CARE OF PEOPLE WHO EXPERIENCE SYMPTOMS POST ACUTE COVID-19

NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

LEGEND

EBR: Evidence-Based Recommendation
CBR: Consensus-Based Recommendation
PP: Practice Point

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Background

People who have been infected with COVID-19 sometimes experience ongoing or new symptoms after the acute infection is over. [1,2] A range of symptoms have been reported, with variation in the duration of symptoms and clinical history. [1,2] For instance, symptoms may be experienced by people who had either mild or severe COVID-19. [2] Some symptoms may subside gradually with self-directed care alone, while other symptoms may require care from a health professional.

At present, there is no Australian or international definition for the combination of symptoms that a person may experience after an acute COVID-19 infection has resolved. As the evidence regarding these symptoms develops, so will our understanding of clinical course, risk of the illness and effective management approaches. However, many of the symptoms reported after an acute COVID-19 infection have common features with symptoms that are regularly managed in primary care and we can draw on current best-practice approaches to guide care.

The following recommendations provide guidance for the assessment and management of symptoms post acute COVID-19 infection. These recommendations will be updated as new evidence on the care of people with symptoms post acute COVID-19 emerges. **PP** [Taskforce]

Goals of Care

COMMUNICATION

Ensure effective communication, including the use of interpreters or cultural care workers where appropriate. Remember that those with sensory impairments may not be able to hear or use lip reading to assist in understanding if clinicians have masks on. **PP** [Taskforce]

Due to the broad range of effects post acute COVID-19, a biopsychosocial approach to care, within the local context, is important. Acknowledge the symptoms and offer information about the symptoms that they are experiencing, including management options. **PP** [Taskforce]

Work with the affected person to establish realistic yet optimistic expectations for recovery. **PP** [Taskforce]

Rural and remote access to care

This flowchart should be applied after considering features of the individual, their preferences and the context in terms of rurality/ remoteness, public health responses and proximity to rehabilitation or higher-level care. Transfer to a larger centre or the use of telehealth should be considered for those needing active rehabilitation. **PP** [Taskforce]

COORDINATED CARE

The general practitioner and primary health care nurse are well placed to coordinate person-centred care and they together should remain a central point in the care team. Other expertise in the care team may include: respiratory medicine, pulmonary rehabilitation, physiotherapy, sleep medicine, occupational therapy, social work, psychology, psychiatry, neurology, dermatology, cardiology, rheumatology, speech pathology, exercise physiology, nutrition and dietetics. This could be accessed through multidisciplinary community health/rehabilitation programs where these are available. **PP** [Taskforce]

Assessment

MANAGING RISK OF INFECTION

- Confirm all the criteria for release from isolation have been met for both the person and any others/associates presenting with them.
- Ensure appropriate personal protective equipment (PPE) is worn if:
  - the criteria for release from isolation have not been met;
  - there has been recent close contact with a confirmed positive case of COVID-19;
  - there are clinical symptoms suggestive of potential re-infection.

PP [NSW HealthPathway]

WHAT IS THE PROBABILITY DIAGNOSIS?

- Confirm that the person had COVID-19 (by checking that they had a PCR positive test), or is likely to have had COVID-19 (by checking that they have had symptoms consistent with a COVID-19 infection and/ or known contact with a positive case or high risk setting). Document details of the acute illness.
- Check the current symptoms post acute COVID-19 and ask the person about their concerns, functioning and wishes in terms of their needs.
- Assess whether the current symptoms are likely to be related to acute COVID-19 infection.
- Assess whether the symptoms may be related to, or are exacerbated by, comorbid conditions. **PP** [Taskforce/ NSW HealthPathway]

ASSESSMENT OF RED FLAGS

Exclude red flag symptoms that could indicate the need for emergency assessment for serious complication of COVID-19. Red flag symptoms include severe, new onset, or worsening breathlessness or hypoxia, syncope, unexplained chest pain, palpitations or arrhythmias, new delirium, or focal neurological signs or symptoms. **PP** [NSW HealthPathway]

SYMPTOMS AND SIGNS THAT HAVE BEEN DESCRIBED POST ACUTE COVID-19

Investigate symptoms as per usual care. CBR[Taskforce].

The following symptoms and signs have been described by people post acute COVID-19 infection [1,2,3]:

Pulmonary symptoms
- Shortness of breath
- Cough

Neurological symptoms
- Fatigue
- Headache
- Difficulty concentrating
- Memory loss
- Sleep disturbance
- Loss of smell
- Paraesthesia

Psychological symptoms
- Anxiety
- Depression
- Mood swings
- Note that fatigue and sleep disturbance may also indicate the emergence of mental health condition

Cardiac symptoms
- Chest pain

Musculoskeletal symptoms
- Non-specific pain
- Myalgia

Fever
- Low grade fevers

Reduced activity and functional level

Reduced nutritional status and weight loss

Post Intensive Care Syndrome
- Post Intensive Care Syndrome refers to the combination of symptoms that people experience following the receipt of care in an ICU. Symptoms may include anxiety, depression, cognitive impairment, memory loss, muscle weakness, dysphagia and reduced quality of life [4,5]

This list of symptoms and signs will be updated as new evidence emerges.

Management

- If red flags are present, arrange an emergency assessment of the patient in hospital. **PP** [Taskforce]
- Develop a management plan with the person addressing their main symptoms, problems, or risk factors, and an action plan. **PP** [Taskforce]
- Consider individual factors and access issues in determining location for further treatment or rehabilitation e.g. home-based, telehealth or face-to-face options. **PP** [Taskforce]
- At present, we do not have sufficient evidence to recommend specific interventions that are effective for managing symptoms post acute COVID-19 infections, therefore use clinical guidelines to manage symptoms and consider iatrogenic therapies. **PP** [Taskforce]
- Begin rehabilitation during the acute illness as appropriate. **PP** [Taskforce]
- Use local and regional protocols or health pathways to determine optimal referral pathways. **PP** [Taskforce]
- These recommendations will be updated as new evidence emerges.

Active disease directed care

In some people, symptoms may indicate ongoing or worsening acute COVID-19. If goals of care include active disease management, please see recommendations for the treatment of COVID-19 in our living guidelines. **EBR** [Taskforce]

Sources

Taskforce – Current guidance from the National COVID-19 Clinical Evidence Taskforce.

NSW Health - Post-COVID-19 Conditions. https://sydney.communityhealthpathways.org/783098.htm

Western Victoria - Post-COVID-19 Conditions. https://westvic.communityhealthpathways.org/783098.htm

References

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4. **Hatch R, Young D, Barber V et al.** Anxiety, Depression and Post Traumatic Stress Disorder after critical illness: a UK-wide prospective cohort study.Crit Care22,310 (2018). https://doi.org/10.1186/s13054-018-2223-6
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