



INFANT (0-11 months)

COAST: CHILDREN'S UNIT

CHILDREN'S OBSERVATION AND SEVERITY TOOL

INSTRUCTIONS:

- The Paediatric COAST tool i) seeks to identify the abnormal physiological findings seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The COAST tool does **not** replace clinical experience and acumen and should **not** be relied upon for such purposes.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observations, providing a COAST score between 0-6. (Higher COAST scores are seen in sicker children).
- Detailed Actions are described according to increasing COAST Score.
- Some children with complex medical needs e.g. cyanotic heart disease, may require modification to their trigger thresholds/action plan – this should follow discussion with senior colleagues.
- Any COAST score of **3 or above** should be recorded below with details of any subsequent action initiated.

Record details when COAST ≥ 3			Record time of review and plan		
Date	Time	COAST score	Time	Plan	Print name
e.g. 1/1/11	09:00	5	09:15	Anaesthetic Review	SN F Morton

- **If at any time additional help is required, call for help - regardless of the COAST score!**
- Following a COAST assessment, senior help may be required. The **SBAR** communication tool (**S**ituation, **B**ackground, **A**ssessment, **R**ecommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

S	Situation: I am (name), a nurse on ward (X). I am calling about (child X) I am calling because I am concerned that... (e.g. BP is low/high, pulse is XXX, temperature is XX, COAST Score is XX).
B	Background: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/procedure/investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is... (e.g. alert/drowsy/confused, pain free).
A	Assessment: I think the problem is (XXX) and I have... (e.g. given O2 /analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	Recommendation: I need you to... Come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/repeat observations).

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA.