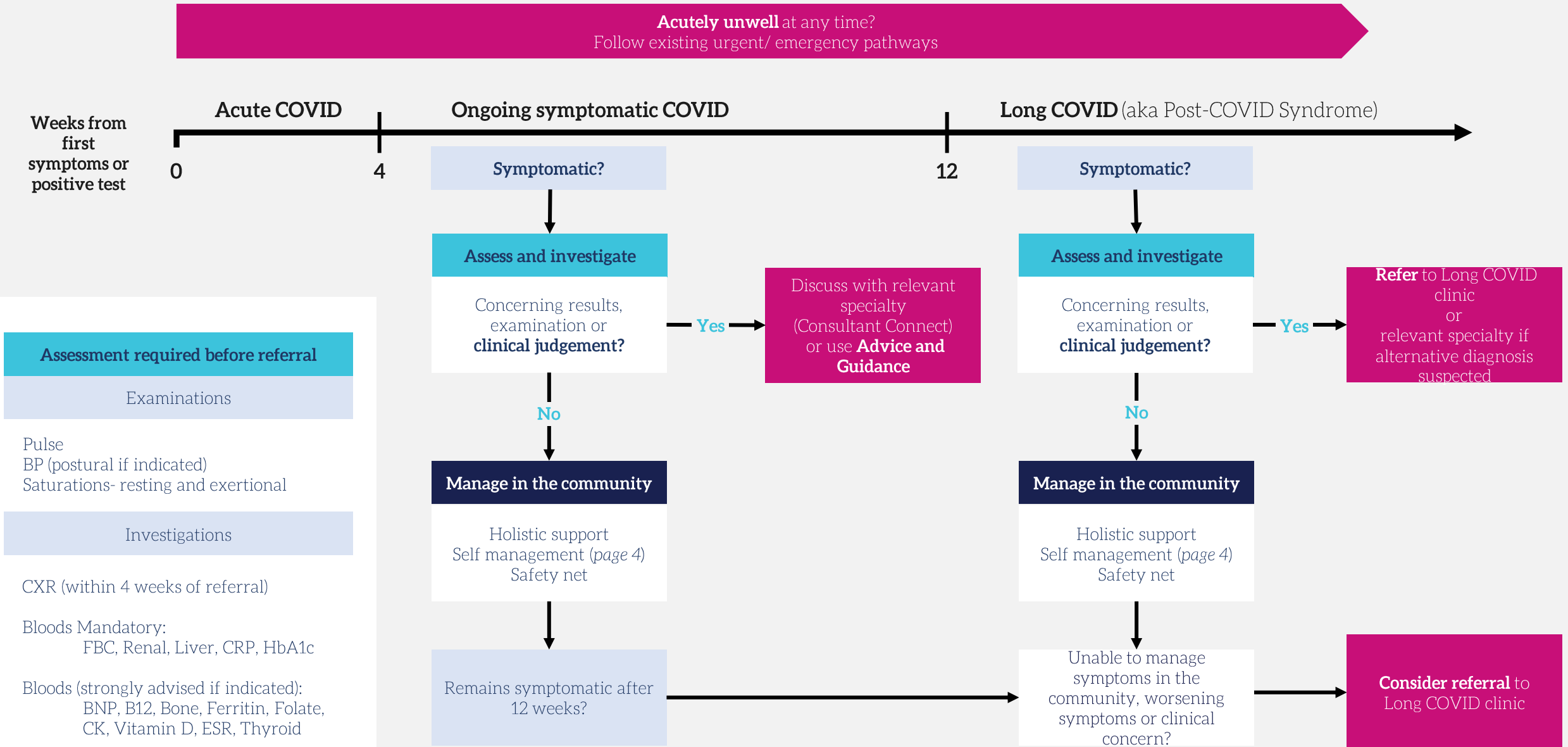
# Southwark Long-COVID Pathway

A guide for Southwark General Practice

## Key messages

- Approximately 10% of patients have prolonged illness after COVID
- Long COVID (aka Post-COVID 19 syndrome) is defined as: *'Signs and symptoms following an infection consistent with COVID-19, that continue for more than 12 weeks and are not explained by an alternative diagnosis'*
- Long COVID may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.
- Most patients with Long COVID recover with holistic and symptomatic support
- Long COVID clinics at GSTT and KCH (including clinics at PRUH site) are now accepting referrals

# Southwark Long COVID follow up



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 referral if breathlessness due to confirmed post COVID or pre-existing lung disease.</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>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="#">cough control techniques</a></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 features.</li> <li>Assess as for breathlessness as above, but ensure acute cardiac causes are considered</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>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>Anosmia</b>	COVID or other	<ul style="list-style-type: none"> <li>Symptoms can be distressing. Reassure that 97% recover at 12 months. Direct to <a href="#">smell retraining</a> resources. Only refer to ENT if suspecting other diagnosis.</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>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>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>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>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', GSTT referrals: <a href="mailto:gst-tr.gstticuclinic@nhs.net">gst-tr.gstticuclinic@nhs.net</a>; KCH advice and referrals:</li> </ul>

## Long- COVID clinics referral details

If you are unsure about the need for secondary care assessment, please use **Advice and Guidance or Consultant Connect**.

Please use **SEL Long COVID referral form**

### Refer via ERS:

<b>GSTT</b> (all) Advice and Guidance	Respiratory/ Not otherwise specified/ Post COVID MDT Assessment Clinic Respiratory/ Not otherwise specified/ Post COVID Advice Service - Respiratory Medicine
<b>KCH</b> Neurological/ neuropsychological	Neurology/ Not otherwise specified/ Post COVID neurology/neuropsychiatry Assessment clinic @DH for Kings College Hospital
<b>KCH</b> Respiratory/ Other	Respiratory/ Not otherwise specified/ Post COVID Respiratory Assessment clinic @TJHC for Kings College Hospital
<b>PRUH</b> (respiratory)	Respiratory/ Not otherwise specified/ Post COVID Respiratory Assessment clinic @PRUH for Kings College Hospital

## Useful Patient information links

- [National COVID Patient Support Website](#) - Interactive website with videos on breathlessness, eating to recover, conserving energy, exercise and mental health
- [SEL: Caring for yourself after Coronavirus](#) - SEL Patient advice sheet: Managing physical symptoms of breathlessness, fatigue, anxiety, swallow changes, eating and drinking
- [GSTT Covid information](#) - A wide range of Covid resources including Spanish and Portuguese Long-Covid leaflets
- [Patient support website from Asthma UK and the British Lung Foundation](#) - with a helpline and WhatsApp for breathlessness support
- [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

[NICE COVID-19](#) rapid guideline: managing the long-term effects of COVID-19, [NG188] 18 December 2020; [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.