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

**Acutely unwell at any time?**
Follow existing urgent/emergency pathways

<table>
<thead>
<tr>
<th>Weeks from first symptoms or positive test</th>
<th>Acute COVID</th>
<th>Ongoing symptomatic COVID</th>
<th>Long COVID (aka Post-COVID Syndrome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Yes</td>
<td>Assess and investigate</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
<td>Manage in the community</td>
<td>No</td>
</tr>
<tr>
<td>12</td>
<td>Yes</td>
<td>Discuss with relevant specialty (Consultant Connect) or use Advice and Guidance</td>
<td>Yes</td>
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<tr>
<td></td>
<td>No</td>
<td>Manage in the community</td>
<td>No</td>
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</tbody>
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**Assessment required before referral**
- Examinations
  - Pulse
  - BP (postural if indicated)
  - Saturations: resting and exertional
- Investigations
  - CXR (within 4 weeks of referral)
- Bloods Mandatory:
  - FBC, Renal, Liver, CRP, HbA1c
- Bloods (strongly advised if indicated):
  - BNP, B12, Bone, Ferritin, Folate, CK, Vitamin D, ESR, Thyroid

**Symptomatic?**
1. Assess and investigate
   - Concerning results, examination or clinical judgement?
     - Yes: Refer to Long COVID clinic or relevant specialty if alternative diagnosis suspected
     - No: Manage in the community
       - Holistic support
         - Safety net
       - Remains symptomatic after 12 weeks?
         - Yes: Consider referral to Long COVID clinic
         - No: Manage in the community

**Concerning results, examination or clinical judgement?**
- Yes: Refer to Long COVID clinic or relevant specialty if alternative diagnosis suspected
- No: Manage in the community
  - Holistic support
    - Safety net

**Unable to manage symptoms in the community, worsening symptoms or clinical concern?**
- Yes: Consider referral to Long COVID clinic
- No: Manage in the community
<table>
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<tr>
<th>Common Symptoms</th>
<th>Differentials to consider</th>
<th>Considerations and Investigations</th>
</tr>
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</table>
| **Breathlessness** | PE, Heart Failure, Interstitial lung disease | • Oxygen saturations at rest should be above 94% and post-exertion oxygen saturations can be helpful.  
• 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 leaflet for use of pulse oximeter at home  
• Note increased risk of VTE including PE with severe COVID-19 pneumonia. Refer acutely / seek immediate advice via Consultant Connect if hypoxic (oxygen saturation <94%) or desaturating (3% drop on exertion)  
• ECG (to exclude ischaemic changes and CXR)  
• 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)  
• Serial peak flows can be helpful for investigation of breathlessness (see Asthma UK peak flow diary). If SOB after 6 weeks consider referral. If no concerns or complications may be best managed with breathing exercises. Also consider pulmonary rehab referral if breathlessness due to confirmed post COVID or pre-existing lung disease. |
| **Fatigue** | Post-viral fatigue | • Fatigue is common and usually resolves over time. A graded return to activity may be beneficial  
• Provide patient with written advice |
| **Cough** | COVID or new infection (secondary pneumonia) | • CXR and sputum MCS  
• Dry cough more likely to be post-viral and can continue for 8 weeks  
• If no concerns or complications may be best managed with cough control techniques |
| **Chest pain** | PE, Myocarditis, MI | • 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.  
• Assess as for breathlessness as above, but ensure acute cardiac causes are considered |
| **Depression and Anxiety** | Consider PTSD | • Common complication, consider screening all patients e.g., with PHQ-4. Consider referral to IAPT or Social Prescriber.  
• Beware of PTSD in all patients – consider referral to IAPT. In ICU discharges consider post-ICU clinic (consultant connect) |
| **Palpitations/ tachycardia** | | • Perform ECG, bloods (including BNP) and consider cardiology referral  
• Need to rule out cardiac pathology, though tachycardia may be driven by an infection |
| **Anosmia** | COVID or other | • Symptoms can be distressing. Reassure that 97% recover at 12 months. Direct to smell retraining resources. Only refer to ENT if suspecting other diagnosis. |
| **Fever** | COVID or new infection | • Bloods (inflammatory markers),  
• Cultures (sputum/urine/wounds), CXR  
• May be due to persisting COVID but need to rule out other infectious causes. |
| **Rash** | Erythematous exanthema Livedo reticularis etc. | • There are a wide range of dermatological manifestations of COVID  
• If clinical concerns, infectious features or unwell then consider referral |
| **Neurological** | CVA, encephalitis | • Serious neurological complications are rare. Non-specific symptoms (headache, dizziness, ‘brain fog’) can be managed supportively |
| **Abnormal LFTs** | | • Raised ALT common. Jaundice is a red-flag; Monitor with bloods.  
• Consider referral if ALT worsening or persistently elevated |
| **Post-ICU syndrome** | | • Common symptoms: Incontinence, hair loss, reduced exercise tolerance, breathlessness, swallowing difficulty, sexual dysfunction, PTSD  
• For advice or referral: GSTT Consultant Connect ‘Post ICU care’, GSTT referrals: gst-tr.gsttcareclinic@nhs.net, KCH advice and referrals: kch-tr.nhs.uk/our-services/care-planners/post-icu-care |
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:**

**GSTT (all)**
- Advice and Guidance
  - Respiratory/ Not otherwise specified/ Post COVID MDT Assessment Clinic
  - Respiratory/ Not otherwise specified/ Post COVID Advice Service - Respiratory Medicine

**KCH**
- Neurological/ neuropsychological
  - Neurology/ Not otherwise specified/ Post COVID neurology/neuropsychiatry Assessment clinic @DH for Kings College Hospital

**KCH**
- Respiratory/ Other
  - Respiratory/ Not otherwise specified/ Post COVID Respiratory Assessment clinic @TJHC for Kings College Hospital

**PRUH (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**


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