COVID-19
Patient Information and Rehabilitation Booklet

Practical advice and tips to help you manage your symptoms during and following COVID-19
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This booklet has been created to give you a framework that you can use with your team of health care professionals and your family to support your recovery following COVID-19.

Life after illness can be challenging and it can feel like a series of stepping stones to feel “normal” again. This process will take time, effort and energy for you and your family. Remember to give yourself time to adapt, recharge and support yourself or your loved ones through this process.

This booklet has been designed to incorporate advice and specific exercises to enhance your recovery while in hospital and could potentially speed up your recovery home.

Your therapy team will have advised you on everything you need to help further your recovery while in hospital. It is expected that you will experience breathlessness on minimal activities once home initially, this will improve over time.

COVID-19 is a virus which predominantly affects the airways, causing shortness of breath, coughing and at times low oxygen levels. Breathlessness at rest and during activities is a normal symptom of COVID-19. All staff treating you will be wearing protective equipment and during some treatments you may be asked to wear a mask to minimise the risk of spreading the virus. To further minimise the risk, we may phone you to talk, rather than enter the room.

Individuals are likely to have different problems due to the impact of COVID-19. Some people recover quickly and do not require much support. However, some will require more time and help with their recovery.

Remember it can take between 6-8 weeks or more to fully recover from a hospital stay. The longer your stay in hospital, generally the longer it will take you to recover.

Once home it is important to slowly build yourself back up to your “normal” daily routine over time. The following information can help you achieve this. Going home and remaining inactive will not help; remember being short of breath on activity is not a reason to not participate in activities.

At the end of this booklet are many resources and contact to support you through your recovery.
Listed below are some common physical and psychological symptoms that you may have following a respiratory illness.

**Physical:**

**Phlegm** – Most people cough and clear phlegm throughout the day without noticing. With COVID-19 you may have a dry cough, but some people develop phlegm as the course of their illness progresses. This can depend on your underlying health conditions, or it may just be how you are being affected by the virus. Clearing this phlegm is important as it will improve your oxygen levels and help make breathing easier. – Please refer to the secretion clearance section for advice.

**Breathlessness** - Breathlessness is a key feature for many people with this condition. If you have been admitted to hospital it is likely that you may become short of breath as your lungs work harder to provide oxygen to your body. This may mean that you breathe faster and shallower. Being breathless with simple daily tasks can make you feel anxious or frightened, this is a normal response. This booklet has a section to help with this.

**Muscle weakness** – Being unwell often means you’re resting more, either in bed or sat out in a chair. This can lead to muscle weakness which can put you at risk of deconditioning and or further muscle weakness, if you continue with a sedentary lifestyle.

**Reduced physical fitness** – all of the problems listed above can have an impact on; your daily activities, the distance you are able to walk and the amount you can achieve each day.

**Fatigue** – Being unwell and recovering from this illness may leave you feeling very tired. You may feel you need to sleep more or feel completely exhausted after only taking a short walk, on during minimal activity.

**Psychological:**

**Delirium** - Delirium is a sign that someone is physically unwell. People may feel suddenly ‘confused’ at times and then seem their normal selves at other times.

People who are delirious may not know where they are or believe they are somewhere else, e.g. on holiday. Sometimes people see things that other people can’t see, or believe things that aren’t true.

**Feeling frightened or anxious** - Some people who have been very confused with delirium may feel very frightened or embarrassed afterwards. It may help to talk to a member of staff or one of your friends/family to help you make sense of why you feel like this.

**Thinking and memory** - Some people after being unwell have problems with memory and attention. You might find yourself forgetting things that previously you would have remembered. This is common and will often get better over time.
Secretion clearance

Active cycle of breathing technique (ACBT) is a breathing technique that helps to loosen and clear mucus from the lungs, improve ventilation in the lungs and improve the efficiency of your cough.

**Breathing control** ‘Belly Breathing.’ This is gentle normal breathing using your stomach. Put your hands on your stomach. As you breathe in you should feel your hands rise and as you breathe out your hands should fall. Your breathing should be slow and steady.

**Deep breaths** Focus is on taking a deep breath in, slowly through your nose, hold your breath for 1-3 seconds, followed by a gentle relaxed breath out through your mouth.

**Huffs** Take a big breath in, keep your mouth open imagine steaming up a mirror with force and huff all the air out of your lungs. (Use breathing control between huffs to avoid getting breathless.)

**Cough** Try a big strong cough if you think you have phlegm on your chest to clear. If this is painful, try hugging a pillow tightly when coughing.

If you don’t have any phlegm to cough up, then concentrate on cycles of breathing control and deep breathing.

**Smoking Cessation**
Stopping smoking could help your lungs recover much quicker from a respiratory illness and reduced your risk of susceptibility to further infections. If you, or a relative,
Managing your breathlessness

It is very easy to avoid activity if you are feeling unwell and breathless, however this can lead a vicious cycle of inactivity.

Avoiding the inactivity cycle is vital to your recovery and progression. Adopting a positive cycle of activity, along with the advice in the leaflet could help enhance your recovery, both physically and mentally.
To help you manage your breathlessness, below are some activities that you can do at rest, and then progress to using when you are exercising, in order to improve and control your breathlessness. This will enable you to improve your physical activity levels and will help to manage any anxiety surrounding your breathlessness.

**Positions of ease**

People with lung problems or those recovering from illness can often feel short of breath. Many daily tasks can make you breathless, such as walking or getting dressed. Being breathless can also make you feel anxious or frightened. It is important not to hold your breath when this happens as it will make you feel more short of breath. The following breathing activities and positions of ease can help you to manage and control your breathlessness.

The positions below can help you to control and settle your breathing. Remember to take rests and use one of these positions before you get too short of breath.
Breathing exercises

Breathing Control
Relaxed breathing with minimum effort. The aim is to move from fast, upper chest breathing to relaxed, slow tummy breathing.

- Place one hand gently on the stomach. You should feel your stomach should rise and fall with each breath in and out.

- Take slower breaths, in through your nose down into your tummy, then gently breathe out through pursed lips to create more room for the next breath in. Do not force your lungs to empty.
• Remember **3 Rs**: **Rise** the tummy as you breathe in, **Relax** the breath out, **Rest** and wait for the next breath to come.

Try counting “in, 2, out 2,3,4” or “Square Breathing”: Look at a square picture, window or screen. Focus on the corner as you breathe in, then breathe out as your eye moves along the square to the next corner.

![Square Breathing Diagram](image)

**Pursed-lips breathing.**
This exercise can be used at any time to help control your breathlessness, either at rest or while you are moving. Breathe in gently through your nose, then purse your lips, like if you were blowing out a candle or whistling, and breathe out through your lips. Try to blow out for as long as is comfortable for you; do not force your lungs to empty!

![Pursed-lips Breathing](image)

**Blow-as-you-go.**
This is useful when you are doing activity e.g. lifting a heavy bag. Breathe in before you make the effort, then breathe out when making the effort for the task you are doing. You can use this technique alongside pursed lip breathing when you are breathing out.

![Blow-as-you-go Diagram](image)
Paced Breathing.
This is a useful technique to use when you are active to pace your breathing to the activity that you are doing. You can use it at the same time as ‘blow-as-you-go’ or ‘pursed lip breathing’.
For example, count the length of your breath when you are walking or climbing stairs. Count for 1 as you breathe in and for 2 or 3 as you breathe out. You can count for longer when you breathe in or out if that feels better for you. This may change depending on the stage of your recovery and may change day to day.

When should I do my breathing exercises?
It is important to practice these exercises often so that you learn them and your lungs get used to them. You will find it easier to begin with to learn these exercises at rest before you use them when doing activity or when you are already short of breath. See the resources section for further information and advice.

Exercises
The best thing you can do for your recovery is to start moving. You may feel tired but even some basic exercises will be beneficial to your recovery.

While in hospital you may become short of breath easily on very little activity but this will improve as you continue your recovery in hospital and then at home. The following exercises can help you to begin improving your strength and physical ability, and will also improve and help your mental health and lung function.
You can use the scale below to help measure how your breathing feels during an activity.

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When exercising at home you should be aiming to become moderately to somewhat severely breathless (BORG 3-4). Exercising at this level will help improve endurance and lung function. This may be different if you are in hospital and the therapy team will guide you with this.

- Try to co-ordinate your movements with breathing out with the activity
- If any exercises cause discomfort stop doing that exercise
- Household items such as tins of beans or water bottles can be used as small weights
- Aim for 8-10 repetitions initially, and increase the number of repetitions as able. You should work towards completing 3 sets of 10 repetitions in total.

1. **Chair Marching/Marching on the spot**
   Sit towards the middle or front of your chair so that you are utilising your tummy muscles to keep you strong and stable. Start with feet flat on the floor, sat upright with your back straight. Bring one knee up as high as possible and then slowly back down. Continue to alternate legs until the set is complete.
   - To advance this, carry it out standing so you are marching on the spot.
2. **Seated or standing Bicep Curls**  
Start with feet flat on the floor, either sat or stood upright with back straight and arms by your body. Keeping your elbows tucked into your body slowly bend your elbow so that your hands finish near your shoulders and slowly back down again. You should do one arm at a time.  
- Use small weights for progression.

3. **Leg Extensions**  
Start with feet flat on the floor, sat upright with back straight. Straighten one leg out as much as possible then bring your toes towards your body. Repeat with each leg.

4. **Upright Rows**  
Start with feet flat on the floor, sat or stood with back straight and arms by your side. Using both arms bring them up towards your chin while keeping your elbows out wide, then slowly take them back down to your start position.  
- You can use small weights to make the exercise more challenging.

5. **Sit-to-Stand**  
Sit towards the front of a chair, making sure you keep you your back and shoulders straight, knees bent and feet flat on the floor. Aim to use your hands little as possible (or not at all, if you can) and keep your back straight as you stand; make sure you don’t lean forward with your shoulders as you rise. Hold the stand for 2 seconds before returning to sitting.  
- Do the stand slower to make the exercises more difficult.  
- Stop the exercise if you become dizzy when you stand.

6. **Arm Reaching**  
Start with feet flat on the floor, stood upright with back straight and arms by your side.  
- Start with fingertips on shoulders, one arm at a time slowly reach up above your head, then place fingertips back on shoulder, repeat with alternate arm.  
- Next, one arm at a time reach out from your shoulder directly to the side, then place fingertips back onto shoulder, repeat with alternate arm.  
- Finally, reach out directly in front, one arm at a time and then return fingertips back to shoulder.
Walking
When walking, initially make a note of how long you are able to comfortably walk for i.e. distance or time. Walk outdoors, indoors or on the spot at a comfortable pace, so that you become moderately short of breath. Focus on building up your stamina as you progress.

The aim is to become moderately to fairly breathless doing these exercises (BORG 3-4). If you become severely breathless you should stop or slow down until you’ve recovered enough to carry on. If needed, we will then work with you to set further goals to improve your endurance.

Energy conservation and fatigue management

The role of the Occupational Therapist in the acute hospital setting has two main aims.
1) For you to leave the hospital able to do as much as you can
2) Refer you on to appropriate colleagues in the community to help you progress your abilities further.

This booklet explains some of the common problems that people who have been admitted to hospital due to COVID-19 may experience, either on the ward or after leaving hospital.

Everyone is different and you may experience some of the common problems already listed in this booklet. An Occupational Therapist can help you with your rehabilitation, treatments, advice and tips to help you manage and recover.

Understanding your home circumstances and how you previously managed to do the things in your everyday life is really important. This helps identify any additional support and equipment you may or may not require when leaving hospital.

What do you want to be able to do when you leave hospital?

Assessments: These are snapshots of activities assessed before discharge, to ensure you are able to manage once you have left hospital with your normal activities of daily living. Depending on your circumstances you may be asked to do some or all of them.

- Getting in and out of bed, lying down, sitting up in bed
- Getting washed and dressed
- Getting on and off a chair
• Getting on and off the toilet, managing your underwear and personal hygiene
• Kitchen activities
• Managing stairs
• Your ability to remember and recall information at present

Fatigue
Even if you are able to physically carry out the activity you need to do; you may find that you become tired very quickly. Your OT can advise you on how to break down any activity into manageable chunks. **Energy levels fluctuate** from day to day and hour to hour. This may result in you needing to adapt the activities that you do to enable you to conserve your energy.

Understanding your energy levels
• Imagine you had 10 bags of beans to fuel your day.
• When you are feeling well, it may feel like getting up from bed uses up half a bag of beans.
• Whilst you are recovering, this may now feel like it uses up 4 bags of beans meaning you only have 6 bags left to use for the rest of the day.

With this analogy in mind it may be useful to keep a note of how tiring different activities are for you in order to help you understand the pattern of your fatigue and enable you to manage and adapt to this better.

Planning
Planning includes organising daily routines to allow completion of essential activities when you have the most energy.
E.g. many find it more helpful to perform strenuous tasks such as dressing early in the day when strength and stamina are often at their peak.

Consider the following:
• Think about the steps that need to be completed and items required
• Prepare the required items ahead of time.
• Keep frequently used items in easily accessible places.
• Have duplicate items available to limit unnecessary trips between the bathroom, bedroom, or kitchen.

Pacing
Once activities are planned, pacing allow you to split the task into manageable smaller tasks, thus allowing you to sustain an energy level until the task is completed.

**Consider the following:**
- Allow plenty of time to complete activities and incorporate frequent rests.
- Perform tasks at a moderate rate and avoid rushing. Although a task may be completed in less time, rushing utilises more energy and leaves less ‘in the bank’ for later activities.
- Allow plenty of time for rest and relaxation. Take a morning or afternoon nap prior to activities to build up energy.
- Rethink activities with rest in mind. For example, sit instead of stand whenever possible.

**Prioritising**
Prioritising your tasks is key to conserving energy. When faced with limited energy reserves, prioritise tasks that are necessary first.

**Consider the following:**
- Can a friend or family member assist with chores?
- Eliminate unnecessary tasks, chores or steps of an activity. Look for shortcuts and loosen the rules.
- Being flexible in daily routines enables you to enjoy some pleasurable activities.

**Positioning**
Positioning can be extremely effective to help you conserve energy and manage fatigue levels.

**Consider the following:**
- Storing items at a convenient height to avoid excessive and prolonged stooping and stretching.
- Work at an ideal height for you. Lift things up so you can achieve the task comfortably.
- Facilitate bathing/showering by purchasing a shower/bath seat

**Leaving hospital**
You may be medically ready to leave hospital before you can easily manage all your necessary tasks. Prior to leaving hospital your safety and place of discharge or rehabilitation will already have been considered, and where appropriate will be commenced on discharge. If you required any addition further support at home, referrals can and will have been made to the correct community services who will contact you accordingly. For example:
- Home: Care package, equipment, ongoing rehab in your own environment
- Residential rehabilitation: You need to improve your abilities generally in order to be safe at home
- Step down bed: to await care package, larger pieces of equipment at home or to review where you may live in the future

Please see the resources section for additional local support.
Nutrition and Hydration

Importance of good nutrition & hydration
Having good nutrition and hydration is very important in the treatment for a respiratory disease because your body needs extra energy and protein to help fight off the illness and recover. Without enough nutrients, particularly protein, energy, vitamins and minerals, your body will start to break down muscle tissues in order to provide an alternative energy source.

Useful tips
- Eat little and often throughout the day, very 2-3 hours. This is particularly useful if you have a small appetite or find you get too breathless eating larger portions.
- Have high calorie snacks to pick at throughout the day.
- Choose nourishing fluids such as milky drinks and try to avoid low calorie or diet drinks.

Important nutrients
Carbohydrates are the body’s main source of energy and should be included at each meal time. Good sources include: cereals and porridge, bread, rice, pasta, noodles, potatoes. Most of these foods are easy to fortify which will be discussed later in this section.

Protein is needed for growth and repair of the body’s tissues and cells. Good sources include: red meat, poultry, fish, eggs, nuts, beans and dairy products. Try and select full fat dairy foods to help increase energy intake.

Dairy products are a good source of calcium which is important for bone health. Particularly, if you are taking steroids to help reduce inflammation as these can increase your risk of osteoporosis (thinning of the bones). Dairy products include: full fat milk, cream, cheese, yoghurt.

Fortifying foods
Meals and snacks can be fortified to help increase the energy and protein content. This can be achieved by adding small amounts of high calorie ingredients, without increasing the portion size of the meal/snack.
- Full fat milk – Can be added to hot drinks, coffees, hot chocolate, cereals, mashed potatoes, scrambled eggs.
- Cheese – Can be added to scrambled eggs, mashed potatoes, pasta dishes, vegetables, tops of shepherds / fish pies.
- Cream – Can be added to hot drinks, porridge, cereals, cakes, puddings and chopped/tinned fruits.
- Sugar / jam / honey – Can be added to cereal, porridge, rice pudding, desserts and chopped/tinned fruits.
**Nourishing drinks and hydration**

If you are struggling with eating or finding it hard to manage large portions, having nourishing drinks is a good way to increase protein and energy intake. Drinking plenty is important to prevent dehydration and constipation. Aim for 8-10 glasses of fluid per day (about 2 litres). Adequate hydration can help clear mucus. There is no evidence to suggest that high intake of milky drinks increases mucus production or thickness.

- Milky coffee made up with full fat milk. Cream can also be added.
- Fruit smoothies – Fruit blended with yoghurt, full fat milk and ice cream.
- Milkshakes – Full fat milk, ice cream, cream blended with flavouring (i.e chocolate powder, milkshake powder, fruit, made up and cooled coffee)

**Tips if you are breathless while eating**

Some people find that during times of increased breathlessness that eating can become more difficult and tiring. These tips can help to make eating a little bit easier.

- Choosing naturally softer foods can make eating a little easier i.e. porridge, readybrek, fish flaked in sauce, slow cooked meat, scrambled eggs, omelettes, soups with added cream or grated cheese.
- Make foods softer i.e. adding sauce to fish/meat/vegetables, add butter to mashed potatoes and vegetables, add cream/custard/ice cream to puddings or tinned fruit.
- Eat smaller portions but have these more frequently throughout the day.
- If you cannot manage a dessert after a meal – wait 30-60 minutes and then have it.
- Take your time while eating and don’t rush.

If you need any extra advice or are particularly concerned about your eating, you can ask your GP for a referral to a dietician. Or you can contact us on 01709424297 or send an email to rgh-tr-dietetics.dept@nhs.net for a full information pack on how to help improve your nutrition.

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**Eating and Drinking (Speech and Language Therapy)**

It is likely that the muscles you use for eating/drinking will be weaker at the moment. This is because your body will have used energy from its stores in your muscles while you were unwell and you might have used them less (for example, if you were fed through a tube). You might also be more short of breath than usual and easily fatigued. This will all affect your eating and drinking. You might need to do things a bit differently at the moment to make it easier while you are building your strength back.

**Before eating**
Food preparation can be tiring. Prepare food when you are feeling the least tired and save it in the fridge for when you are ready to eat it.

**Softer moist foods** need less chewing and are easier to swallow:
- Meal ideas include shepherd’s pie, fish pie, cauliflower cheese, scrambled eggs, baked potato without the skin, cake/crumble with custard etc.
- You might need to add more gravy/sauce to food than you would usually.
- If you are having a sandwich, a soft/moist filling will be easier (e.g. egg/tuna mayo, cream cheese, hummus).
- You could have easy-to-swallow snacks in between meals (e.g. milkshakes, yoghurts, ice cream, mousse, jelly).

Avoid foods that cause bloating (e.g. beans, cabbage, broccoli and salty, fried and greasy food). These can increase pressure and make it harder to eat and breathe.

**Top tips for eating and drinking comfortably**
You might need to cough and clear phlegm before you start eating. It can be useful to begin a meal feeling calm. Notice if your shoulders need relaxing down. Take a few slow, gentle breaths. Practise thinking helpful thoughts to yourself (such as “I’ve got plenty of time”, “I can do this”, “I’m ok” or “everything’s ok”).

**Always:**
- Sit fully upright for any food or drink
- Take small sips or bites
- Think about chewing well before you swallow each mouthful
- Have small sips of water regularly with a meal
- Stop and rest if you get tired
- Pace yourself - eat little and often throughout the day, rather than having three big meals
- After eating and drinking, remain positioned upright for 30 minutes or stand up and walk around to help food flow in the right direction.

If you become breathless during a meal:
- **Stop and rest.**
- Move into a comfortable position (see physio section).
- **Keep calm** by using helpful thoughts and/or by distracting yourself (look out the window, focus on a picture, count the number of sounds you can hear etc).
- Put your meal in the fridge and warm it up later if you need to.

You can self-refer to Speech and Language Therapy if you are concerned about your swallowing or contact your GP for advice.

- Coughing or choking when eating or drinking
- A wet or gurgly voice
- Feeling a sticking sensation in the throat when eating or drinking
- New frequent chest infections

**Mouth care**
It is really important to look after your mouth well – this will help make your eating and drinking easier and will prevent infections. Your mouth might be dry due to
receiving oxygen via a mask and needing to breathe through your mouth while you are short of breath. There are things you can do to help.

- Brush your teeth twice a day using toothpaste
- If you wear dentures, remove them and clean both the dentures and your mouth twice a day and always take dentures out at night
- Drink plenty of fluids (regular sips throughout the day)
- Aim to drink mainly non-caffeinated and non-alcoholic drinks.
- Use lip balm if your lips are dry
- Try sips of pineapple juice if you have thick secretions in your mouth

If you are following the above advice and your mouth is still dry, contact your GP.

**Reflux**

It is important to manage any reflux symptoms as well as you can. Unmanaged reflux can affect your swallowing by making your throat sore or causing infection if it is breathed into your lungs.

Make sure you are taking any reflux medication as directed by your doctor. This includes ‘PPIs’ (e.g. Lansoprazole or Pantoprazole) and/or Gaviscon Advance. If you are on medication and still feeling reflux symptoms, arrange for a medication review.

Contact your GP if you notice new reflux symptoms and aren’t on medication – these include heartburn/indigestion, having a taste of acid in your mouth, a dry/irritable cough at night/in the morning, feeling a lump in your throat, feeling you need to clear your throat a lot and having a hoarse voice.

You can also improve reflux symptoms with changes to your lifestyle:

- Avoid large meals, especially in the evenings. Try to stop eating at least 3 hours before your bedtime.
- Avoid lying down straight after eating/drinking.
- Raise the head of your bed by at least 4 inches (e.g. put bricks or books under the bedposts at the top).
- Avoid tight-fitting clothes around your waist and chest area.
- Certain foods may aggravate reflux symptoms. If you suspect a food is causing problems, avoid it for a short period of time then try it again in small amounts. If symptoms recur, you may decide to avoid this food long-term. Be aware of:
  - High fat foods e.g. fatty meat, high-fat takeaways, rich pastries, meals with lots of cheese in.
  - Acidic foods e.g. citrus fruits and juices, tomatoes
  - Alcohol – especially white wine and spirits
  - Strong coffee and fizzy drinks
  - Windy vegetables e.g. cauliflower, onion, cabbage
  - Peppermint and spearmint

**Communication**

You might find it more difficult to communicate at the moment. Talking can be hard work if you are breathless. Your voice might sound weak, quiet, rough or hoarse.

You may have a sore or swollen throat if you have been coughing a lot or if you
needed a breathing tube in hospital. Your communication should improve as your symptoms resolve, there are strategies which might make things easier for now.

**Top tips for making communicating easier**

- Make sure you have someone’s attention before you use your energy on talking.
- Save important conversations for a time of day when you have the most energy and they are able to give you their full attention.
- Introduce the topic of conversation before speaking so that they have the context which will help them to understand you.
- Ask your listener to be honest when they haven’t understood you, it can be helpful if they ask closed clarifying questions to save you having to repeat the whole thing that you said (e.g. “Are you asking me to get bread when I stop at the shop?” or “Who do you need me to call back?”).
- Reduce background noise where possible (e.g. turn off the TV/radio)
- Sit in an upright position and take a breath before talking
- Pause for breath regularly – don’t say too many words on one breath.
- Try to avoid shouting or forcing your voice out – practise getting someone’s attention without shouting (waving/ banging something) and get used to moving close to someone before speaking rather than calling to them.
- Stay hydrated by drinking plenty of non-caffeinated and non-alcoholic drinks (small sips throughout the day will be most helpful). This can also reduce the urge to cough.
- If your voice feels tired, stop, rest and try later or write things down (using pen/paper or your phone/iPad). There are some things which you could gesture instead (e.g. drink).
- Avoid medicated lozenges and gargles, as these can contain ingredients that irritate the mucosal lining of the throat. However chewing gum can help promote saliva flow which lubricates the throat and can help reduce throat clearing.

Contact us or your GP if you are concerned that your voice is not improving with time.

**Other Throat Symptoms**

Your Larynx or Voice Box
Sometimes your larynx or voice box can become hypersensitive and you may experience the following:

- Tightness in your throat
- The sensation of something sticking in your throat
- A choking sensation/wheeze especially when breathing in
- Changes in the sensitivity of your throat leading to coughing or irritation when changing environment, exposure to fumes, talking, laughing, exercising or when anxious.

This can sometimes be called Inducible Laryngeal Obstruction (ILO) where your vocal cords come together when they shouldn’t, particularly when you breathe in. It can be helped by:

- Staying hydrated
- Following the reflux advice above
- Doing things that help to manage anxiety as this can affect your breathing
- Relaxing the muscles of your face, neck and shoulders
- Yawning to stretch open your throat
- Sniffing in through your nose and doing two short blows through round lips
- Making sure any asthma is well controlled

A Specialist Speech and Language Therapist can help if your symptoms don’t improve. Contact our department to refer yourself or see your GP. See resources for contact information at the back of the booklet.
Psychological Health

While regular exercise is important, you should also take some time to relax both your mind and body. Stress and anxiety is not uncommon after illness which can:

- Increase both your heart rate and blood pressure
- Interrupt your sleep
- Cause low mood which may affect your ability to resume your normal day to day routines.

Your body has been through a lot so it is important you make time for yourself regularly. It does not take very much time and regular practice can dramatically reduce your stress levels. Some good examples of mindfulness can be found on ‘Every Mind Matters’ on YouTube, Headspace from the app store and Be Mindful is an online course. See resources section for more information.

Doing things that you enjoy is a great way to relax. This may include:

- Listening to music
- Reading a good book
- Sitting in the garden
- Drawing or doing something creative
- Yoga

Anxiety and Depression

If you find that you feel low, anxious, or worried either when in hospital or once you get home please speak to someone you trust. There are some useful contacts in the resources section.

Anxiety following COVID-19

Some people experience changes in their mood such as, feeling low, irritable or lethargic. They may also have feelings of anxiety and worry, or helplessness. This is very common after being critically ill; you need time to recover physically and emotionally. Anxiety can have both psychological and physical symptoms. When you’re feeling anxious or stressed, your body releases stress hormones. Common physical and psychological symptoms can include:

<table>
<thead>
<tr>
<th>Psychological symptoms</th>
<th>Physical symptoms</th>
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22
<table>
<thead>
<tr>
<th>Feeling worried or uneasy a lot of the time</th>
<th>Headaches</th>
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<tbody>
<tr>
<td>Not being able to concentrate</td>
<td>Breathing faster</td>
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<tr>
<td>Being irritable</td>
<td>Palpitations (an irregular heartbeat) or a tight chest</td>
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<tr>
<td>Being extra alert</td>
<td>“Butterflies” in your stomach / Feeling sick</td>
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<tr>
<td>Feeling on edge or not being able to relax</td>
<td>Feeling faint</td>
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<tr>
<td>Needing frequent reassurance from other people</td>
<td>Sweating / needing the toilet more frequently</td>
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<tr>
<td>Feeling tearful</td>
<td>Loss of appetite</td>
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<tr>
<td>Poor sleep</td>
<td>shaking</td>
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These are normal symptoms of anxiety; they are not dangerous and will pass. Your Occupational Therapist can support you with this by helping you to set goals so you can see your progress, help you take part in activities you enjoy and assist you with strategies to help you cope with your feelings.

**What is Post-Traumatic Stress Disorder (PTSD)?**
PTSD is an anxiety disorder caused by very stressful, frightening or distressing events.
Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult. The symptoms of PTSD can have a significant impact on your day-to-day life and can vary widely between individuals, but generally fall into the categories described below.

**Re-experiencing**
This is the most typical symptom of PTSD. This is when a person involuntarily and vividly relives the traumatic event in the form of:
- Flashbacks
- Nightmares
- Repetitive and distressing images or sensations
- Physical sensations such as pain, sweating, feeling sick or trembling.
Some people have constant negative thoughts about their experience, repeatedly asking themselves questions that prevent them coming to terms with the event. For example, they may wonder why the event happened to them and if they could have done anything to stop it, which can lead to feelings of guilt or shame.

**Avoidance and emotional numbing**
Trying to avoid being reminded of the traumatic event is another key symptom of PTSD. This usually means avoiding certain people or places that remind you of the trauma, or avoiding talking to anyone about your experience.
Many people with PTSD try to push memories of the event out of their mind, often distracting themselves with work or hobbies. Some people attempt to deal with their feelings by trying not to feel anything at all. This is known as emotional numbing. This can lead to the person becoming isolated and withdrawn.
**Hyper-arousal** (feeling 'on edge')
Someone with PTSD may be very anxious and find it difficult to relax. They may be constantly aware of threats and easily startled. This state of mind is known as hyper arousal and often leads to:
- Irritability
- angry outbursts
- sleeping problems (insomnia)
- difficulty concentrating

It is important that if you think you are suffering from PTSD that you talk to someone that you trust or seek advice from a medical professional. You can utilise the simple STOP strategy below to help.

**STOP Strategy**

**Stop**
- Whatever you are doing, just pause momentarily

**Take a breath**
- Re-connect with the breath. The breath is an anchor to the present moment

**Observe**
- Notice what is happening inside and outside of you?
  - Where has your mind gone?
    - What do you feel?
    - What are you doing?

**Proceed**
- Continue doing what you are doing
- Or use the information gained during this exercise to change course
  - whatever you do, do it mindfully

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**Cognitive (thinking) Changes following COVID-19**
It is common for people to experience confusion during an illness and this may still be present when you are discharged from hospital. This may involve problems with remembering, paying attention, solving problems, thinking problems, difficulty talking, as well as organising and working on complex tasks. Mild confusion and feeling “muddled” is perfectly normal following an illness and can be caused by many factors, including; lack of sleep, loss of routine, dehydration, poor appetite and infection. It is important that you continue to rest, drink well, and eat well. Severe confusion, known as delirium, is usually temporary and resolves as the illness improves. However, it can take a while to completely clear and can feel very scary for the person experiencing it and their families or carers.

**How long does delirium last?**
Occasionally, people can continue to feel distressed by their experiences for longer periods of time. They may notice an increase in anxiety, concentration and memory problems and they may be bothered by distressing images or dreams of delirious experiences. When you’ve been seriously ill, you may feel differently about things and you may not want to do things you used to enjoy, like seeing lots of people all at once, or find it hard to follow a TV programme. Your concentration will get better and your memory will usually improve. Your Occupational Therapist can assess your cognitive needs and provide treatment and practical tools to help you to recover.

**What can you do to help?**
- Avoid watching too much news or social media if it is making you feel anxious, try limiting yourself to looking at the news once a day
- Speak to family and friends
- Try to do activities that you find enjoyable and relaxing
- Don’t be too hard on yourself, remind yourself that recovery takes time
- Focus on what is in your control like eating well

Try to focus on what IS in your control, what you CAN do and what you are ABLE to achieve. The more we ‘worry’ about the thoughts we are having and the feelings were experiencing, the worse they are likely to get. Mindfulness and relaxation exercises can help to reduce the physical symptoms of anxiety and the intensity of our thoughts. It is understandable to dwell on what might have been or what might happen in the future. This is natural but not necessarily useful or helpful.
Relaxation
Here are two relaxation techniques you can try to manage anxiety and help you relax.

Grounding technique for when you feel anxious
Take a few slow breaths and ask yourself:
- What are five things I can see?
- What are four things I can feel?
- What are three things I can hear?
- What are two things that I can smell?
- What is one thing I can taste?

Think of these answers to yourself slowly, one sense at a time spending at least 10 seconds focusing on each sense.

Picture yourself somewhere calm
Think of somewhere relaxing and peaceful. It could be a memory of somewhere you’ve been or a made up place.

Close your eyes, and think about the details of this place.
- What does it look like?
- What colours and shapes can you see?
- Can you hear any sounds?
- Is it warm or cool?
- What does the ground feel like?
- Spend some time imagining each of these.

If you continue to feel overwhelmed by your symptoms, speak to your Occupational Therapist or GP. Also see the useful contact numbers highlighted further on in this pack.

Five ways to mental wellbeing

1. Be Active
It is important to keep active whilst you are at home. Set yourself a challenge to get up and move about a least every hour.

2. Connect
Keep in touch with friends and family by phone and video calling regularly. Make a date when you are going to contact people. Try sharing photos or join an online quiz session with your friends/family.

3. Give
Give time to yourself. Have a bath, read a book, listen to a podcast, or maybe start to learn a new skill that you’ve wanted to try. Make cards for people, play board games, do a jigsaw, make a scrap book, share with friends.
Give your time to other people - call people who might be living alone.
Give yourself a good night’s sleep.

4. **Keep Learning**
Learning builds self-esteem, increases confidence, encourages social interaction and generally leads to having a more active life. Learn something new, try a new recipe, dig out that musical instrument or learn a new language.

5. **Take Notice**
Try and have a daily routine. Get up at the same time and try to have some structure. Try to distinguish between weekdays and weekends. You’ll feel less tired; more refreshed, and find it easier to concentrate throughout the day. Get ready, washed, and dressed.

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### Isolation guidelines after discharge

**How long until I can go out again?**
Once home, you should self-isolate for 7 days after the onset of symptoms or confirmed positive test in order to minimise transmission. Since those admitted to hospital have a higher viral load at the time of illness (meaning you are contagious for a longer period). Family or friends that you live with should also self-isolate for 14 days to ensure they do not display any symptoms.

Please discuss your particular case with the Doctor discharging you before you leave the hospital.

To follow the up to date government advice please access [https://www.gov.uk/coronavirus](https://www.gov.uk/coronavirus)
## Local and UK

| Emergency support in Rotherham - If you are in a crisis and require immediate help, - Rotherham Community Hub | Telephone: 01709 807319  
The Rotherham Heroes Volunteer Programme is a borough-wide volunteer programme, to help vulnerable people across Rotherham during the COVID-19 outbreak | - Essential shopping  
- Tackling loneliness and isolation by being a friendly voice on the other end of the phone  
- Prescription collection  
- Dog walking  
- Advice and signposting to support services  
- Delivery of emergency food parcels (if you are eligible) |
| Up to date COVID-19 information | www.gov.uk | Guidance on mental health and wellbeing aspects of coronavirus. People with a learning disability, autistic people, older people, and those living with dementia |
| Smoking Cessation | https://www.gethealthyrotherham.co.uk/Service/29/stop-smoking  
Telephone: 01709 718720 | Get healthy Rotherham |
| Rotherham IAPT | Telephone: 01709 447755 | Trained therapy team who can support with any mental health needs |
| Rotherham Age UK | Telephone: 01709 835214  
Mon-Fri 9am-4pm | |
| Samaritans | www.samaritans.org  
Tel - 116 123 | A listening and advise service |
| Dementia UK | Specialist Admiral Nurses on Helpline - 0800 888 6678.  
7 days a week, 9 am to 9 pm Monday to Friday  
9 am to 5 pm weekends | For concerns about caring for someone with dementia through the coronavirus pandemic |
| Domestic abuse  
Rotherham RISE Helpline | Rotherham line Telephone 0330 2020571  
**National Helplines:**  
- Freephone 24 hour National Domestic Abuse Helpline: 0808 2000 247 (run by Refuge)  
- Men’s Advice Line: 0808 801 0327  
- Respect helpline: | Supporting individuals and families with support for children, men and women |
Breathing space  
Tel: 01709 421700 (9-5pm Monday to Friday)  
Mob: 07596255598 (9-5pm Saturday & Sunday)  
Breathing Space is a team of specialist respiratory nurses, who can offer advice and support post discharge

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<tr>
<td>Tune in to 10Today</td>
<td><a href="https://10today.co.uk/">https://10today.co.uk/</a></td>
<td>10 minute workouts for all ages</td>
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<tr>
<td>Post ICU/ HDU Delirium</td>
<td><a href="http://www.icudelirium.org">www.icudelirium.org</a></td>
<td>Understands the problems that critically ill patients experience</td>
</tr>
<tr>
<td>Breathing exercises for anxiety</td>
<td><a href="https://www.youtube.com/watch?v=Zy9f8uTLak4">https://www.youtube.com/watch?v=Zy9f8uTLak4</a></td>
<td>Beating Anxiety</td>
</tr>
<tr>
<td><strong>Mental Health Foundation</strong></td>
<td><a href="https://www.mentalhealth.org.uk/blog/ten-top-tips-good-sleep">https://www.mentalhealth.org.uk/blog/ten-top-tips-good-sleep</a></td>
<td>Top ten tips on getting a good night’s sleep</td>
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<tr>
<td><strong>Every Mind Matters</strong></td>
<td><a href="https://www.nhs.uk/oneyou/every-mind-matters/">https://www.nhs.uk/oneyou/every-mind-matters/</a></td>
<td>Guidance, advice and tips on how to maintain your mental wellbeing. -Simple things you can do to maintain your mental wellbeing and deal with anxiety about coronavirus.</td>
</tr>
<tr>
<td><strong>Mindfulness</strong></td>
<td><a href="https://youtu.be/q47hC9gQsf4">https://youtu.be/q47hC9gQsf4</a></td>
<td>A mindfulness recording made by a member of staff from the Psychology Team at TRFT, although this was primarily made with stroke patients in mind it is can be used by anyone</td>
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**Speech & Language and Nutrition & Dietetics**

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<thead>
<tr>
<th>Adult Speech &amp; Language Therapy Service</th>
<th><a href="mailto:Trftadultslt.mailbox@nhs.net">Trftadultslt.mailbox@nhs.net</a> Tel - 01709 427015</th>
<th>You can self-refer to the Speech Therapy team for help with swallowing and communication problems</th>
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<tr>
<td>Nutrition and Dietetics service</td>
<td><a href="mailto:rgh-tr-dietetics.dept@nhs.net">rgh-tr-dietetics.dept@nhs.net</a> Tel - 01709424297</td>
<td>For discussion and advice</td>
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<tr>
<td>Appetite and nutrition</td>
<td><a href="https://www.nhs.uk/live-well/healthy-weight/keeping-your-weight-up-in-later-life/?tabname=weight-loss-support">https://www.nhs.uk/live-well/healthy-weight/keeping-your-weight-up-in-later-life/?tabname=weight-loss-support</a></td>
<td>For advice on appetite and fortification of meals and/or drinks.</td>
</tr>
<tr>
<td></td>
<td><a href="https://www.bda.uk.com/resource/malnutrition.html">https://www.bda.uk.com/resource/malnutrition.html</a></td>
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**Acknowledgements**

With thanks to the University Hospitals Plymouth NHS Trust, NHS Lancashire and Homerton University Hospital NHS Foundation Trust for sharing their COVID-19 booklet information and resources.

We would also like to express our thanks to the Physiotherapy, Occupational therapy, Dietetics, Speech and Language departments and the team at Breathing Space at The Rotherham NHS Foundation Trust for all their contributions.