

COVID & SEPSIS

A DISCHARGE BOOKLET

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Please note that each facility has its own discharge procedures and protocols. If you have any questions about your or your loved one's discharge, please ask a staff member to direct you to the appropriate person or resource.

INTRODUCTION



You Survived COVID-19. Now What?

Whether you were hospitalized for a few days or for a few weeks, coming home after having COVID-19 may present you with new challenges. Just because you were discharged, it doesn't mean you will go right back to your life as you knew it. You will likely need time to recuperate as your body continues to recover. In some cases, you may also need rehabilitation, either at home or in a skilled nursing facility.

If you had severe COVID-19, you had viral sepsis. You may have been in septic shock. According to the latest statistics:

- About 40% of severe sepsis and septic shock survivors cannot return to work 6 months after their hospital discharge.
- Older survivors often see at least 1 or 2 changes to their ability to perform daily tasks, such as bathing, cooking, etc.
- There is an increased risk of moderate-to-severe cognitive impairment (mental function).
- There is an increased risk of repeat hospitalization following sepsis discharge, often due to repeat sepsis, acute kidney injury, or aspiration (food, drink, or vomit entering the lungs).

It's important that you understand that this is normal. Your body has been through a trauma as it fought the virus. Your body is tired and, in some cases, injured, and it needs to heal. Your emotions may also be affected and you also may have to heal mentally. This all takes time, although some people may get through the healing process more quickly than others. Don't compare yourself to other though – everyone has their own path to follow.

Why is Sepsis Alliance providing a discharge kit for COVID-19? Sepsis is the number one complication related to the virus. Therefore, many patients who are discharged home, particularly if they were treated in an intensive care unit (ICU) had sepsis, even if no one mentioned it. There are also many similarities in the issues COVID-19 survivors and sepsis survivors face.

Not all the information provided here will fit you and your needs. Take from the information what you need to help your healing process.

A NOTE FROM SEPSIS ALLIANCE

When severe COVID-19 survivors started talking about their post-COVID issues, such as fatigue, chronic pain, anxiety, and depression, to name a few, Sepsis Alliance recognized the symptoms right away. After learning more about the damage that SARS-CoV-2 – the virus that causes COVID-19 – does to the body, the Sepsis Alliance team realized that these patients had viral sepsis and that they were experiencing what many sepsis survivors experience, post-sepsis syndrome (PSS).

On September 21, 2020, the American Medical Association added the following to their website: "Surviving severe COVID-19 means surviving viral sepsis. And while there is little published data on long-term outcomes of severe COVID-19, what is known is that recovering from sepsis caused by other pathogens is a long and difficult process that includes, among other things, increased odds of cognitive impairment and functional limitations—even down to inability to bathe, toilet, or dress independently."

As the nation's leading sepsis organization, Sepsis Alliance put together this COVID-19 Discharge Kit for COVID survivors and their families. We hope that the information here is helpful and provides support to those who are struggling during their recovery and rehabilitation from this infection. For more information on sepsis and COVID-19, please visit https://www.sepsis.org/education/resources/coronavirus-covid-19/.



Thomas Heymann
President and CEO, Sepsis Alliance



Carl Flatley, DDS, MSD Founder, Sepsis Alliance

QUARANTINE

Before leaving the hospital, ask if you are still contagious. If you are, you must stay in self-isolation to protect others from becoming ill. Ask how long you should quarantine yourself.



If you are no longer contagious yourself, your body is weak and you are at risk for contracting other infections. For this reason, you should still maintain strict quarantine procedures until your healthcare provider tells you it is no longer necessary. This means:

- No visitors except for homecare providers.
- Others in the home should be extra diligent about hygiene, such as thorough and proper handwashing before they enter your room and wearing a mask properly at all times in your presence.
- If possible, stay in your own room alone and use a separate bathroom.
- If you only have one bathroom in the household, all surfaces should be thoroughly cleaned, including the doorknob, light switch, toilet handle, taps, counters, etc.
- Do not share any personal household items, such as dinnerware, eating utensils, towels, or bedding.
- Avoid touching your face, including your eyes, even if you have been washing your hands frequently.
- No trips outside the home unless it is to see your doctor. Call ahead of time so they know you are arriving. Be sure to tell them about your recent hospitalization with COVID-19.

Ask your discharge team if you need to monitor your health status. This could include:

- Taking your blood pressure
- Checking your blood oxygen level with an oximeter
- Taking your temperature

REHABILITATION

Patients who have been in the hospital for a long time, especially in an ICU, lose some of their muscle strength. Some find it impossible to do simple things like bathe themselves, use the toilet, or walk. In order to rebuild your strength, you might need physical therapy and occupational therapy to retrain your body and regain your strength.

Some facilities are offering these services via telehealth. You may receive a tablet that allows you to have video calls with therapists and nurses, and where you can enter information like your temperature and other vital signs. Ask your healthcare provider if this is an option. Your insurance company may have other resources.

If telehealth is not available, home healthcare providers may visit regularly to ensure you are recovering. If you are having difficulty swallowing or speaking, particularly if you were on a ventilator, you may also benefit from seeing a speech therapist.



Recovering at Home

If you are looking for ways to increase your strength and stamina as you recover from COVID-19, here are some tips:



Rest: Don't push yourself. While you do need to get up and about to regain your strength, you also need to allow your body to rest. When you are tired, don't push through your activity and this includes mental activities. Thinking and remembering can be tiring. Stop and rest. Be realistic when planning your day's activities.



Develop a routine: While you were ill, your routines were disrupted. Now is a good time to start some new ones. Set yourself a routine for bed, rest, eating, moving about. That way you won't get to the end of the day without doing something to help with your recovery. If your memory is not as good as it was, set alarms, leave notes, do whatever you need to help you remember and keep to the routines.



Set yourself up for success: Being fatigued and weak makes it harder for you to gather together items you need for your daily tasks and anything else you want to try. Keep the items you use regularly in places they are easy to reach. If possible, have multiples of things in different rooms, so you don't need to fetch things. Think outside the box for item uses. Doing laundry but can't carry a laundry basket? Try putting the clothes in a backpack, for example.



Resume activities slowly: If you have to go back to work, see if your employer will allow you to start back gradually, part time. This allows your body to adapt to the demands you are placing on it.



Find something you enjoy doing: Take time to do something fun, even if you can only do it for a few minutes. Take a walk outside, listen to favorite music, read, watch a movie.



Learn relaxation techniques: If you're feeling overwhelmed with the slow pace of recovery, or are anxious, try learning relaxation techniques, like deep breathing, mediation, and mindfulness.

Post-COVID Syndrome

Survivors of COVID-19 may continue to experience lasting health issues that are now being called post-COVID or post-viral syndrome. Not unlike post-sepsis syndrome, post-COVID syndrome symptoms can vary considerably between people in terms of what the symptoms are, how severe they are, and how long they last.

Some of the most commonly reported symptoms of post-COVID syndrome are:

- Chronic fatigue
- Heart palpitations
- Brain fog
- Fevers
- Joint pain
- Shortness of breath or difficulty breathing
- Chest pain
- Body aches

You may also experience problems associated with post-sepsis syndrome, which include many of those listed above, as well as others such as:

- Anxiety
- Depression
- Post-traumatic stress disorder
- Amputations
- Organ dysfunction (like kidney injury)

If you experience any of these symptoms, speak to your doctor so other problems can be ruled out. If any of them worsen, seek medical help as soon as possible, as there may be other issues causing the problem.



Emergency Situations

If a COVID-19 survivor – or anyone for that matter – experiences any of the following, call 911 immediately for emergency care. Be sure to tell the providers that the person recently had COVID-19, so they are aware that this may be related to the infection.

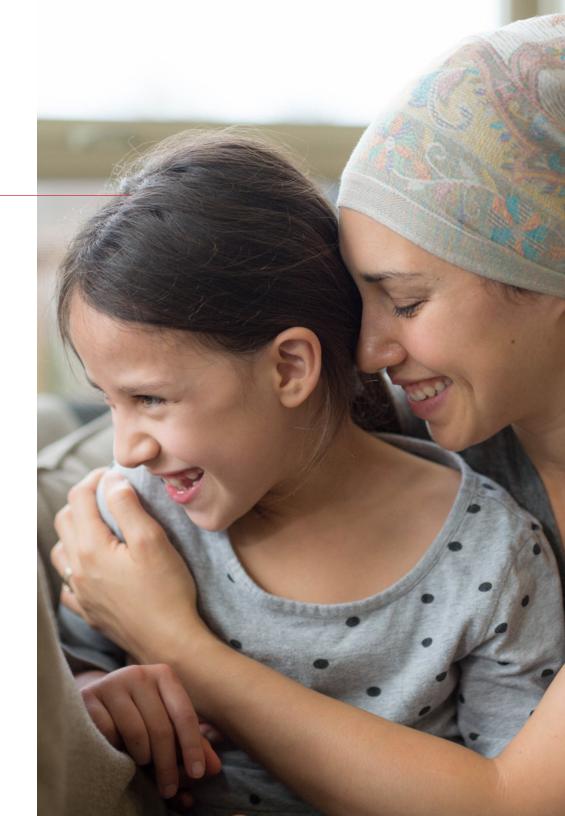
- Difficulty breathing or shortness of breath
- Persistent chest pain or pressure
- New onset or worsening confusion
- Difficulty staying awake
- Bluish tint to the lips or nail beds

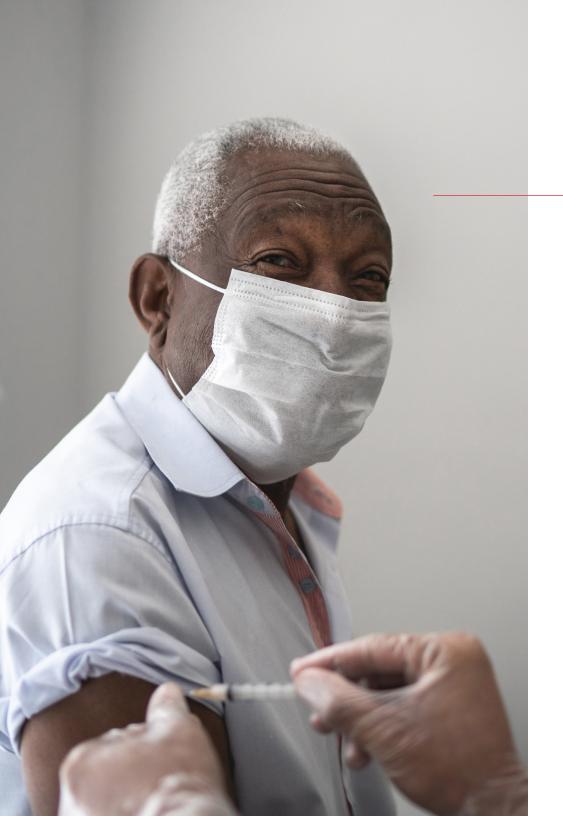
FAMILY

When someone goes through a serious illness, it affects more than just the patient. It also affects people close to them. If someone close to you is coming home after having COVID-19, be sure that you take care of yourself as well.

Family members may experience post-traumatic stress disorder, anxiety and/or depression. You may have difficulty sleeping and worry excessively about your loved one becoming ill again. Thirty-five percent of families saw a financial impact due to the sepsis hospitalization; about 12% of survivors and their families used up all their savings during treatment. This adds to the stress, anxiety, and depression.

If any of this sounds familiar, you are not alone. Ask your healthcare provider if there are counselors or therapists who can help you through this period. Don't be afraid to talk to others, to seek support. While you weren't physically ill yourself, you did go through a traumatic experience that had an impact on your life, as well as that of your loved one.





VACCINES FOR COVID-19 SURVIVORS

At the time of this guide's publication, it still was not known if people who survived severe COVID-19 would be immune to getting the infection again.

Current thinking is that severe COVID survivors should get the vaccine, but not as a priority group if they had the infection within the previous three months. Research shows that the survivors may have enough antibodies to protect them for up to ninety days.

Because everyone's situation is different, it is important that COVID survivors speak with their own healthcare team to determine what the right course is for them. The information surrounding the infection and vaccines is constantly changing, so ensure you have the most up-to-date information possible before making any decisions.

HOSPITAL DISCHARGE LIST: POST-COVID-19

Once you have been told you can go home, you may have questions or concerns. This list is a guideline of some questions you may ask regarding your discharge and suggested actions you may take. Feel free to add your own for a more personalized version. This list is also for caregivers.

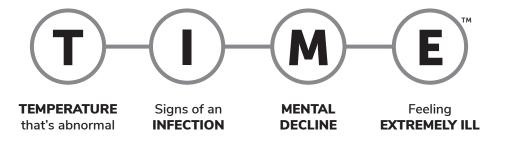
Planning	Staff Name if Applicable	Date Accomplished/Notes
Who is my discharge planner? • How do I get hold of them if I have questions?		
Meeting with discharge planner (date and time). • Will there be follow-up meetings? • Who else attended the meeting?		
I have a written copy of my discharge plan and summary.		
Is there someone at the hospital I can contact if I have more questions when I get home? If not, who should I reach out to? How do I reach them?		
What medications will I take at home? • Have they changed since I was admitted to the hospital? • How do I take them? • How often do I take them? • How will I tell if they don't work?		

Planning	Staff Name if Applicable	Date Accomplished/Notes
 Do I have any follow-up appointments and what kind? What tests do I need to have? Who makes the follow-up appointments? If it is me, who are they with and what numbers do I call? If it is someone else, when will I get the information? Who is it and how do I contact him or her if I have questions? 		
Will I need home care? • If yes, who arranges this? • Does insurance cover this care?		
Will I need extra services, such as physical therapy, nursing, or occupational therapy? • If so, what and how is this arranged?		
Do I have any restrictions regarding driving, physical activity, etc.? • If I can't drive, how do I get to my appointments?		
Should I follow a special diet?		
When can I go back to work/school? • Do I have any restrictions?		
What complications should I watch for? • What should I do if I notice them?		

Planning	Staff Name if Applicable	Date Accomplished/Notes
For people with pain • When should the pain start easing? • How often should I take my pain medications? • When should I call my doctor about my pain?		
For people with incisions, wounds, or drains • How do I care for my wound? • Where do I get supplies? • What should I watch for? • When should I call the doctor about my wound?		
Extra comments or questions:		
I can understand all the instructions. If not, ask for clarifications or demonstrations.		

With sepsis, remember:

IT'S ABOUT TIME™



Learn more at sepsis.org

