

**Whole Health System Approach
to Long COVID**



Patient-Aligned Care Team (PACT) Guide

U.S. Department of Veterans Affairs

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Guide
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https://www.publichealth.va.gov/n-coronavirus/COVID_19_Response_Reports.asp#LongCovid

Quick Guide Content:

- ▶ Things to Keep in Mind
- ▶ Evaluation
 - Labs to Consider
 - Tests to Consider
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Quick Guide Topics:

- ▶ Anosmia and Dysgeusia
- ▶ Autonomic Nervous System Dysregulation
- ▶ Chest Pain
- ▶ Cognitive Impairment
- ▶ Cough
- ▶ Dyspnea
- ▶ Fatigue and Activity Intolerance
- ▶ Headaches
- ▶ Mental Health:
Anxiety, Depression, PTSD, Suicidal Ideation
- ▶ Other Potential Conditions:
Cardiometabolic and Autoimmune

CHEST PAIN

Provides suggestions as you engage in shared health care decision-making. It is not intended to replace clinical judgement.

Chest pain is a common symptom with almost 5% of those diagnosed with COVID-19 reporting chest pain >12 weeks after initial illness.¹⁰ (Whitaker M, 2022) The usual considerations in the differential for recurrent chest pain.¹¹ (Gluckman T, 2022) In particular, COVID-19, cardiovascular conditions including myocardial infarction (MI) and pericarditis were noted to be higher compared to those without COVID-19, even in asymptomatic patients.¹² (Xie Y, 2022) The reason is unclear but may be related to virally mediated endothelial injury or indirectly from the immune response.¹³ (Bellan M, 2021) Further, there seems to be a number of people with atypical chest pain that may be part of a

Things to Keep in Mind

- ▶ The evaluation is similar to routine evaluation for chest pain
- ▶ Maintain a high degree of suspicion for coronary artery disease (CAD), myocarditis/pericarditis, and venous thromboembolism (VTE) given elevated risk after COVID-19 infection
- ▶ Assess pregnancy/lactation status, review teratogenic medications

Evaluation

Labs to Consider

- ▶ None

Tests to Consider

- ▶ Additional testing as indicated and exam

PACT Management to Consider

- ▶ ICD-10 Code: U09.9, Post-COVID-19 condition, unspecified
- ▶ For pleuritic pain or costochondritis:
 - ▶ Diaphragmatic breathing
 - ▶ Stretching
 - ▶ 1 or 2 weeks of low dose non-steroidal anti-inflammatory drugs (NSAID)
- ▶ If signs and symptoms worsen, consider viral-like esophagitis

Consults to Consider

- ▶ Cardiology: if no improvement after initial therapies described, or underlying cardiac disease or complications (myocarditis, heart failure, ischemia/CAD, arrhythmia)
- ▶ Physical Therapy: for access to home exercise program after ruling out cardiac issues
- ▶ Chiropractic Care
- ▶ Whole Health System approach including acupuncture