



Patient’s Details:

Name:

NHI:

Address:

Gender: Male Female D.O.B:

GP Name:

Resuscitation Status	Medical Interventions
FOR resuscitation Attempt CPR. (Must tick FULL TREATMENT box)	FULL TREATMENT Prolongation of life by all usual and available means including intubation non-invasive ventilation, ICU, DC cardioversion.
DO NOT resuscitate (Eligible for any medical interventions option - SELECT ONE)	SELECTIVE TREATMENT Treat medical conditions but avoiding medically inappropriate interventions or measures unwanted by patient. Examples include non-invasive ventilation, trial DC cardioversion, antibiotics. Transfer to hospital if care needs unable to be met in community.
	COMFORT-FOCUSED TREATMENT Relieve pain and suffering with medication by any route necessary and available, not for prolongation of life; use oxygen, suctioning and manual treatment of airway obstruction. Do not use above options unless consistent with comfort goals. DO NOT transfer to hospital unless needs unable to be met in community.
FLUID AND NUTRITION (SELECT ONE)	All artificial nutritional & fluid support Supplemental fluids e.g. IV or SC Oral fluid / food for comfort only Mouth care only. Justification:
Additional considerations / clarifications of medical interventions	Medical / Cultural / Spiritual considerations:
I have discussed this with: Name: Date:	<div><div>Patient</div><div>Welfare Guardian</div></div> <div><div>Activated EPOA</div><div>Other (specify):</div></div>

Signature of Doctor / Nurse practitioner

My signature below indicates to the best of my knowledge the above directive is consistent with the patient’s preferences and medical conditions.

Name:	Signature:
Position:	Date:



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