

COVID-19 - Persisting Symptoms Follow-up Call



After Hours Telehealth Triage Guidelines | Adult | 2021

DEFINITION

- Previously **diagnosed** with COVID-19 with positive COVID test, and has COVID-19 symptoms lasting 3 or more weeks.
- Patient is concerned that symptoms are not improving fast enough.
- Patient has additional questions or concerns
- May or may not have new symptoms

Persisting Symptoms of COVID-19 (long COVID, post COVID-19 syndrome) include:

- *Common physical symptoms:* chest pain, cough, fatigue, hair loss, headache, joint pain, loss of smell, loss of taste, and shortness of breath.
- *Other physical symptoms:* diarrhea, dizziness, eye redness, hearing loss, nausea or vomiting, and sweating.
- *Common mental health symptoms:* anxiety, attention deficit ("brain fog", problems with concentration and memory), depression, post-traumatic stress disorder, and trouble sleeping (insomnia).

This guideline was **last updated** 5/7/2021.

INITIAL ASSESSMENT QUESTIONS

1. COVID-19 ONSET: "When did the symptoms of COVID-19 first start?"
2. DIAGNOSIS CONFIRMATION: "How were you diagnosed?" (e.g., COVID-19 oral or nasal viral test; COVID-19 antibody test; doctor visit)
3. MAIN SYMPTOM: "What is your main concern or symptom right now?" (e.g., breathing difficulty, cough, fatigue, loss of smell)
4. SYMPTOM ONSET: "When did the _____ start?"
5. BETTER-SAME-WORSE: "Are you getting better, staying the same, or getting worse over the last 1 to 2 weeks?"
6. RECENT MEDICAL VISIT: "Have you been seen by a healthcare provider (doctor, NP, PA) for these persisting COVID-19 symptoms?" If Yes, ask: "When were you seen?" (e.g., date)
7. COUGH: "Do you have a cough?" If Yes, ask: "How bad is the cough?"
8. FEVER: "Do you have a fever?" If Yes, ask: "What is your temperature, how was it measured, and when did it start?"
9. BREATHING DIFFICULTY: "Are you having any trouble breathing?" If Yes, ask: "How bad is your breathing?" (e.g., mild, moderate, severe)
 - MILD: No SOB at rest, mild SOB with walking, speaks normally in sentences, can lay down, no retractions, pulse < 100.
 - MODERATE: SOB at rest, SOB with minimal exertion and prefers to sit, cannot lie down flat, speaks in phrases, mild retractions, audible wheezing, pulse 100-120.
 - SEVERE: Very SOB at rest, speaks in single words, struggling to breathe, sitting hunched forward, retractions, pulse > 120
10. HIGH RISK DISEASE: "Do you have any chronic medical problems?" (e.g., asthma, heart or lung disease, weak immune system, obesity, etc.)
11. PREGNANCY: "Is there any chance you are pregnant?" "When was your last menstrual period?"
12. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., fatigue, headache, muscle pain, weakness)

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

SEVERE difficulty breathing (e.g., struggling for each breath, speaks in single words)

R/O: respiratory failure, hypoxia

CA: 40, 1

[1] SEVERE weakness (e.g., can't stand or can barely walk) AND [2] new-onset or WORSE

R/O: dehydration, infection

CA: 40, 1

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: hypoxia, hypercapnia

CA: 40, 1

Bluish (or gray) lips or face now

R/O: cyanosis and need for oxygen

CA: 40, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

[1] Typical COVID-19 symptoms AND [2] lasting less than 3 weeks

Go to Guideline: COVID-19 - Diagnosed or Suspected. R/O: Acute COVID-19

[1] Chest pain, pressure, or tightness AND [2] new-onset or worsening

Go to Guideline: Chest Pain (Adult)

[1] Fever AND [2] new-onset or worsening

Go to Guideline: Fever (Adult). Note: fever is not a common symptom of long COVID (post COVID-19 syndrome). See other symptom guideline if there are localizing symptoms in addition to fever.

Go to ED Now

[1] MODERATE difficulty breathing (e.g., speaks in phrases, SOB even at rest, pulse 100-120) AND [2] new-onset or WORSE

CA: 41, 80, 81, 1

[1] MODERATE difficulty breathing AND [2] oxygen level (e.g., pulse oximetry) 91 to 94 percent

CA: 41, 80, 81, 1

Oxygen level (e.g., pulse oximetry) 90 percent or lower

R/O: hypoxia

CA: 41, 80, 81, 1

Go to ED Now (or PCP triage)

MODERATE difficulty breathing (e.g., speaks in phrases, SOB even at rest, pulse 100-120)

CA: 42, 80, 81, 1

[1] Drinking very little AND [2] dehydration suspected (e.g., no urine > 12 hours, very dry mouth, very lightheaded)

Reason: may need IV hydration

CA: 42, 80, 1

Patient sounds very sick or weak to the triager

Reason: severe acute illness or serious complication suspected

CA: 42, 80, 81, 1

See HCP Within 4 Hours (or PCP Triage)

[1] MILD difficulty breathing (e.g., minimal/no SOB at rest, SOB with walking, pulse <100) AND [2] new-onset

CA: 43, 89, 1

Oxygen level (e.g., pulse oximetry) 91 to 94 percent

R/O: hypoxia

CA: 43, 89, 1

Call PCP Now

[1] PERSISTING SYMPTOMS OF COVID-19 AND [2] NEW symptom AND [3] could be serious

R/O: long COVID (post-COVID-19 syndrome). Reason: see healthcare provider (doctor, NP, PA) for medical (re)evaluation and to confirm diagnosis. Based on nursing judgement consider using appropriate symptom guideline.

CA: 49, 8, 89, 1

[1] Caller has URGENT question AND [2] triager unable to answer question

CA: 49, 8, 89, 1

See PCP Within 24 Hours

[1] PERSISTING SYMPTOMS OF COVID-19 AND [2] symptoms WORSE

R/O: long COVID (post-COVID-19 syndrome). Reason: see healthcare provider (doctor, NP, PA) for medical (re)evaluation and to confirm diagnosis.

CA: 44, 9, 89, 1

Call PCP Within 24 Hours

[1] Caller has NON-URGENT question AND [2] triager unable to answer

CA: 50, 9, 4, 1001, 1004, 89, 1

See PCP Within 3 Days

[1] PERSISTING SYMPTOMS OF COVID-19 AND [2] NO medical visit for COVID-19 in past 2 weeks

R/O: long COVID (post-COVID-19 syndrome). Reason: see healthcare provider (doctor, NP, PA) for medical evaluation and to confirm diagnosis.

CA: 45, 9, 2, 3, 4, 10, 11, 1001, 1004, 144, 146, 6, 89, 1

See PCP Within 2 Weeks

[1] PERSISTING SYMPTOMS OF COVID-19 AND [2] symptoms SAME AND [3] medical visit for COVID-19 in past 2 weeks

R/O: long COVID (post-COVID-19 syndrome). Reason: see healthcare provider (doctor, NP, PA) for medical (re)evaluation and to confirm diagnosis.

CA: 46, 2, 3, 4, 10, 11, 1001, 1004, 144, 146, 6, 89, 1

Home Care

[1] PERSISTING SYMPTOMS OF COVID-19 AND [2] symptoms BETTER (improving)

R/O: long COVID (post-COVID-19 syndrome). Note: patient has had medical evaluation in past 2 weeks for persisting COVID-19 symptoms.

CA: 48, 2, 3, 4, 10, 11, 1001, 1004, 144, 146, 6, 7, 89, 1

[1] PERSISTING SYMPTOMS OF COVID-19 AND [2] NEW symptom AND [3] that sounds mild

R/O: long COVID (post-COVID-19 syndrome). Note: patient has had medical evaluation in past 2 weeks for persisting COVID-19 symptoms.

CA: 48, 406, 3, 4, 89, 1

Long COVID (e.g., post-COVID syndrome), questions about

CA: 48, 3, 6, 90, 1

CARE ADVICE (CA) -

1. **Care Advice** given per COVID-19 - Persisting Symptoms Follow-Up Call (Adult) guideline.
2. **Reassurance and Education - Persisting COVID-19 Symptoms:**
 - Some people who recover from COVID-19 will have at least one persisting symptom for weeks to months afterwards.
 - The five most common physical symptoms are fatigue (58%), headache (44%), hair loss (25%), and breathing difficulty (24%). The most common mental health symptoms are problems with concentration and memory, sometimes referred to as "brain fog", seen in about 1 in 4 (27%) people.
 - Regular follow-up appointments with your healthcare provider are important until you feel better.
 - *Here is some care advice that should help.*
3. **Symptoms:**
 - Persisting Symptoms of COVID-19 (long COVID, post COVID-19 syndrome) include the following.
 - *Common physical symptoms:* chest pain, cough, fatigue, hair loss, headache, joint pain, loss of smell, loss of taste, and shortness of breath.
 - *Other physical symptoms:* diarrhea, dizziness, eye redness, hearing loss, nausea or vomiting, and sweating.
 - *Common mental health symptoms:* anxiety, attention deficit ("brain fog", problems with concentration and memory), depression, post-traumatic stress disorder, and trouble sleeping (insomnia).

4. **General Care Advice for Persisting COVID-19 Symptoms:**
 - *Cough:* Use cough drops. If the air is dry, use a humidifier in the bedroom. Dry air makes coughs worse.
 - *Fatigue:* Rest more. Drink plenty of liquids.
 - *Headache, muscle aches, and other pains:* Take acetaminophen every 4 to 6 hours (Adults 650 mg) OR ibuprofen every 6 to 8 hours (Adults 400 mg). Before taking any medicine, read all the instructions on the package.
5. **Alternate Disposition - Call Emergency Department:**
 - If seen within the last 72 hours (3 days) in ED, consider calling ED now for advice on what to do for changing condition.
 - Some Emergency Departments will provide medical advice for patients recently discharged from their ED.
6. **Expected Course:**
 - For many viral illnesses such as the common cold and the flu (influenza), most people are sick for 2 to 3 days and then get steadily better. Usually, within 2 to 3 weeks, people feel back to their usual state of health.
 - In contrast, one in five people who get sick with COVID-19 will still not feel back to their normal health after 3 weeks. Persisting symptoms are even more common in people who required hospitalization for COVID-19, the elderly, and in people with chronic medical conditions. Symptoms can last weeks to months.
7. **Follow-Up With Your Healthcare Provider:**
 - You should see your healthcare provider (doctor, NP, PA) on a regular basis until you feel better.
8. **Alternate Disposition - Call Telemedicine Provider Now:**
 - Telemedicine may be your best choice for care during this COVID-19 outbreak.
 - You should call a telemedicine provider now, if your own healthcare provider is not available.
9. **Alternate Disposition - Telemedicine Within 24 Hours:**
 - Telemedicine may be your best choice for care during this COVID-19 outbreak.
 - You should call a telemedicine provider within the next 24 hours, if your own healthcare provider is not available.
10. **Care Advice for Fatigue:**
 - Fatigue and feeling tired is the most common persisting symptom in people who have had COVID-19.
 - *Eat healthy:* Eat healthy meals. Avoid overeating.
 - *Rest:* Rest more. Get enough sleep.
 - *Stay active:* Recognize that you may not be able to accomplish as much as before. It is normal to feel tired after exercising. But, try to stay physically active. Walk or lightly exercise every day.
 - *Stay hydrated:* Drink plenty of liquids. Not drinking enough fluids and being a little dehydrated is a common cause of fatigue and weakness. If you think you are dehydrated, several glasses of fruit juice, other clear fluids, or water. This will improve hydration and blood glucose.

11. **Care Advice for Mild Diarrhea, Nausea, and Vomiting:**
- **Mild Diarrhea:** Drink clear fluids like water, 1/2 strength sports drink or oral rehydration liquid (e.g., Pedialyte). Slowly start bland foods like saltine crackers, white bread, mashed potatoes, noodles, bananas, yogurt, or soup. Slowly return to a normal diet.
 - **Mild Nausea or Vomiting:** Sip small amounts (1 tablespoon or 15 ml) of water or half-strength sports drink every 5 minutes for 8 hours. After 4 hours with no vomiting, slowly increase the amount. After no vomiting for 8 hours, slowly add in bland foods - saltine crackers, white bread, rice, mashed potatoes.
 - **Check Your Urine:** it should be light yellow to clear if you are getting enough fluids.
40. **Call EMS 911 Now:**
- Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
 - *Triager Discretion:* I'll call you back in a few minutes to be sure you were able to reach them.
41. **Go to ED Now:**
- You need to be seen in the Emergency Department.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.
42. **Go to ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.

43. **See HCP Within 4 Hours (or PCP Triage):**
- **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.
44. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** You need to be seen within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
45. **See PCP Within 3 Days:**
- You need to be seen within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP:** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **Note:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

46. **See PCP Within 2 Weeks:**
- You need to be seen for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP:** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
47. **Home Care - Information or Advice Only Call.**
48. **Home Care:**
- You should be able to treat this at home.
49. **Call PCP Now:**
- You need to discuss this with your doctor (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
50. **Call PCP Within 24 Hours:**
- You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
 - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page the on-call provider now. **Exception:** from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.
51. **Call PCP When Office Is Open:**
- You need to discuss this with your doctor (or NP/PA) within the next few days.
 - Call the office when it is open.
80. **Another Adult Should Drive:**
- It is better and safer if another adult drives instead of you.
81. **Bring Medicines:**
- Please bring a list of your current medicines when you go to the Emergency Department (ER).
 - It is also a good idea to bring the pill bottles too. This will help the doctor to make certain you are taking the right medicines and the right dose.
89. **Call Back If:**
- You become worse.
90. **Call Back If:**
- You have more questions.

144. **Cough Medicines:**

- **OTC Cough Syrups:** The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.
- **OTC Cough Drops:** Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
- **Home Remedy - Hard Candy:** Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
- **Home Remedy - Honey:** This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

146. **Caution - Dextromethorphan:**

- Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
- **Research Notes:** Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
- **Drug Abuse Potential:** It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.
- **Contraindicated:** Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldepryl, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

406. **Note to Triager - Answer The Question:**

- Answer the caller's question from information in triage guidelines, your clinical experience, or a relevant reference.
- If you have access to the patient's medical record, review plan of care/care instructions from the recent medical visit.
- If you are unsure, tell caller to call PCP during office hours.
- Document your response.

1001. **Pain Medicines:**

- For pain relief, you can take either acetaminophen, ibuprofen, or naproxen.
- They are over-the-counter (OTC) pain drugs. You can buy them at the drugstore.
- **Acetaminophen - Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4 to 6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 pills a day).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 pills a day).
- **Ibuprofen (e.g., Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take each day is 1,200 mg (six 200 mg pills), unless your doctor has told you to take more.
- **Naproxen (e.g., Aleve):** Take 220 mg (one 220 mg pill) by mouth every 8 to 12 hours as needed. You may take 440 mg (two 220 mg pills) for your first dose. The most you should take each day is 660 mg (three 220 mg pills a day), unless your doctor has told you to take more.

1002. **Fever Medicines:**

- For fevers above 101° F (38.3° C) take either acetaminophen or ibuprofen.
- They are over-the-counter (OTC) drugs that help treat both fever and pain. You can buy them at the drugstore.
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2 degrees F (1 - 1 1/2 degrees C).
- **Acetaminophen Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 pills a day).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 pills a day).
- **Ibuprofen (e.g., Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take each day is 1,200 mg (six 200 mg pills), unless your doctor has told you to take more.

1004. **Pain Medicines - Extra Notes and Warnings:**

- Use the lowest amount of medicine that makes your pain better.
- Acetaminophen is thought to be safer than ibuprofen or naproxen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve Regular-Strength (325 mg) pills. In the United States, the maximum dose per day is ten Regular-Strength (325 mg) pills.
- Bayer, the company that makes Aleve, has different dosage instructions for Aleve in Canada and the United States. In Canada, the maximum recommended dose per day is 440 mg (2 pills or caplets). In the United States, the maximum dose per day is 660 mg (3 pills or caplets).
- **Caution:** Do not take acetaminophen if you have liver disease.
- **Caution:** Do not take ibuprofen or naproxen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen or naproxen for more than 7 days without consulting your doctor.
- *Before taking any medicine, read all the instructions on the package.*

1005. **Fever Medicines - Extra Notes and Warnings:**

- Use the lowest amount of medicine that makes your fever better.
- Acetaminophen is thought to be safer than ibuprofen or naproxen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve Regular-Strength (325 mg) pills. In the United States, the maximum dose per day is ten Regular-Strength (325 mg) pills.
- **Caution:** Do not take acetaminophen if you have liver disease.
- **Caution:** Do not take ibuprofen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen for more than 7 days without consulting your doctor.
- *Before taking any medicine, read all the instructions on the package.*

FIRST AID



FIRST AID ADVICE FOR SHOCK: Lie down with the feet elevated.

BACKGROUND INFORMATION

Key Points

- One in five people who get sick with COVID-19 will still not feel back to their normal health after 3 weeks.
- The five most common physical symptoms are fatigue (58%), headache (44%), hair loss (25%), and breathing difficulty (24%). The most common psychiatric symptoms are problems with concentration and memory, sometimes referred to as "brain fog", seen in about 27% of people.
- A recent medical visit to an HCP (doctor, NP, PA) for persisting COVID-19 symptoms provides

some assurance that a patient's symptoms have been appropriately evaluated, diagnosed, and treated. However, a recent medical visit is not a *guarantee* that an acute illness has been completely evaluated, correctly diagnosed, and appropriately treated. There are many reasons for this including inadequate patient-HCP communication, and the unpredictable nature of disease progression.

Terminology

There are many different **terms** that are used to describe persisting symptoms after an acute COVID-19 infection.

- Chronic COVID-19
- Long COVID
- Long-haulers
- Long-term COVID
- Post-acute COVID-19
- Post-COVID syndrome

Symptoms

Symptoms after COVID-19 can be wide-ranging and highly variable.

The most **common physical symptoms** are:

- Chest discomfort, pain, or tightness (16%)
- Cough (19%)
- **Fatigue, feeling tired or weak** (58%)
- Hair loss (25%)
- Headache (44%)
- Joint pain (19%)
- Loss of smell (anosmia; 21%)
- Loss of taste (ageusia; 23%)
- Shortness of breath, breathlessness, or breathing difficulty (24%)

Less common physical symptoms are:

- Diarrhea
- Dizziness
- Eye redness
- Hearing loss
- Nausea or vomiting
- Sweating

Some **common mental health symptoms** are:

- Anxiety
- Attention deficit ("brain fog", problems with concentration and memory; 27%)
- Depression
- Post-traumatic stress disorder
- Trouble sleeping (insomnia)

Risk Factors

Three known risk factors for persisting symptoms of COVID-19 are:

- Chronic medical conditions
- Hospitalized for COVID-19
- Older age

Treatment

Treatment is directed at the symptoms.

Prevention

Social distancing and wearing masks have been proven to help prevent COVID-19. Vaccination helps prevent COVID-19.

Expected Course

For many viral illnesses such as the common cold and the flu (influenza), most people are sick for 2 to 3 days and then get steadily better. Usually, within 2 to 3 weeks, people feel back to their usual state of health.

In contrast, one in five people who get sick with COVID-19 will still not feel back to their normal health after 3 weeks. Persisting symptoms are even more common in people who required hospitalization for COVID-19, the elderly, and in people with chronic medical conditions. Symptoms can last weeks to months.

Telephone Triage Assessment and Disposition

The triager's task in a follow-up call is to assess whether the patient is getting better (improving), staying the same, or getting worse.

It is useful for the triager to directly ask the patient questions like these:

- *Are you getting better?*
- *Do you feel the same?*
- *Are you getting worse?*
- If the patient is getting worse: *in what specific way are you getting worse?*

Since a recent medical visit is not a *guarantee* that an acute illness has been completely evaluated, correctly diagnosed, and appropriately treated, a conservative triage approach is recommended.

- Triageing the patient using an appropriate symptom guideline, as if they had never seen a healthcare provider, may be needed.
- When in doubt, the triager should consult with the medical provider or refer patient in for re-examination.

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SEARCH WORDS

ADDITIONAL QUESTION
 ADDITIONAL QUESTIONS
 ADULT WORSE
 CORONAVIRUS
 COVID19
 COVID-19
 F/U
 F/U CALL
 FOLLOW UP CALL
 FOLLOWUP
 FOLLOW-UP
 FOLLOWUP CALL
 FOLLOW-UP CALL
 FOLLOWUP VISIT
 FOLLOW-UP VISIT
 ILLNESS

LONG COVID
LONG HAULER
LONG-COVID
LONG-HAULER
LOSS OF SMELL
LOSS OF TASTE
NOT IMPROVING
PATIENT WORSE
PERSISTING COVID
POST COVID
POST-COVID
PREVIOUSLY DIAGNOSED
RECENT CLINIC VISIT
RECENT ED VISIT
RECENT OFFICE VISIT
RECENT UCC VISIT
RECENT VISIT
STILL SICK
SYMPTOM NOS
TREATMENT NOS
VISIT

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