

Post Covid-19 Rehabilitation

Telephone proforma for identifying patients and signposting to services

Patient name and NHS number:

Time and date of call:

Dimension	Question and Outcome	Action for GP																		
	<p>We are contacting you because you have had Covid-19 and are having some on going problems.</p> <p>Most questions are simple yes/ no answers for now, to allow us to identify if you need further follow up from any hospital or community services at this time.</p> <p>If you do want or need further contact with a service we will arrange this and there will be further contact to explore your needs with you.</p> <p>The Questions will take about 15 minutes to complete. Is this convenient now ?</p> <p>If 'no' arrange an alternative suitable time and note this on the patient waiting list</p>	N/A																		
1. Consent	<p>Do you consent to: -</p> <p style="padding-left: 40px;">- this telephone conversation – Yes / No</p> <p>We will store the information from this on your patient record</p>	N/A																		
2. Household/ Social situation	<p>Do you live alone? Yes / No</p> <p>Do you receive support from others with your usual routines? Yes / No</p> <p>Do you live in a care home? Yes/No</p> <p>Are you housebound or shielding at this time? Yes / No</p>	N/A																		
3. EQ-5D-5L Mobility	<p>This question is about Mobility- please tell me if before covid which applies:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Pre covid</th> <th style="width: 20%; text-align: center;">Now</th> </tr> </thead> <tbody> <tr> <td>I have no problems in walking about</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">1 <input type="checkbox"/></td> </tr> <tr> <td>I have slight problems in walking about</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>I have moderate problems in walking about</td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td>I have severe problems in walking about</td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>I am unable to walk about</td> <td style="text-align: center;">5 <input type="checkbox"/></td> <td style="text-align: center;">5 <input type="checkbox"/></td> </tr> </tbody> </table>		Pre covid	Now	I have no problems in walking about	1 <input type="checkbox"/>	1 <input type="checkbox"/>	I have slight problems in walking about	2 <input type="checkbox"/>	2 <input type="checkbox"/>	I have moderate problems in walking about	3 <input type="checkbox"/>	3 <input type="checkbox"/>	I have severe problems in walking about	4 <input type="checkbox"/>	4 <input type="checkbox"/>	I am unable to walk about	5 <input type="checkbox"/>	5 <input type="checkbox"/>	<p>If deterioration between pre Covid and now assess and if necessary refer to Physio/OT</p>
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<p>4. EQ-5D-5L</p> <p>Self Care</p>	<p>This question is about Self Care</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Pre covid</th> <th style="text-align: center;">Now</th> </tr> </thead> <tbody> <tr> <td>I have no problems washing or dressing myself</td> <td style="text-align: center;">1☐</td> <td style="text-align: center;">1☐</td> </tr> <tr> <td>I have slight problems washing or dressing myself</td> <td style="text-align: center;">2☐</td> <td style="text-align: center;">2☐</td> </tr> <tr> <td>I have moderate problems washing or dressing myself</td> <td style="text-align: center;">3☐</td> <td style="text-align: center;">3☐</td> </tr> <tr> <td>I have severe problems washing or dressing myself</td> <td style="text-align: center;">4☐</td> <td style="text-align: center;">4☐</td> </tr> <tr> <td>I am unable to wash or dress myself</td> <td style="text-align: center;">5☐</td> <td style="text-align: center;">5☐</td> </tr> </tbody> </table>		Pre covid	Now	I have no problems washing or dressing myself	1☐	1☐	I have slight problems washing or dressing myself	2☐	2☐	I have moderate problems washing or dressing myself	3☐	3☐	I have severe problems washing or dressing myself	4☐	4☐	I am unable to wash or dress myself	5☐	5☐	<p>If deterioration between pre Covid and now assess and refer to IRR/Fast response</p>
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<p>8. EQ-5D-5L</p> <p>Perceived Health</p>	<p>We would like to know how good or bad your health is TODAY.</p> <p>This scale is numbered from 0 to 100 100 means the best health you can imagine 0 means the worst health you can imagine</p> <p>What is the score pre Covid and what is the number today</p> <p>Pre Covid ____ /100</p> <p>Today ____ /100</p>	<p>N/A</p>																		

	Difference +/- ____/100	
9. Specialities	Speech and Language Therapy	Action for GP
Cognitive - Communication	<p>Have you or your family noticed any change in the way you communicate with people, such as making sense of things people say to you, putting thoughts or feelings into words, difficulty reading or having a conversation?</p> <p>Yes / No</p> <p>If Yes: rate the significance of impact on a scale of 0-5 (0 being no impact, 5 being significant impact)</p>	If rating 1-5 – refer to ENT or SALT
Voice	<p>Have you or your family noticed any changes to your voice such as difficulty being heard, altered quality of the voice, your voice tiring by the end of the day or an inability to alter the pitch of your voice?</p> <p>Yes / No</p> <p>If Yes: rate the significance of impact on a scale of 0 - 5 (0 being no impact, 5 being significant impact)</p>	If rating 1-5 – refer to ENT or SALT
Laryngeal/airway complications	<p>Have you developed any changes in the sensitivity of your throat such as troublesome cough or noisy breathing?</p> <p>Yes / No</p> <p>If Yes: rate the significance of impact on a scale of 0-5 (0 being no impact, 5 being significant impact)</p>	If rating 1-5 – refer to ENT or SALT
Swallowing	<p>Are you having difficulties eating, drinking or swallowing such as coughing, choking or avoiding any food or drinks?</p> <p>Yes / No</p> <p>If Yes: rate the significance of impact on a scale of 0-5 (0 being no impact, 5 being significant impact)</p>	If rating 1-5 – refer to ENT or SALT
10. Speciality	Dietician	Action for GP
Diet/Nutrition	<p>Are you or your family concerned that you may be underweight or need nutritional advice?</p> <p>Yes / No</p> <p>Have you recently lost a lot of weight unintentionally?</p> <p>Yes / No</p> <p>Have you noticed that your clothes or rings have become loose recently?</p> <p>Yes / No</p>	<p>If answer yes to any question please provide first line diet advice sheets</p> <p>If answer yes to more than 1 question assess and investigate/refer to Community Dietitians.</p>

	<p>Have you recently lost your appetite and/or interest in eating?</p> <p>Yes / No</p>	
11. Speciality	Physiotherapy	Action for GP
Breathing*	<p>Are you struggling with shortness of breath or altered breathing pattern following your illness ?</p> <p>Yes / No</p>	Refer to Pulmonary rehabilitation
Secretions*	<p>Are you still coughing anything up (since having Covid-19?)</p> <p>Yes / No</p>	Refer to Physio or pulmonary rehabilitation
Falls	<p>Have you had any falls since discharge?</p> <p>Yes / No</p> <p>Are you afraid of falling ?</p> <p>Yes / No</p>	<p>Refer to Physio if housebound</p> <p>or to Falls Prevention Service</p>
Physical Activity	<p>Have your physical activity levels returned to usual since you were discharged from hospital?</p> <p>Yes / No</p> <p>Are you satisfied with your physical activity/ exercise levels</p> <p>Yes/No</p>	If no refer Pulmonary Rehabilitation
12. Speciality	Occupational Therapy	Action for GP
Participation	<p>Does your health prevent you from going back to your usual day to day activities including work (if appropriate) or hobbies ? (subject to lockdown restrictions)</p> <p>Yes / No</p> <p>If yes is this caused by fatigue (extreme tiredness)</p> <p>Yes / No</p> <p>Following your discharge from hospital do you feel isolated ?</p> <p>Yes / No</p> <p>Are you lonely?</p> <p>Yes/No</p>	<p>If yes refer to OT</p> <p>If yes consider referral to chronic fatigue services</p> <p>If yes VAR will provide signposting/support</p>
Activities	<p>Are you feeling distractible and finding it more difficult to concentrate?</p>	If rating 1-5 on

	<p>Yes / No</p> <p>If Yes: rate the significance of impact on a scale of 0 - 5 (0 being no impact, 5 being significant impact)</p> <p>Are you struggling to plan ahead and organise yourself?</p> <p>Yes / No</p> <p>If Yes: rate the significance of impact on a scale of 0 - 5 (0 being no impact, 5 being significant impact)</p> <p>Are you having problems with your memory ?</p> <p>Yes/No</p> <p>If Yes: rate the significance of impact on a scale of 0 - 5 (0 being no impact, 5 being significant impact)</p>	<p>these questions – assess and refer as appropriate to Mental Health Services/Memory Services</p>
13. Speciality	Medical/Nursing Follow Up	
Symptom Management	<p>Are you experiencing any new symptoms following your illness such as</p> <p>Dizziness Yes / No</p> <p>Chest pain Yes / No</p> <p>Shortness of breath Yes / No</p> <p>Uncontrolled pain Yes / No</p> <p>Are you experiencing trouble taking your medications appropriately ? Yes / No</p> <p>Do you find any of your skin is sore from sitting for long periods ? Yes / No</p> <p>Have you experienced problems with continence following discharge home ? Yes / No</p>	<p>GP assessment for medical review , appropriate investigations and if necessary referral to the appropriate Speciality</p> <p>Practice Pharmacist review</p> <p>Refer to DN for pressure assessment</p> <p>Refer to Continence Service</p>
14. Speciality	Emotional Concerns related to Covid19 illness	
	<p>Are you anxious about your breathing?</p> <p>Yes / No</p> <p>Are you getting any of the following fast heartbeat, stomach churning, sweatiness, dizziness?</p> <p>Yes/No</p>	<p>Consider referral to IAPT or Pulmonary Rehab as appropriate</p> <p>If rating 2-5 on more than one refer to IAPT using</p>

