

Appendices

Appendix 1: Baseline assessment and investigations for Long Covid Sourced from NICE and SIGN guidelines

Domain	Primary care actions
Core history	Symptom timeline, fluctuation, triggers, functional impact, PESE pattern, sleep, mood, health anxiety, work/school impact
Examination	Targeted exam guided by symptoms, oxygen saturation, consider exertional desaturation if breathlessness prominent)
Common baseline tests (adult)	FBC, U&Es, LFTs, TFTs, CRP, ferritin/iron studies, HbA1c, ECG if palpitations/chest symptoms, chest X-ray if respiratory symptoms persist
Approach in adolescents	Symptom-led, proportionate tests, careful communication, avoid escalating investigations without clinical indication

Appendix 2: Red flags and safety-netting (quick reference)

Sourced from NICE and SIGN guidelines

Red flag	Action
Chest pain suggestive of acute coronary syndrome (ACS), pulmonary embolism (PE), myocarditis	Urgent same-day assessment or emergency pathway as appropriate
Syncope or new severe palpitations	Urgent assessment, ECG, consider referral
New focal neurological deficit	Emergency assessment
Oxygen saturation 92% or less on air, or significant exertional drop without known lung disease	Urgent assessment and escalation
Progressive decline, weight loss, haemoptysis, persistent fever	Escalate to exclude malignancy or other serious pathology

Appendix 3: Suggested wording for an education or work support letter (template)

To whom it may concern,

[Name] is under my care and is experiencing ongoing symptoms following COVID-19 infection consistent with a working diagnosis of Long COVID. Symptoms include fatigue and reduced cognitive stamina, which can fluctuate and may worsen after physical or cognitive exertion. This can impact attendance, concentration and functional performance.

I would be grateful if you could consider reasonable adjustments to support [Name], such as flexible scheduling, rest breaks, reduced workload where feasible, and a phased return to full activity. The goal is to support function while recovery progresses over time.

Yours sincerely,

Dr

Appendix 4: Investigations for POTS

Test/investigation	Process/procedure	Result
Holter monitor	Names after its 1950s creator, Dr Norman J Holter. An ambulatory electrocardiogram, which measures heart rhythm and rate for 24-48 hours. Longer use is more likely to detect irregular heartbeats or heart palpitations than single ECG. Consists of electrodes, wires and battery powered Holter monitor. Useful to note particular symptoms when wearing it as provider can correlate heart rhythm/beat on ECG to it. Risks: • Negligible, other than needs to be kept dry, so can't shower/bathe while wearing • Potential for allergy to electrode adhesive	Can show presence of: • atrial fibrillation • bradycardia • tachycardia • premature ventricular contractions Useful in POTS as: • detects tachycardia

Tilt table test	ECG electrodes applied and attached to monitor. BP cuff in place and attached to monitor. Lie on special bed/table, flat for few minutes. With straps in place across chest and legs to prevent falling, table will be raised to almost standing, or 60 - 70°. Kept upright to monitor/watch for symptoms of dizziness, fainting, low heart rate or low blood pressure. Risks: • planned episode of fainting • dizziness/headache • low/high blood pressure • nausea • palpitations	A diagnosis of POTS should be made by an increase in heart rate of 30 beats per minute within the first 10 minutes, but the upright position can last between 10 - 45 minutes.
Valsalva manoeuvre	Requires blowing into a tube to maintain 40 mmHg for 15 seconds, while heart rate and blood pressure are being recorded. Risks: burst eardrum due to pushing too hard while exhaling	Used to diagnose autonomic nervous system issues. May show abnormal baroreflex results in those with moderate to severe POTS. If POTS, blood pressure will drop dramatically during the manoeuvre

Quantitative sudomotor axon reflex test (QSART)	Useful to detect autonomic nervous system disorders. Examines the nerves that control sweating. Electrodes are placed on the skin, acetylcholine solution is rubbed on the skin which stimulates the production of sweat. The QSART machine is turned on and a small electrical current generated. Test lasts 45 minutes to one hour. Risks: • Mild discomfort due to the electrical current, like tickling, prickling or mild burning sensation. • Requirement to stop certain medication, e.g. analgesics, antidepressants, diuretics, antihypertensives	A positive test result could be delay in normal time to produce sweat, or increased amount produced. Positive QSART result indicates that something is interfering with how the autonomic nervous system functions. In POTS, autonomic dysfunction can cause venous pooling, relative central hypovolaemia and low blood pressure
Thermoregulatory sweat test	Useful to detect autonomic nervous system disorders. This test measures how well your body sweats in a warm environment. During the test:	Abnormal test results indicate a problem with the functioning of the autonomic nervous system

	• A powdered dye is applied to skin • Lie in a special room that is slowly heated up to stimulate sweating. • The powder will change colour in response to sweat The pattern of your sweat can show if you are sweating normally. The test duration: 1hr – 2.5 hours (variable depending on facility) Risks: • Overheating due to heat and humidity • Claustrophobia • Light-headedness, dizziness	
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[Holter Monitor: Purpose, Results & How It Works](#)

[Tilt Table Testing | Johns Hopkins Medicine](#)

[QSART: What It Is, Purpose, Procedure & Results](#)

[Thermoregulatory sweat test \(TST\) : University College London Hospitals NHS Foundation Trust](#)

[Valsalva Manoeuvre | Ear Nose & Throat \(ENT\) | Bon Secours](#)
[Testing for POTS | Standing Up to POTS](#)