British Thoracic Society

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Better lung health for all

# Rehabilitation for the Post-COVID Patient

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# Infection Prevention and Control

**Level relevant to prevalence in region and your risk assessments**

- Check for indications of active infection
- Duration of F2F: Some might be possible remote
- Social distancing
- Appropriate PPE
- Cleaning of equipment
- Ideally uni-directional flow
- Risk assessment of the venue

# Safety especially of the exercise component

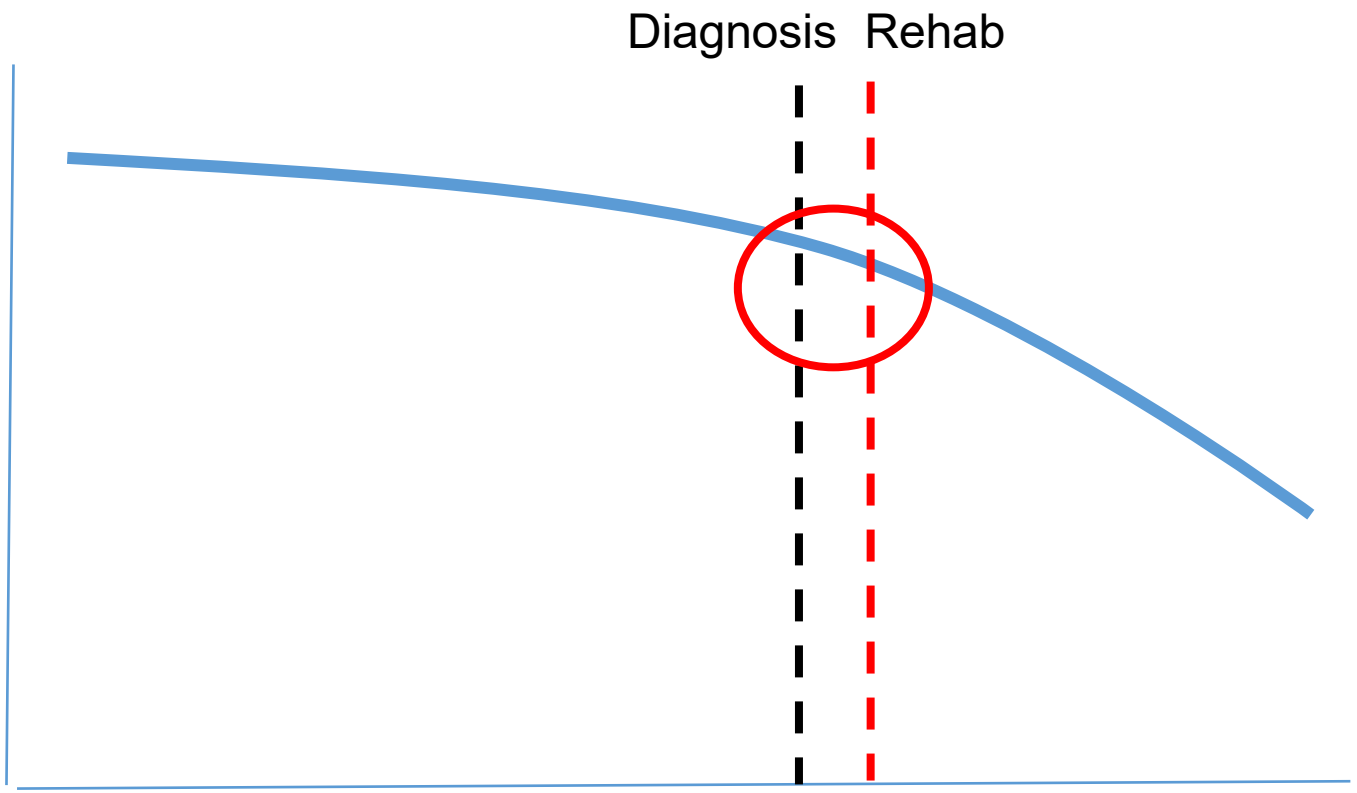
- Exercise assessment
  - To accurately prescribe and check safety aiming F2F
  - Consider the risk of transmission during exercise testing
  - Monitoring for desaturation during exercise

- Standard risk assessment for rehabilitation and SOPs
- Additional SOPs for post COVID and COVID-19 rehab
- Safety checklist if subsequent exercise being done remotely

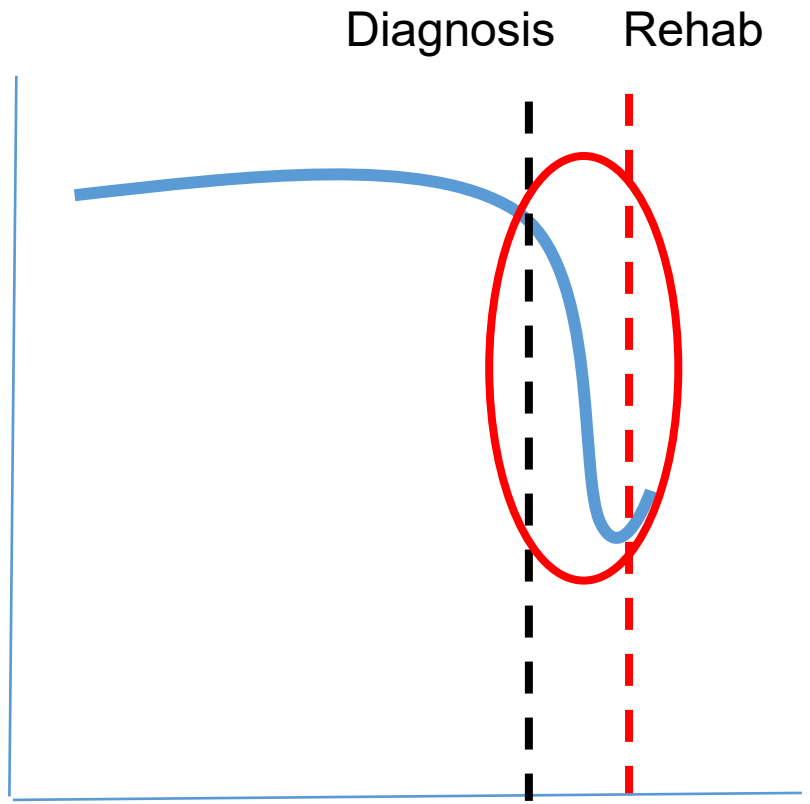
BUT also of staff wellbeing and safety

# The setting

COPD or other chronic lung disease




COVID-19



# Scenario

- Sudden change in trajectory
- Potential for multi-organ damage, occurring in short time period due to infection, ventilator, drug side effects, prolonged bed rest
- Multi-organ damage might reverse in short period of time (but might not)
- Less time to have adapted to multimorbidity, less time for it to be optimised …and thresholds not known
- Different multi-organ damage might account for similar symptoms of varying degrees, and the damage may or may not have been sought – undiagnosed
- Longstanding (stable) comorbidities might have become unstable
-Longstanding (previously undiagnosed) comorbidities might become evident and need diagnosing

# Assessment

- Co-morbidities that pre-dated COVID-19 … and are they stable?
- Clarify new diagnoses made at or following COVID-19  and their stability
- Clarify “red flag” symptoms and consider a checklist including for
  - PE/DVT
  - Cardiovascular instability / features of myocarditis
  - Neurological diagnoses
- Is there an active evolving process such as lung fibrosis?
- Contribution due to deconditioning, breathlessness, other limitation

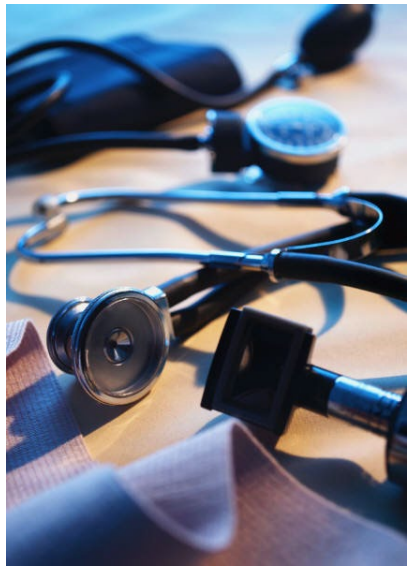
- Is it safe to commence rehabilitation now (or more Ix)?
- Ensure on same page re goals and targets in the timeframe

# Assessment

- Interrogate symptoms that might have been since COVID-19 and becoming “accepted”
- Do symptoms add up with known COVID-19 presentation?
- Is there undiagnosed disease that needs sorting?

- What info is there? - ECG, oxygen saturations, blood pressure, Ix?
- What follow up has there been medically?
    - Patient deferring
    - Access to healthcare
    - Not required

- What needs to be sorted pre rehabilitation? Is the timing right?
- What might alter the rehabilitation being delivered?
- What might alter the targets of exercise or be affecting QoL alongside?
- What additional precautions need to be in place?
- What needs to be sorted alongside or after?



# Conclusions

- Ensure standard RA and SOP in place and updated
- IPC and remote risk assessment need to be in place
- Wellbeing and safety of staff

- Keep an open mind
- Think detective but keep in proportion
- Does it fit together?

- Is further clinical opinion needed / further investigations? Is the timing right?
- Does the rehabilitation need to be adapted?
- Re-review during the rehabilitation
- Has the patient been signposted at the end to address other aspects?

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