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My “Mild” COVID Timeline

Exposure March 8-11th at Work (restaurant I bartend at).

March 15 - Onset of Symptoms:
Eating lunch I had an episode of acid reflux that felt like fire was trying to escape through my esophagus, a weird tight feeling in my chest, bloating and burping. The days that followed, I developed more severe symptoms of crushing chest pressure, shortness of breath / inability to take deep breaths, coughing, muscle cramps, fatigue, abdominal pain and diarrhea. Terrified and alone, I called the hospital a few times asking how bad I should let it get before I came in, they told me they are overwhelmed with COVID patients right now and I should only come in if I “have underlying health conditions, fever over 103, blue lips or nail beds or I feel like you cannot get oxygen on your own.”

March 25 -
Addition of new symptoms: heart racing and palpitations. I thought I was having a heart attack. I was living alone and didn't want to infect anyone else so I tried to drive myself to the hospital. I only made it a block before I thought I was going to pass out from either pain or hyperventilation. I pulled over and called 911. The ambulance picked me up within minutes and took me to the hospital nearest my apartment. I was put in an isolation room. Tests and X-rays were taken. My white blood cell count was very high which is typical with serious infections. Fortunately, bloods showed negative Troponin = no heart attack and x-rays show no pneumonia. They tell me I don’t need to be hospitalized. I was diagnosed with COVID, treated with intravenous painkillers and sent home in an Uber the next day.

April -
Covid came in waves, I never knew what each day would bring. Fortunately, March 24-26th seemed to be the highest peak of my acute illness. I thought the worst was behind me. Chest pain and pressure became milder, shortness of breath lingered but was more tolerable. I went to an urgent care center for another x-ray, ekg, and tests just to double check. I was diagnosed with Costochondritis, inflammation of the cartilage that connects a rib to the breastbone; common following viral infection. I was treated with more painkillers and sent home. They told me my chest was probably just sore from COVID and coughing but the viral phase had likely passed. I thought I was on my way to recovery. Even had a week or two this month that almost felt like I was back to normal besides the continuing GI issues (no appetite, abdominal pain/bloating, acid reflux).

May -
I tried tums, pepcid, and gave up gluten, dairy and sugar in hopes of curing my GI symptoms. It helped reduce acid reflux but nothing seemed to cure the intense abdominal pain and bloating after eating, this led to a fear and aversion of most foods. I didn't know what would trigger it. Meanwhile, I was losing weight at record speeds. My shortness of breath and weakness

returned, followed by the development of debilitating daily head/neckaches, blurred vision, muscle twitching and nerve pains throughout my body especially in my head. I went back to my PCP and eye doctor. The eye doctor said I had viral conjunctivitis. PCP ordered more blood tests and an MRI - all came back clear. No answers. I felt like I was going insane.

June -
Feeling like COVID wanted to remind every single organ I had, that he was still running the show. Leaving no organ safe, my neurological issues were traded in for cardiovascular and autonomic dysfunction. A different type of chest pain returned only on my left side, rather than skeletal pressure, it felt deeper and more muscular. Blurred Vision was now accompanied by increasing dizziness and low blood pressure. Fatigue was now accompanied by an increasing heart rate to measure my body's exhaustion. Palpitations and arrhythmias surfacing with every inevitable increase in anxiety. Secondary infections praying on my weak immune system. My Doctor couldn't keep up with my ever-changing symptoms (nor did he care to). He referred me to a cardiologist for beta blockers, a heart monitor, an echocardiogram, and a stress test (which could not be completed as it involves a treadmill and at this point I could only walk a few feet without utter exhaustion). The only constant was that COVID seemed to find a comfy home in my digestive system causing never ending suffering and inability to nourish myself. By the end of this month, I found myself in a wheelchair.

July -
My echo came back normal. Heart monitor showed lots of sinus tachycardia and an arrhythmia called Supraventricular tachycardia that would bring my resting heart rate into the 170's or higher. June and July, I had several trips to the ER. Each one less helpful than the last. Every time a doctor saw my normal bloods and frequent trips to the ER. I was blown off with claims of anxiety or dehydration. June's symptoms continued with little change. More tests needed to be done. I made appointments with a new primary care Doctor at Stanford who referred me to a Gastrointestinal specialist, a Cardiologist and a Neurologist specializing in Autonomic function. My Neurologist suspected I had dysautonomic disorder called Postural orthostatic tachycardia syndrome or POTS "symptoms include lightheadedness, fainting, and rapid heartbeat when standing, which are relieved by lying down again." and most frequently affected young women after a viral infection. However, they only officially diagnose POTS after 6 months of symptoms and there is no cure. Both relieved and saddened by this, I finally felt like I was getting some answers or at least moving in the right direction.

August -
Something didn't feel right.. Chest pain was intensifying again and heart rate was increasing even with beta blocker treatment. Another trip to the ER, this time at Stanford where I knew I would be taken more seriously since I'd now been seeing specialists and had some suspected diagnoses. Within an hour of laying in the ER, I was admitted. More bloods, more monitoring, another ekg, probably an echo, I knew the drill. This was different. I was kept for 4 days. My previously normal heart echo in June, now showed viral cardiomyopathy, decreased heart functioning and below normal ejection fraction. This was real. I was 23 years old and I had heart damage from COVID. When would he stop? How much of me would there be left when he did?

My medication was changed and I was discharged home to be expedited for outpatient cardiac care. Tests we are now awaiting that have been scheduled the first week of september: More bloods, a Cardiac MRI, a CTA, another ECHO as well as Gastrointestinal investigation by endoscopy and gastric emptying observation.

September on-
Still searching for answers science just doesn't have yet. Wondering if these diagnoses are permanent or if I will recover with time. I am a fraction of who I was before COVID. Previously an young, active college student and bartender with dreams of law school and moving to Chicago. I have now had to move back in with my family who cook all my meals for me and help me bathe. I have lost almost 50lbs, am mostly bed-ridden with the exception of crawling up the stairs to get to my shower and taking my wheelchair to doctor's appointments. I no longer think about my future because it hurts too much. I don't know what it will be or if I will get one. Everything I once pictured for myself has been destroyed by a "mild" case of COVID that my country and even my friends won't take seriously. I am broken.