

Flow diagram for delivering outpatient rehabilitation to COVID-19 survivors



Patient selection

- Check for inclusion criteria:
 - Intensive care unit admission or,
 - Prolonged hospital admission or,
 - Inpatient admission for core symptoms or,
 - Persistent symptoms, managed in community
- Check for exclusion criteria:
 - Active COVID-19 infection
 - Patients requiring inpatient rehabilitation
 - Hospital admission with main problem unrelated to COVID-19
 - Co-existent active cancer
 - Nursing home resident with severe frailty and palliative needs



Assessment

- Adhere to infection control guidelines
- Screen for COVID-19 symptoms
- Screen for COVID-19 complications
- Assess symptom burden
- Consider: dysfunctional breathing, PTSD, swallow, speech, peripheral neuropathy, cognitive function
- Refer to multidisciplinary services as indicated



Workforce

- Ensure staff have the necessary training
- Consider deployment of staff to rehabilitation service



Pre-appointment screening

- Discuss risks of the assessment with the patient
- Screen for active COVID-19 infection
- Screen for possible COVID-19 complications and consider the cause i.e. secondary to COVID-19 or another condition:
 - Recent diagnosis of acute deep vein thrombosis
 - Recent diagnosis of pulmonary embolism
 - Myocarditis
 - New cardiovascular instability
 - New neurological impairment
 - Evidence of hypoxia



Rehabilitation programme

- Adhere to infection control guidelines
- Check for COVID-19 symptoms
- Exercise
 - Individualised prescription and progression
 - Include aerobic and resistance training
 - Adapt to meet the needs of each patient
- Recovery support and advice:
 - Adapt to meet the needs of each patient
 - Involve relevant specialists when necessary
- Refer to multidisciplinary services as indicated