

COAST

A Guide to the COAST form for Patients and Families

About COAST

A Clinical Order Articulating Scope of Treatment (COAST) form is a place to record your plan for the type of care you would like to receive and that is most appropriate if and when you become very unwell. This form is signed by your doctor or nurse practitioner and is honored wherever you are, whether it is at home, in hospital, or in care. Before the COAST form was used, there was no reliable way to make sure that all members of your healthcare team know your treatment plans towards the end of life.

Who should have a COAST?

Any seriously ill patient should have a COAST form. However, you do not have to have a COAST form completed if you don't want one. Tell your doctor or nurse practitioner if you prefer not to have a COAST form.

Who fills out a COAST form?

Your doctor or nurse practitioner will have a discussion with you about your treatment options and decisions and then fill out the COAST form. This form will be signed by the doctor or nurse practitioner.

What do you do with the COAST form?

Once completed, the COAST form stays with you at all times and becomes part of your medical record. At home, this may mean placing your COAST form on the fridge door or beside your bed, whilst in a hospital or nursing home, this will be in your chart.

Can I change my COAST form?

Yes. You or your designated agent (EPOA or next of kin) can talk to your doctor or nurse practitioner at any time if you have questions or concerns about your treatment plan. Your COAST form will be updated whenever your goals of care change.

Is COAST different from Advanced Care Planning?

Yes, the COAST form is different. Whilst Advanced Care Planning provides a more general guide on what's important for you at the end of life, the COAST form is a signed medical order that your healthcare team can act upon and lets us know your specific plan.

The COAST form works best in conjunction with Advanced Care Planning, and we recommend that all seriously ill people have both.

COAST: What the treatment options mean

The following sections below cover the different sections of the COAST form.

Resuscitation Status

Resuscitation status covers whether or not you would like cardiopulmonary resuscitation (CPR). This is only performed when the heart has completely stopped or is not beating effectively. When this happens, a person has no pulse, is not breathing and is no longer conscious. CPR involves someone trying to restart breathing and heartbeat, and may or may not work.

It involves pushing hard on the chest and using a machine to deliver an electric shock to restart the heart (defibrillation). It can also include putting a tube down your throat to help breathing (intubation) and using a machine to pump air in and out of your lungs via the breathing tube (mechanical ventilation).

Your doctor or nurse practitioner will discuss the likely prognosis and risks associated with CPR.

Medical Interventions

Medical interventions involve the different treatment options for serious illness. This includes:

Full Treatment – this primarily aims at prolonging life by all medical means. If your resuscitation status is for resuscitation, you will receive full treatment.

Selective Treatment – this primarily aims to treat medical conditions but avoid unnecessary or burdensome measures such as major surgery or ventilators, which may cause significant pain, require long recovery periods etc. People who choose this option may still wish to go to hospital if they become very unwell.

Comfort-focused Treatment – this primarily aims to keep a person comfortable by treating pain and other symptoms. These treatments are not meant to make you live longer. You choose not to have treatments which attempt to cure new medical issues and you would not be moved to hospital unless your condition couldn't be managed outside of hospital.

Fluid and Nutrition

This involves situations in which a person is unable to swallow food, such as after a serious stroke. You can choose to be supported by artificial forms of nutrition which includes feeding via a tube, or less aggressive forms of nutritional support such as fluid received via a drip or injection. Some people choose not to have any artificial food or fluids. Food and fluid will always be offered by mouth when possible for comfort and enjoyment.

Your doctor or nurse practitioner will discuss the risks and benefits associated with different levels of nutritional and fluid support.

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