

Home Oxygen Order Form (HOOF)

Please read the accompanying guidance notes before completing this order form



<div style="border: 1px solid black; padding: 2px;">1</div> <p>Title: _____ Gender: M / F</p> <p>Surname: _____</p> <p>First name: _____</p> <p>Date of Birth: _____</p> <p>Patient Tel. Number: _____</p> <p>Mobile Tel. No: _____</p> <p>Patient NHS No: _____</p> <p>Patient Hospital No: _____</p>	<div style="border: 1px solid black; padding: 2px;">2</div> <p>Patient's address (use label where available)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Post Code: _____</p>
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Is this a Paediatric order? Yes No

Has Patient consent been obtained Yes No

Is this the permanent home address? Yes No

(if no please give more details in 6 to assist the oxygen supplier)
or **School / Work address give additional information in 13**

3

Consultant: _____

Clinical contact for enquiries (GP or assessment team)

Name: _____

Tel. No: _____ Fax: _____

E-mail: _____

Carer's Name: _____

Carer Tel. Number: _____

4

Hospital address and Code:

Post Code: _____

5

Patient's GP's practice (main branch) address:

Tel. No: _____ Fax: _____

E-Mail: _____

PCT / LHB Name: _____

6 If this is a **Holiday Order** give additional information in 13 below

<div style="border: 1px solid black; padding: 2px;">7</div> <p>LONG TERM OXYGEN THERAPY</p> <p>Litres / minute: _____</p> <p>Hours / day: _____</p> <p>Nasal cannulae Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Mask (___ %)</p> <p>Humidification Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<div style="border: 1px solid black; padding: 2px;">8</div> <p>AMBULATORY</p> <p>Litres / minute: _____</p> <p>Hours / day: _____</p> <p>Initial two months supply Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Light weight option Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<div style="border: 1px solid black; padding: 2px;">9</div> <p>SHORT BURST OXYGEN</p> <p>Litres / minute: _____</p> <p>Hours / day: _____</p> <p>Nasal cannulae Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Mask (___ %)</p>
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10

EMERGENCY ORDER

Duration of emergency order _____ days (max 3 days)

Please complete 7 or 9 for service required.

11

HOSPITAL DISCHARGE ORDER

Is next day response required Yes No

Is this temporary prior to stable assessment for LTOT Yes No

Ward tel. no. _____

12

Date of planned assessment / order review date _____

13

Additional information for the Home Oxygen Service supplier

14

Clinical information

Clinical code: _____

On NIV Yes No

On CPAP Yes No

Conserving device contra indicated

15

Signature: _____	Date: _____	Pin: _____
Name (Print): _____	Position: _____	
E-mail: _____	Tel. No: _____	Fax No: _____

Original to Oxygen Supplier FAX Number..... Copies to: PCT / LHB, GP, Trust Clinical Lead for Home Oxygen, Patient's record. It is an offence to falsify the details on this form. The NHS Counter Fraud Service will pursue all sanctions, including appropriate legal action, against any persons committing fraud.

ADVISORY NOTES: Please give full contact details so that the Oxygen Supplier can contact you to resolve queries. This form should NOT be used where patients are experiencing problems with a current supply. Please use supplier 24/7 helpline to report these.

Box 3: Please indicate name of Consultant (if applicable) and details of clinical contact.

Box 5: You **must** complete Primary Care Trust (PCT) / or Local Health Board (LHB) Wales. The Oxygen Supplier will be invoicing the PCT/ LHB; therefore you should take care to enter the correct details so that payment can be made by the correct PCT / LHB (payment is based on the location of the patient's GP's main surgery, not the patient's address). **You must** also send a copy order to the PCT / LHB for audit purposes.

Box 6: Holiday order: If a patient requires oxygen at a UK holiday destination, at school or work, a secondary order form is required to provide oxygen in a location other than the patient's home. Please ensure this order provides the correct delivery address, information about access / named person receiving equipment and, where appropriate, start and completion date of holiday. Note that a patient on holiday may require a different service.

Consent: Please indicate whether a consent form HOCF has been completed. It should be filed in the patients notes. There is no need to send a copy of this to the supplier.

Box 7: An LTOT request will **not** automatically include provision of oxygen for use outside the home. If this is needed please also complete box 8.

Box 8: Ambulatory oxygen: Adults and older children: Initial assessment must be performed in accordance with the clinical component of the home oxygen service. A 2 month assessment period is required so that hours of usage can be determined. Therefore it is suggested that initially 1-2 hours per day is ordered, allowing 7-14 hours of oxygen per week. If the usage changes then the hours per day can be increased or decreased by completing a new order.

Infants: Children on LTOT will usually need ambulatory Oxygen. An initial order of 3-4 hours per day is suggested, with review after 2 months.

Box 9: Short burst Oxygen: This will normally be ordered for symptomatic relief or breathlessness, in patients using Oxygen for less than 2 hours per day. A static source of oxygen will be provided. Nasal cannulae will not usually be appropriate for Short Burst Oxygen. The usual flow rate is 4-6 litres per minute using a 28-40% mask.

Box 10: Emergency supply: This is for a patient at home who needs an urgent supply of oxygen and will be initiated by a clinician. A 4 hour response order should only be requested if a patient has no oxygen supply at home. For an emergency supply please telephone the supplier on the 24/7 helpline. If the patient has a problem with an **existing** supply, but has a back up cylinder, s/he should contact the Oxygen supplier on the 24/7 helpline.

Box 11: Hospital discharge: When arranging a supply of oxygen to support discharge, please give a contact name and ward telephone number and carer's telephone number in boxes 2 & 3 so that the oxygen supplier can gain access to the patient's home. If discharge planning has not allowed sufficient time for a viable 3 day response, a next day supply of oxygen can be provided (tick yes in Box 12) to prevent delayed discharge. If a 6 week temporary supply of oxygen is required prior to the stable LTOT assessment, this should be indicated in box 12.

Box 12: Order review date: must be stated if patient is awaiting second assessment for LTOT or when ambulatory oxygen 2 month assessment period ends or if emergency oxygen has been ordered.

Box 13: Please note any special needs e.g. language or disabilities.

Box 14: Clinical codes: (As suggested by BTS)

Box 15: Please insert Pin/Registration number. This may be used for audit purposes.

01	Chronic obstructive pulmonary disease (COPD)	02	Pulmonary vascular disease
03	Severe chronic asthma	04	Primary pulmonary hypertension
05	Interstitial lung disease	06	Pulmonary malignancy
07	Cystic fibrosis	08	Palliative care
09	Bronchiectasis (Not cystic fibrosis)	10	Non-pulmonary palliative care
11	Chronic heart failure	12	Paediatric interstitial lung disease
13	Chronic neonatal lung disease	14	Neuromuscular disease
15	Paediatric cardiac disease	16	Neurodisability
17	Chest wall disease	18	Other primary respiratory disorder
19	Obstructive sleep apnoea syndrome	20	Other conditions

Service categories:

	SERVICE CATEGORIES	RESPONSE TIME	DURATION OF PRESCRIPTION	AMBULATORY
CC1	Emergency	4 Hours	Up to 3 days	Not applicable
CC2	i) On discharge pending formal assessment	Next day between 8.00am and 05.00pm	Up to 4/5 weeks until the patient is able to be formally assessed	Not applicable
	ii) Short burst	3 Days	Long term	Not applicable
CC3	Long term oxygen therapy	3 Days	Long term	Not applicable
CC4	Long term oxygen therapy and standard ambulatory supply	3 Days	Long term	Yes
CC5	Standard ambulatory supply only	3 Days	Long term	Yes
CC6	Long term oxygen therapy and lightweight ambulatory supply	3 Days	Long term	Yes
CC7	Lightweight ambulatory supply only	3 Days	Long term	Yes

Supplier 24/7 helplines, fax numbers and areas:

Air Products	Tel: 0800 373580	Fax: 0800 214709	North West, Yorks and Humberside, Leics, Northants & Rutland, Trent, Birmingham and Black Country, Shrops & Staffs, West Midlands, Wales, North East London, North West & Central London, South West Peninsula, Dorset & Somerset, Avon, Glos & Wilts.
Allied Respiratory	0500 823773	0800 781 4610	SW & SE London, Thames Valley, Hants & IOW, Kent & Medway, Surrey & Sussex
BOC Vitalair	0800 136603	0800 169 9989	Beds & Herts, Essex, Norfolk, Suffolk & Cambs.
Linde	0808 2020999	0191 497 4340	Co. Durham and Tees Valley