

COAST

A Guide to completing the COAST form for Doctors and Nurse Practitioners

What is a COAST form?

A Clinical Order Articulating Scope of Treatment (COAST) form is an individualized medical plan for end of life care that considers both patient preferences and clinical judgment. It is *a communication tool for health professionals* with a set of default orders that can be easily utilized *across all health settings and encounters*. The aim of the COAST process is to efficiently communicate and coordinate goal-directed clinical care, thereby improving the end of life experience for patients and families.

COAST is based on the POLST process in the United States and the Goals of Care initiative in Australia. It has been adapted to a New Zealand population and – at this stage – is being used in Southland.

The form is completed by either a doctor or nurse practitioner after thorough patient/proxy discussion regarding the patient's treatment preferences and current health status. Just as a written prescription does not replace a comprehensive discussion about medications with the patient/proxy, the COAST form is not a substitute for advance care planning discussions.

In order to be valid, each field should be completed and the form must be signed and dated by the treating doctor or nurse practitioner (NP).

Who should have a COAST form?

Firstly, ask: Would I be surprised if this patient dies in the next year? If the answer is “no”, then a COAST form should be considered. This includes patients receiving hospice care, those with a terminal diagnosis, and patients with advanced dementia.

At this time, the COAST form is intended only for adult patients (age 18 or older).

Where can I find the COAST form?

COAST forms can be accessed online as a downloadable PDF file at www.coastform.net in the “Health Professionals” section. This can be colour printed and manually completed, or the form can be completed entirely electronically.

If you have questions, email a member of the COAST team at coast@hospicesouthland.org.nz.

Step by step: completion of the COAST form

First, complete all sections under “Patient's label or details” at the top of the form. Alternatively, a patient label can be affixed.

There are six sections to complete:

1. Resuscitation Status (select one)

This section only applies when the patient has no pulse and is not breathing. It does not apply to any other situation.

Select either “FOR CPR” or “DO NOT attempt CPR”.

2. Medical Interventions (select one)

This section covers medical interventions when CPR is not required but the individual has a medical emergency or significant change in clinical condition.

There are three options for Medical Interventions:

1. *Full Treatment.* The primary goal of this option is prolongation of life by all means. This includes full escalation of care with treatment in the ICU if needed. This can involve intubation, non-invasive ventilation and DC cardioversion.
If “FOR CPR” is selected under “Resuscitation Status”, then “Full Treatment” must be selected.
2. *Selective Treatment.* The primary goal of this option is to treat potentially reversible or modifiable medical conditions but avoid unnecessary, inappropriate, or unwanted measures or treatment escalation. This includes basic medical treatments, generally restricted to ward management. This may involve non-invasive ventilation, trial DCCV and antibiotics.
3. *Comfort-focused Treatment.* The primary goal of this option is to relieve pain and suffering with medication through any route necessary. These individuals are not for artificial prolongation of life and do not want to go to hospital unless they are unable to be cared for in the community.

It is acceptable to strike through any unwanted interventions in a category.

3. Fluid and Nutrition (select one – the highest level of support is appropriate for that individual)

This section concerns the administration of fluid and nutrition if the individual is unable to eat. In the first instance, food should be offered by mouth if possible.

4. Additional considerations/clarifications of medical interventions

The section can be used for additional orders or to clarify desired medical interventions. Any specific psychosocial, spiritual, or cultural considerations should be recorded in this space as well. This section may be left blank if appropriate.

5. I have discussed this with

Completion of this section makes it clear that the patient or proxy is aware of the orders listed on the form. When a patient has decision making capacity, the decision to have a COAST form and the details of the COAST form are to be discussed with that person. If the person is not competent to engage in the discussion and process, then a proxy (EPOA, welfare guardian, next of kin) can engage in the process. Enter the name of the person most involved in the COAST discussion and the date of the discussion in this section. Check the role of the person or people involved in the process (may select more than one).

6. Signature of Doctor/Nurse Practitioner

The COAST form must be signed and dated by the doctor or NP to be valid. Electronic signatures are permissible. Please make sure that the printed name, position, and date of signature are all entered.

Whose job is it to complete and sign the COAST form?

The treating doctor or NP should complete and sign the COAST form. In most cases, this will be the GP. However, any doctor or NP who encounters an eligible patient should complete and sign the COAST form if it has not already been done.

Where should a COAST form be kept?

Individuals retain the original copy of their COAST form, whilst another copy is retained in the patient's paper notes. The COAST form should be readily available to all treating health providers; individual agencies or facilities may need their own processes to ensure that the COAST form is accessible. Currently only the COAST team has the capability to add COAST forms to Health Connect South (HCS). In order for the COAST form to be uploaded into HCS, it must be securely emailed to coast@hospicesouthland.org.nz or faxed to 03 211 3082.

Can the preferences on a COAST form be changed?

Yes. A COAST form can be changed in one of two ways:

- By completing and signing a new COAST form. The new COAST form automatically replaces any previous version(s). The valid COAST form is the one that is most recently completed, signed, and dated.
- By revoking the original COAST form and leaving it unreplaced. This can be done at the request of the patient, proxy, or treating doctor/nurse practitioner. Revocation is documented in writing by striking through the COAST document and writing "REVOKED" along with the date, a brief explanation of the revocation, and the signature and printed name of the health provider.

In either instance, ensure the new COAST or revocation is sent to the COAST team so that Health Connect South can be updated.

Can the orders on the COAST form be disregarded?

Yes. The orders on a COAST form may be disregarded in the following circumstances:

- If fulfilling these orders involve providing medical care which is not equivalent to current healthcare standards.
- If the authenticity of the COAST form is called into question
- If all fields are not completed and/or the form is not signed/dated by the doctor/nurse practitioner.

Should the COAST form be reviewed?

The COAST form does not have an expiration date. COAST forms should be reviewed periodically and updated as appropriate if:

- There is a significant change in an individual's health status
- The individual's treatment preferences change

Does the COAST form replace Advanced Care Planning?

No, the COAST form is meant to complement Advanced Care Planning. If COAST form orders directly conflict with orders stated in a patient's Advanced Care Plan, the most recent document takes precedence.

What if a facility has its own process for documenting clinical treatment decisions?

A facility is welcome to have its own processes and documentation methods. If this is the case, the COAST form should still be completed for all eligible patients. The COAST form is intended to be a shared tool that streamlines and coordinates care across all settings in Southland.

*For additional information, please contact the COAST project coordinators
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References

1. POLST, Elements of a POLST Form, Washington DC, US 2018. Available from: <http://polst.org/elements-polst-form/>
2. Cedars-Sinai, Frequently Asked Questions AB 3000: Physician Orders for Life-Sustaining Treatment, US 2018. Available from: <https://www.cedars-sinai.edu/Patients/Programs-and-Services/Healthcare-Ethics-/POLST-Forms--Instructions.aspx>
3. Alliant Quality, Completing POLST Form: A “How to” Guide for Physicians, US. Available from: <http://www.alliantquality.org/sites/default/files/materials/Physician%20Step-by-Step.pdf>