



Lilavati Hospital and Research Centre

*More than Healthcare, Human Care*

NABH Accredited Healthcare Provider

## POST-COVID CARE

### *A New Beginning*

**COVID -19** Pandemic has affected many lives across the globe. Interestingly, **majority of patients suffer from milder form of illness (80%)** and only a **smaller proportion (20 %)** of patients **have moderate or severe illness**. This disease has an acute phase like any other viral illness with constitutional symptoms and a chronic phase with persistent symptoms like fatigue, body ache, cough, sore throat and difficulty in breathing. A comprehensive care model is essential to monitor these patients closely to avoid possible complications and have healthy living.

## *What are the likely complications of COVID-19?*

### **Multisystem involvement due to systemic inflammation**

- Respiratory – Mild/Moderate/Severe Pneumonia
- CVS – ACS, Arrhythmia, Cardiomyopathy
- Kidney – Acute Kidney injury electrolyte imbalance
- Obstetrics – Preterm IUGR, miscarriage
- Coagulopathy – Blood clotting issue leading to vascular complication
- G.I. – Diarrhoea, abdominal pain, nausea/vomiting
- CNS – Dizziness, fatigue, headache, seizures, haemorrhage
- MODS - Lung sequelae , Greater than 40% patient residual abnormal lung changes

## *What does Post COVID care mean?*

After recovering from acute phase of illness, we see lingering bodily symptoms. Pandemic has raised fear of worsening in recovered patients too. They may feel rejected and disturbed. They need to be counselled and given enough support by people around. Mostly, they comprise of constitutional features and in some may indicate towards possible complications. It's important to continue being cautious especially for 3 months after discharge. Elderly age group needs more care as vascular complications such as bleeding or clotting both can be life threatening. For those who suffered from Pneumonia, need to be monitored for any further progression in form of fibrosis. Physiological and anatomical follow up is a must in form of pulmonary function tests and HRCT scan of chest as advised by your physician. Post COVID period needs a supervised care and persistent cautious attitude. Home quarantine should be done for appropriate duration as per your doctor.

## *What measures to be taken at home after discharge*

- Continue COVID appropriate behaviour (use of mask, hand & respiratory hygiene, physical distancing)
- Readdress your ongoing medications for other pre-existing ailments
- Self-monitoring is essential in form of daily check of oxygen levels and temperature.
- Look for warning signs like fever, breathlessness, low oxygen levels ( $SpO_2 < 95\%$ ), unexplained chest pain, new onset of confusion, focal bodily weakness

- If you are started on blood thinners, keep a close watch on bleeding from any site like red coloured urine, blood in stools, blood in phlegm
- If you are started on oral corticosteroids, monitor your sugar levels
- Ensure nutritious diet, adequate hydration (with plenty of fluids) and sound sleep
- Be vigilant and vocal about your mental health
- Recovered individuals should discuss the importance of right reflexes at right time and clear the myths and stigma around the disease
- Professional work to be resumed in graded manner only after confirming with treating Physician
- COVID Rehabilitation is extremely beneficial
- Advisable to follow up with primary Physician after 10 days from discharge

## *Alarms to contact doctors after discharge!!!*

Post recovery, your body is still in a vulnerable state and is prone to various type of infections or COVID related complications. Staying cautious would help you by picking these signs early. Some of the signs one should be on the lookout for include:

- Fever
- Worsening breathlessness
- Drop in oxygen levels (less than 95% on ambient air)
- High pulse rate
- New onset chest pain
- Delirium, confusion
- Focal bodily weakness
- Depressive thoughts
- Gastrointestinal issues
- Bleeding from any site

## *How does COVID Rehabilitation help ?*

COVID Rehabilitation is a comprehensive programme that takes care of your physical as well as mental health. In view of persistent effects of disease on body, immediate addressal is always welcomed. Need for this programme is more in ICU survivors or those who battled moderate or severe form of disease as they all have persisting limitations in respiratory function and gas exchange. Majority of patients with milder forms of disease do develop movement related fatigue. This programme offers physical, cognitive and psychosocial benefits. Additionally, forms a link between treating physician and patients to identify limitations early.

# Do's & Don'ts

## DO's

- Continue sanitization and maintain social distancing
- Continue breathing exercises
- Take your regular pre COVID medicines
- Continue sustainable physical exercise preferably COVID Rehabilitation
- Take Adequate Nutrition, hydration and sleep
- Help others around by improving awareness about the disease
- Kindly follow up with your consulting physician

## DON'Ts

- Do not panic once you have recovered from COVID
- Don't overstress yourself or get fatigued
- Don't feel helpless/ alone / anxious
- Don't self-medicate yourself
- Do not perform strenuous exercise
- Don't shy away from speaking about your health issues mental or physical

# POST COVID HEALTH CARE PACKAGES

## *How to choose the package?*

### Basic Care Package

For patients managed at home or admitted in wards with NO oxygen requirement.

### Advanced Care Package

For patients admitted in wards with oxygen requirement.

### Supreme Care Package

For patients admitted in ICU.

## Basic Care Package

- Patients who had asymptomatic disease or mild symptoms like cough, sore throat or cold with no Pneumonia throughout the acute course.
- Never dropped oxygen levels
- Did not require Steroids or blood thinners on discharge

### *After 6 weeks*

#### INVESTIGATIONS

##### Home Sample Collection

- CBC
- CRP
- SGOT
- SGPT
- Creatinine

##### At Hospital

- ECG
- COVID Antibody
- Chest X-Ray PA view
- Spirometry with bronchodilator reversibility

#### CONSULTATIONS

- Pulmonologist
- Nutritionist

### *Medications*

- C. Becozinc twice a day for 45 days
- T. Celin 500mg thrice a day for 45 days
- Uprise D3 60,000 once a week for 8 weeks
- Resource High Protein / Diabetic Resource High Protein

##### Physiotherapy assessment video consultation

- One session

## Cost

*Rs. 8,000/-*

## Advance Care Package

- Patient those who had pneumonia with or without history of drop in Oxygen levels. They need close monitoring of oxygen at home also.
- Prescribed blood thinners on discharge
- Prescribed oral corticosteroids on discharge

## *After 10 days*

### INVESTIGATIONS

#### Home Sample Collection

- CBC
- CRP
- Blood Sugar Fasting (FBS)
- Blood Sugar Post Prandial (PPBS)

### VIDEO CONSULTATIONS

- Pulmonologist
- Nutritionist
- Psychologist

## *After 2-4 weeks*

### INVESTIGATIONS

#### Home Sample Collection

- CBC
- CRP
- **Liver Profile**
  - Total Protein
  - Albumin (Globulin, A/G Ratio)
  - SGOT
  - SGPT
  - Bilirubin
  - GGTP
  - Alkaline Phosphatase
- **Kidney Profile**
  - Serum Uric Acid
  - Serum Calcium
  - Serum Electrolyte
  - Serum Creatinine
  - Serum Protein
  - Albumin (Globulin, A/G Ratio)
  - Blood Urea
  - Phosphorus
- D- Dimer
- Glyco HbA1C
- Blood Sugar Fasting (FBS)
- Blood Sugar Post Prandial (PPBS)

#### At Hospital

- Prothrombin Time (PT-INR)
- ECG
- COVID Antibody
- HRCT Plain or with contrast
- Complete Pulmonary Function Test
- 6 minute walk test

### CONSULTATIONS

- Pulmonologist
- Nutritionist
- Psychologist
- Any One Consultation - (Diabetologist / Psychiatrist / Cardiologist / Neurologist / Nephrologist)

## Medications

- C. Becozinc twice a day for 45 days
- T. Celin 500mg thrice a day for 45 days
- Uprise D3 60,000 once a week for 8 weeks
- Resource High Protein / Diabetic Resource High Protein

## COVID REHABILITATION

- 10 sessions (Video consultation)

## Cost

**Rs. 30,000/-**

## Supreme Care Package

- Patient who had moderate or severe pneumonia with or without history of drop in Oxygen levels. They need close monitoring of oxygen and temperature at home.
- Prescribed blood thinners on discharge
- Prescribed oral corticosteroids on discharge

## After 10 days

### INVESTIGATIONS

#### Home Sample Collection

- CBC
- CRP
- Blood Sugar Fasting (FBS)
- Blood Sugar Post Prandial (PPBS)

### VIDEO CONSULTATIONS

- Pulmonologist
- Nutritionist
- Cardiologist
- Psychologist

## After 2-4 weeks

### INVESTIGATIONS

#### Home Sample Collection

- CBC
- CRP
- **Liver Profile**
  - Total Protein
  - Albumin (Globulin, A/G Ratio)
  - SGOT
  - SGPT
  - Bilirubin
  - GGTP
  - Alkaline Phosphatase

- **Kidney Profile**
  - Serum Uric Acid
  - Serum Calcium
  - Serum Electrolyte
  - Serum Creatinine
  - Serum Protein
  - Albumin (Globulin, A/G Ratio)
  - Blood Urea
  - Phosphorus
- D- Dimer
- Glyco HbA1C
- Blood Sugar Fasting (FBS)
- Blood Sugar Post Prandial (PPBS)
- Ferritin
- LDH

#### **At Hospital**

- Prothrombin Time (PT-INR)
- ECG
- 2D ECHO
- COVID Antibody
- HRCT Plain or with contrast
- Complete Pulmonary Function Test
- 6 minute walk test

#### **CONSULTATIONS**

- Pulmonologist
- Nutritionist
- Psychologist
- Cardiologist
- Any One Consultation - (Diabetologist / Psychiatrist / Neurologist / Nephrologist)

#### **Medications**

- C. Becozinc twice a day for 45 days
- T. Celin 500mg thrice a day for 45 days
- Uprise D3 60,000 once a week for 8 weeks
- Resource High Protein / Diabetic Resource High Protein

#### **COVID REHABILITATION**

- 18 sessions (Video consultation)

**Cost**

**Rs. 40,000/-**

***For details and appointment contact  
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