

Post COVID-19 Physical Health Management

In the aftermath of the COVID-19 pandemic it is anticipated that many people will present with post COVID-19 deconditioning and disability. People who have required intensive care for more than a few days often have wider physical, cognitive and mental health support needs following discharge from acute settings.

Rehabilitation can take time and there are interventions that we can adopt to support our patients to recover. This document is intended to assist staff to consider the different aspects of rehabilitation in order to provide the best possible physical healthcare.

Please note, that Psychological and Psychiatric management are not included in this document.

This table summarises the most frequent complications that have been seen to date.

Most frequent	Common, but less frequent
<ul style="list-style-type: none">• Cardiovascular, pulmonary and musculoskeletal deconditioning• Restrictive lung disease• Affective disorders: depression, anxiety, post-traumatic stress disorder• Post intensive care syndrome, including critical illness, polyneuropathy, critical illness myopathy, and a combination of these• Other neurological consequences of the virus and critical care, such as encephalopathy, cerebrovascular events and cerebral hypoxia• Acute confusional state, at least in the early stages of rehabilitation• Fatigue• Cognitive impairment	<ul style="list-style-type: none">• Thromboembolic disease:<ul style="list-style-type: none">○ Myocardial infarction○ Stroke○ Pulmonary embolism• Musculoskeletal pain and discomfort• Psychosis• Dyskinesia• Posterior reversible encephalopathy syndrome• Cardiomyopathy

British Society of Rehabilitation Medicine (2020)

As a Mental Health Trust, it is possible that we will be required to provide care and treatment to patients recovering from COVID-19:

1. Patients who have had COVID-19 and are recovering with us
2. Patients admitted to us who have recently recovered from COVID-19
3. Transfer back from an Acute Hospital after receiving care and treatment for COVID-19

Key components of a rehabilitation plan:

Rehabilitation post COVID-19 requires a multidisciplinary approach. These are some of the key components to consider incorporating to aid a patient's recovery.

Nutrition – Nutrition and hydration is a key component of rehabilitation in enabling the body to recover from illness and disease.

Exercise – Exercise is likely to be needed by all patients, to overcome deconditioning, improve pulmonary function and any neuromuscular complications.

Practice of activities – Re-establishing patient autonomy in important activities, either undertaken as before or done differently with/ without equipment and aids.

Emotional support – According to the individual patient’s mental health needs.

Education and information – Provision of high quality information both about the person’s situation and about their future. Teaching self-management and goal setting skills to patients and families.

Equipment/ adaptations – Some patients may need equipment or adaptations, at least in the short term.

Each of our MDT members will play a vital role, these are some of the interventions you may consider completing/ referring to other professionals for:

Nursing Care	Intervention
VTE screening	Complete VTE risk assessment for patients who are bed bound/ less mobile
Pressure care	Complete Waterlow Score and body maps to monitor skin condition
Personal care/ hygiene	Support with personal care and toileting needs
Deterioration in pulmonary condition – Asthma, COPD	Formulate care plan based on specialist advice Complete NEWS2 (4) times daily Refer to fact sheet for COPD and Asthma located on the intranet under COVID-19 - Physical Healthcare Refer to fact sheet for managing breathlessness located on the intranet under Physical Healthcare Refer to Physiotherapist
Development of post COVID-19 related cardiovascular problems	Formulate care plan based on specialist advice Complete NEWS 4 times daily

For further information please visit: Royal College of Nursing, (2020) <https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/novel-coronavirus>

Physiotherapy	Intervention
Muscle weakness/mobility problems/ falls	Refer to Physiotherapist for assessment and exercise plan
MSK disorders and pain	Ensure adequate analgesia prescribed and refer to Physiotherapist
Reduced exercise tolerance	Discuss pacing and recovery time and refer to Physiotherapist and Occupational Therapist
Breathlessness and management of secretions	Refer to Physiotherapist

For further information please visit: Chartered Society of Physiotherapy, (2020) <https://www.csp.org.uk/news/coronavirus/clinical-guidance>

Occupational Therapy	Intervention
Breathlessness and fatigue	Discuss pacing and grading of activities and refer to Occupational Therapist and Physiotherapist

Reduced physical abilities, such as impaired transfers	Support with mobility and transfer needs and refer to Occupational Therapist and Physiotherapist
Assistance required with ADL's	Support with personal hygiene needs Refer to Occupational Therapist
Communication difficulties	Encourage patient to sit in an upright position and take a breath before talking, speak in shorter sentences, stay hydrated by drinking plenty of water and rest Refer to Occupational Therapist and Speech and Language Therapist
Leisure activities to support physical, cognitive and psychological recovery	Refer to Occupational Therapist

For further information please visit: Royal College of Occupational Therapists, (2020)

<https://www.rcot.co.uk/node/3474>

Dietetics	Intervention
Nutrition and hydration support	Complete weekly weights Complete food and fluid charts as appropriate Refer to Dietitian
Diabetes management	Complete glucose monitoring sheet Discuss with Dietitians/medics if significant raised levels, especially for those with Type 1 Diabetes Refer to Dietitian

For further information please visit: British Dietetic Association, (2020)

<https://www.bda.uk.com/resource-library.html?topic=231035F0-AE66-498C-9F43A419839C6CAF&sortBy=date>

Speech and Language Therapy	Intervention
Mouth care	Brush teeth twice daily – don't rinse Patients with no teeth, dentures, dysphagia or nil by mouth still need regular mouth care Refer to mouth care guidance located on the intranet under the Physical Healthcare tile on the COVID-19 page Refer to Speech and Language Therapist
Swallowing difficulties	Complete urgent referral to Speech and Language Therapist
Communication difficulties	Encourage patient to sit in an upright position and take a breath before talking, speak in shorter sentences, stay hydrated by drinking plenty of water and rest Refer to the Speech and Language Therapist
Reduced oral intake	Refer to supporting eating and drinking in patients with COVID-19 fact sheet, located on the intranet under the Physical Healthcare tile on the COVID-19 page Complete food and fluid charts as appropriate Refer to Speech and Language Therapist and Dietitian

For further information please visit: Royal College of Speech and Language Therapists, (2020)
<https://www.rcslt.org/>

Lancashire Teaching Hospitals have published an excellent resource to support patients post COVID-19, for further information, please visit:

https://covidpatientsupport.lthtr.nhs.uk/#/lessons/6Aj2_QAlzcQ9_PQJ0eNrBQWFJX9Jf5r0