

Post COVID 19 Rehabilitation Mapping & Information

Your location: _____

Do you provide rehabilitation for post COVID 19 patients? Yes No

If yes is this in: acute facility setting primary care

Other please state: _____

Are patients' post-acute hospital admission Post COVID managed at home

Other please state: _____

If acute hospital admissions approximately what percentage have had an ICU admission?

Who are primary referrers for the service? _____

If patients have underlying conditions please state conditions: _____

Have you experienced any patterns with patients during rehab? _____

What are the main symptoms identified? Please list: _____

What type of rehabilitation and support do you provide?

Strength UL strength LL gait re-education balance training stretching

neuro rehab chest physio ADLs Nutrition Swallow

psychological support Advice and education General deconditioning

Pain relief

Other please state: _____

Is treatment 1:1 Group Average group size _____

Is treatment virtual face to face

If group setting is it all COVID mix of conditions

Please state conditions: _____

What Healthcare professionals are involved in providing rehabilitation?

Please list all HCP involved:

Are there members of MDT you are unable to access to assist the patient further in this rehabilitation? If so please state:

What equipment is required? Please list all: _____

On average how many rehab sessions are patients receiving? _____

Please add any further information that may be of benefit to us in planning for further COVID rehab services:

Please return to Susan Curtis: susan.curtis@hse.ie before Thursday 21st January.

