[](http://staffroom.ydh.yha.com/communications/corporate-branding-and-identity/logo-colour-1/view) **Advice for GPs reviewing patients who present after COVID-19 pneumonia**

As ever, your clinical judgment is key to deciding whether the suggestions in this document are appropriate for your patient.

The website [www.YourCOVIDrecovery.nhs.uk](http://www.YourCOVIDrecovery.nhs.uk) provides information and support for patients on managing symptoms as they recover. There is also advice on when to seek professional help.

**NB: Patients who have been admitted to York Hospital with acute COVID-19 will be offered follow-up by us.**  – you can email: [RespCOVIDFU@york.nhs.uk](mailto:RespCOVIDFU@york.nhs.uk) to check if they are on the waiting list already. This is an administrative email only, so please do not use it to ask clinical questions or for new referrals.

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

**No**

**Yes**

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 ≥ 6 weeks after the acute illness?

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

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.

**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 2ry 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 – **if symptoms acute or unstable refer AMU/SDEC as appropriate**
* **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? – **if symptoms acute or unstable admit urgently as per usual pathways** 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.
* 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)