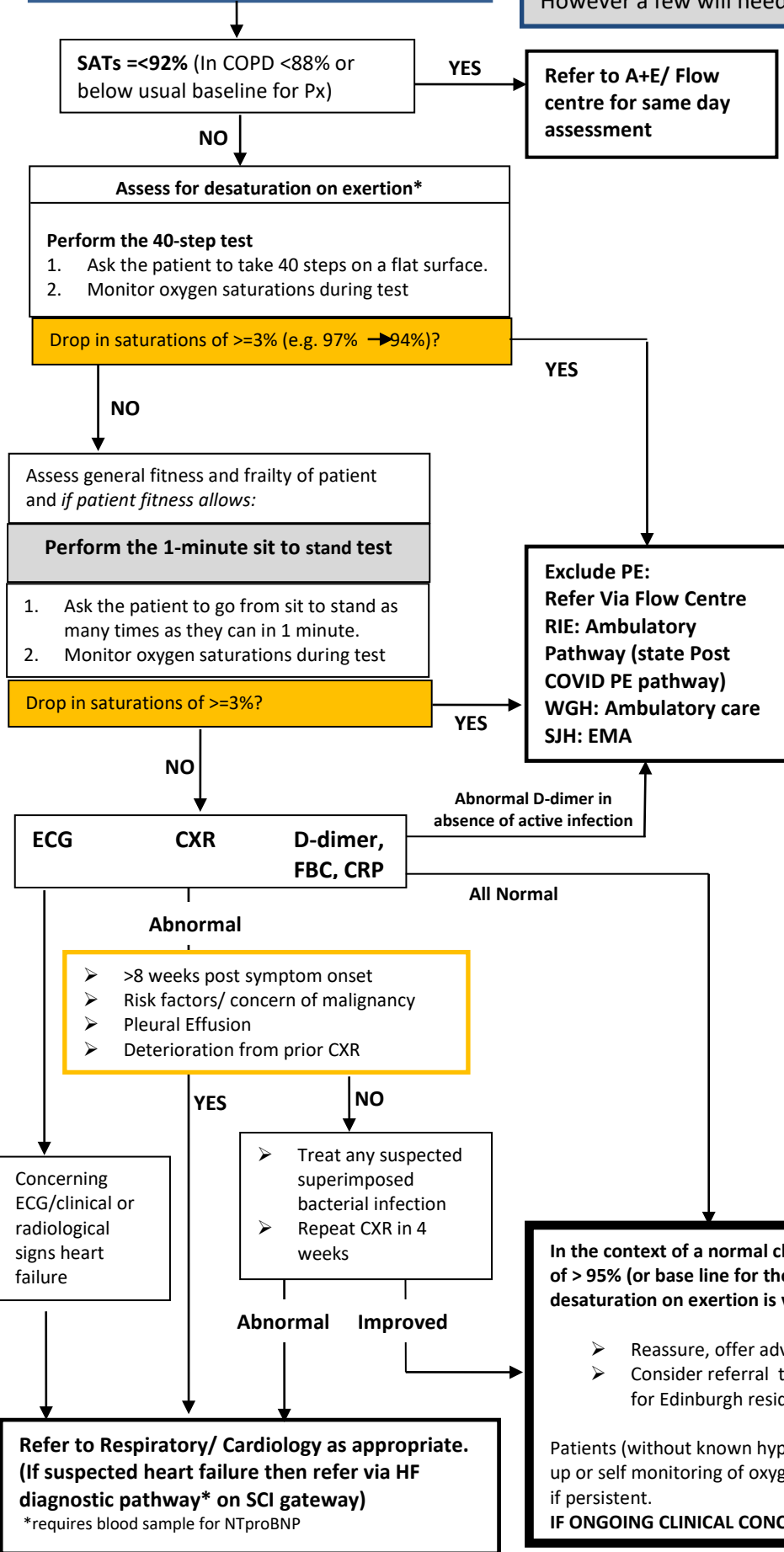


Multiple symptoms, of varying duration are being reported following COVID infection. T Greenhalgh (BMJ Aug 2020) proposes the following categories:

- Post-acute Covid >3 weeks post acute illness
- Chronic Covid >12 weeks post acute illness

It appears that most Patients will improve with supportive measures. However a few will need referral for further assessment

Clinical Assessment
Breathlessness > 3 weeks post acute proven or suspected Covid-19 illness



Persisting Breathlessness post-COVID may represent:
In the majority of patients:

- Fatigue and deconditioning
- Slow clearance of pulmonary disease
- Worsening of underlying pulmonary or cardiac disease
- Psychological sequelae of disease

A small proportion of patients may have more serious manifestations of:

- Pulmonary emboli
- Pulmonary fibrosis/ cystic lung disease
- Cardiac complications (myocarditis/pericarditis/dysrhythmia/MI)

RED FLAG SYMPTOMS

- Sudden worsening of breathlessness
- Deterioration after period of improvement
- New pleuritic or ischaemic chest pain
- Syncope

Any patient with syncope should be referred to A+E as an emergency unless clear cause.

***Notes on exercise testing**

- Tests should be performed under direct supervision
- The 40 step test is less demanding but not validated – if patient is physically robust can go straight to 1 minute sit to stand test.
- The sit to stand test is more demanding but is validated and correlates well with the 6 minute walk test in chronic lung disease
- A drop in oxygen saturations of >3% (e.g. 97% ->94%) is significant and is a positive test
- Patients should be advised to terminate promptly if they develop any adverse symptoms (ie severe breathlessness, chest pain, dizziness)
- Either test should be terminated as soon as a drop of >3% in oxygen saturations occurs
- If unable to manage 40 steps, stop at point when patient would normally stop due to breathlessness

In the context of a normal clinical assessment with no red flag symptoms, a saturation of > 95% (or base line for those with known hypoxic respiratory disease) and no desaturation on exertion is very reassuring.

- Reassure, offer advice on breathing control exercises and on line resources.
- Consider referral to rehabilitation support (e.g. Post Covid help line or SPA for Edinburgh residents).

Patients (without known hypoxic lung disease) with saturations 94-95% require follow up or self monitoring of oxygen saturations with consideration of further investigation if persistent.

IF ONGOING CLINICAL CONCERN DISCUSS WITH RESP ON CALL