TABLE 9: Symptom-specific assessment and management considerations for cardiovascular symptoms in Long COVID

Assessment Element	Assessment Details
History	Cardiac details of acute COVID-19 course: o Cardiac event (e.g., arrhythmia)? o Ventilator, ECMO, etc.?
Physical exam	 Vital signs: O HR, RR, BP, POx Cardiopulmonary exam: O Heart/lung auscultation O Check peripheral pulses for bruits O Assess for volume overload Chest wall palpation
Treatment Element	Treatment Details
Non-pharmacologic management	• Follow existing guidelines for return-to-activity and participation in cardiac rehabilitation (See Figure 1) ^{88,89}
Pharmacologic management	 Review cardioactive medications If felt to be contributing to any Long COVID symptoms, discuss with cardiologist for consideration of effective dose or medication alternatives High-dose beta blockers can worsen fatigue and dizziness Diuretics can worsen orthostasis Statins can worsen myalgias See Table 5 for commonly used medications for Long COVID
Referral, as needed	 To cardiac rehabilitation, if recent diagnosis of a qualifying condition: Stable angina, MI, systolic heart failure with LVEF ≤ 35% Percutaneous coronary intervention (angioplasty or stent) Cardiac surgery (coronary artery bypass, cardiac valve repair/replacement, heart transplant) To cardiology, if new or worsened cardiovascular disease; complex arrhythmia; structural heart disease; or myocardial, pericardial, and/or ventricular dysfunction

Abbreviations: ECMO (extracorporeal membrane oxygenation), HR (heartrate), RR (respiratory rate), BP (blood pressure), POx (pulse oximetry), MI (myocardial infarction), LVEF (left ventricular ejection fraction).



