

Advice for GPs reviewing patients who present after COVID-19 pneumonia

Evidence for management and outcomes is still evolving, so this guidance is largely based on our experience so far. As always, your clinical judgment is key to deciding whether the suggestions in this document are appropriate for your patient.

NB: Patients who have been previously admitted to <u>York Hospital</u> with a clinico-radiological diagnosis of COVID-19 should be offered follow-up post discharge by us (stratified according to the severity of the initial illness). — if you come across a patient who appears to have been missed then you can flag up their case by emailing: RespCOVIDFU@york.nhs.uk to check if they are on the waiting list already. This is an administrative email only, so please <u>do not use it to ask clinical questions or for new referrals.</u>

We expect patients presenting to primary care with ongoing symptoms post-COVID to come from two main groups:

Good clinical history suggestive of COVID-19 illness (or confirmed diagnosis) previously managed at home.

Clinico-radiological diagnosis of COVID-19 managed in hospital but discharged from FU after a normal convalescent CXR

Ongoing symptoms \geq 6 weeks after the acute illness?

- Are the symptoms explained by known co-morbid or chronic disease?
- Are there any "red flags" for malignant or unstable disease? (eg lung cancer or unstable angina)

Yes

Treat as per usual pathways and guidance (+/- fast track or rapid access referral if indicated)

No

Considerations for your Clinical Assessment:

- Consider **CXR** (if not already done) to look for residual fibrosis or parenchymal change (CXRs being offered 12 weeks post-discharge by 2^{ry} care for patients admitted with COVID-19)
- Oxygen saturations < 92% on air at rest or dropping > 4% on exertion (to ≤90%)? Consider need for further investigation and/or oxygen assessment
- Significant incidence of **VTE** seen in COVID-19 so consider PE/pulmonary hypertension if low O₂ sats despite normal CXR <u>if symptoms acute or unstable refer AMU/SDEC as appropriate</u>
- Cardiovascular events have also been reported as a possible complication of COVID-19. Is there
 any clinical indication of heart failure, arrhythmia or ischaemic pain? <u>if symptoms acute or</u>
 <u>unstable admit urgently as per usual pathways</u> otherwise cardiology OP referral if indicated
- If medically stable but significant symptoms due to deconditioning, consider referral to **Community Physio** or **Pulmonary Rehabilitation** as indicated.
- Consider referral to IAPT or Mental health services as indicated if concern for PTSD, anxiety, depression, etc.

Please refer to Respiratory via Choose and Book if you feel there is evidence of significant respiratory or pulmonary vascular pathology warranting further investigation but which does not require acute admission.

Alternatively, if you are not sure, we are happy to discuss cases via the Advice and Guidance system.