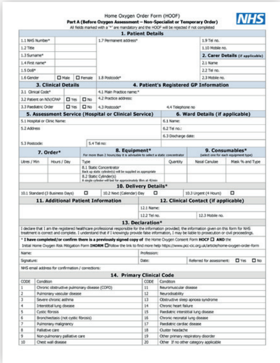
Your Guide To The Home Oxygen Order Form

Part A

baywater HEALTHCARE



Home Oxygen Order Form (HOOF)

Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)

All fields marked with a "*" are mandatory and the HOOF will be rejected if not completed

NHS

1. Patient Details

1.1 NHS Number*
1.2 Title
1.3 Surname*
1.4 First name*
1.5 DoB*
1.6 Gender ☐ Male ☐ Female
1.7 Permanent address*
1.8 Postcode*
1.9 Tel no.
1.10 Mobile no.

2. Carer Details (if applicable)

2.1 Name
2.2 Tel no.
2.3 Mobile no.

3. Clinical Details

3.1 Clinical Code*
3.2 Patient on NIV/CPAP ☐ Yes ☐ No
3.3 Paediatric Order ☐ Yes ☐ No

4. Patient's Registered GP Information

4.1 Main Practice name:*
4.2 Practice address:
4.3 Postcode*
4.4 Telephone no

5. Assessment Service (Hospital or Clinical Service)

5.1 Hospital or Clinic Name:
5.2 Address
5.3 Postcode:
5.4 Tel no:

6. Ward Details (if applicable)

6.1 Name:
6.2 Tel no.:
6.3 Discharge date:

7. Order*

Litres / Min | Hours / Day

8. Equipment*
For more than 2 hours/day it is advisable to select a static concentrator

Type | Quantity
8.1 Static Concentrator – Back up static cylinder(s) will be supplied as appropriate
8.2 Static Cylinder(s) – A single cylinder will last for approximately [illegible] hrs at 4l/min

9. Consumables*
(select one for each equipment type)

Nasal Canulae | Mask % and Type

10. Delivery Details*

10.1 Standard (3 Business Days) ☐
10.2 Next (Calendar) Day ☐
10.3 Urgent (4 Hours) ☐

11. Additional Patient Information

12. Clinical Contact (if applicable)

12.1 Name:
12.2 Tel no.
12.3 Mobile no.

13. Declaration*

I declare that I am the registered healthcare professional responsible for the information provided; the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings.

* **I have completed/or confirm there is a previously signed copy of** the Home Oxygen Consent Form **HOCF** ☐ **AND** the Initial Home Oxygen Risk Mitigation Form **IHORM** ☐ Follow the link to find more help https://www.pcc-cic.org.uk/article/home-oxygen-order-form

Name:
Profession:
Signature:
Date:
Referred for assessment: ☐ Yes ☐ No
NHS email address for confirmation / corrections:

14. Primary Clinical Code

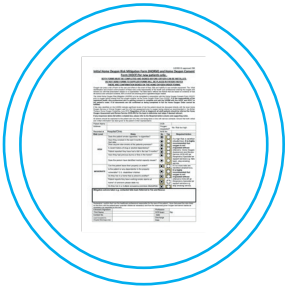
CODE	Condition	CODE	Condition
1	Chronic obstructive pulmonary disease (COPD)	11	Neuromuscular disease
2	Pulmonary vascular disease	12	Neurodisability
3	Severe chronic asthma	13	Obstructive sleep apnoea syndrome
4	Interstitial lung disease	14	Chronic heart failure
5	Cystic fibrosis	15	Paediatric interstitial lung disease
6	Bronchiectasis (not cystic fibrosis)	16	Chronic neonatal lung disease
7	Pulmonary malignancy	17	Paediatric cardiac disease
8	Palliative care	18	Cluster headache
9	Non-pulmonary palliative care	19	Other primary respiratory disorder
10	Chest wall disease	20	Other If no other category applicable

Introduction

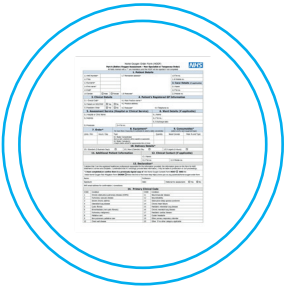
- The Home Oxygen Order Form (HOOF) Part A should be used when the request is made by non specialist Health Care Professionals (HCPs) including GP practices or to supply pending a review by a specialist Health Care Professional.
- HOOF Part A can be used to order a concentrator or static cylinder.
- Ambulatory equipment can only be ordered by home oxygen specialists, once the patient has undergone an oxygen assessment.
- When completing the HOOF (Part A), clinicians can select the appropriate equipment to install.
- The NHS wishes each new HOOF submitted to now supersede any previous HOOF for that patient. It is important to note that if a patient already has a specialist order in place a HOOF A cannot supercede it.

This Booklet

Details how you should order equipment

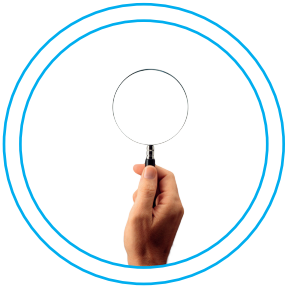


Explains the Initial Home Oxygen Risk Mitigation (IHORM) Form

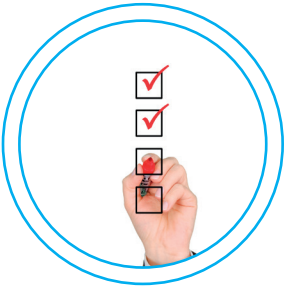


Explains how to complete the Home Oxygen Consent Form (HOCF) and HOOF

Provides information regarding the equipment available



Explains how the supply and service of the equipment will subsequently be managed



Gives you guidelines on which equipment to order

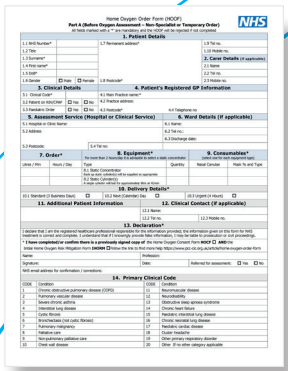
How to Complete the HOOF Part A

The Home Oxygen Order Form (HOOF) Part A should be used when the request is made by non specialist Health Care Professionals (HCPs) including GP practices or to supply pending a review by a specialist Health Care Professional.

The NHS wishes each new HOOF submitted to now supersede any previous HOOF for that patient. So it is vital that you ensure each new HOOF submitted for an existing Home Oxygen patient fully reflects all the equipment you wish the patient to have.

If you are completing a HOOF Part A for a patient who currently has ambulatory oxygen equipment, you will need to refer the patient for specialist oxygen assessment as per your local care pathway.

This guide will take you through each section and help you to complete the HOOF Part A so that it is right first time.


Home Oxygen Order Form (HOOF)

NHS

Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)

All fields marked with a * are mandatory and the HOOF will be rejected if not completed

1. Patient Details

2. Carer Details (if applicable)

3. Clinical Details

4. Patient's Registered GP Information

5. Assessment Service (Hospital or Clinical Service)

6. Ward Details (if applicable)

7. Order*

8. Equipment*

9. Consumables*

10. Delivery Details*

11. Additional Patient Information

12. Clinical Contact (if applicable)

13. Declaration*

14. Primary Clinical Code

Before completing a HOOF A

You must obtain patient and carer consent for sharing of information outside of the NHS to the oxygen supplier. Failure to complete a Home Oxygen Consent Form (HOCF) would be a breach of the Data Protection Act

- Is the Oxygen safe to be stored in the patients home?
- Can the patient use the Oxygen safely?
- Are there any safety concerns?

NHS England made the completion of the Initial Risk Mitigation Form (IHORM) mandatory for all first time oxygen orders in 2018.

The IHORM must be completed face to face with the patient, before ordering oxygen for the first time.

Safety considerations include, does the patient live in a multiple occupancy premises, is the patient a current smoker and is the patient at risk of falls.

Patients are scored on risk levels, a patient scoring high risk should not have oxygen ordered and should be referred to the Home Oxygen Service Assessment and Review Service (HOS-AR).

The IHORM must be signed and dated by the Health Care Professional.

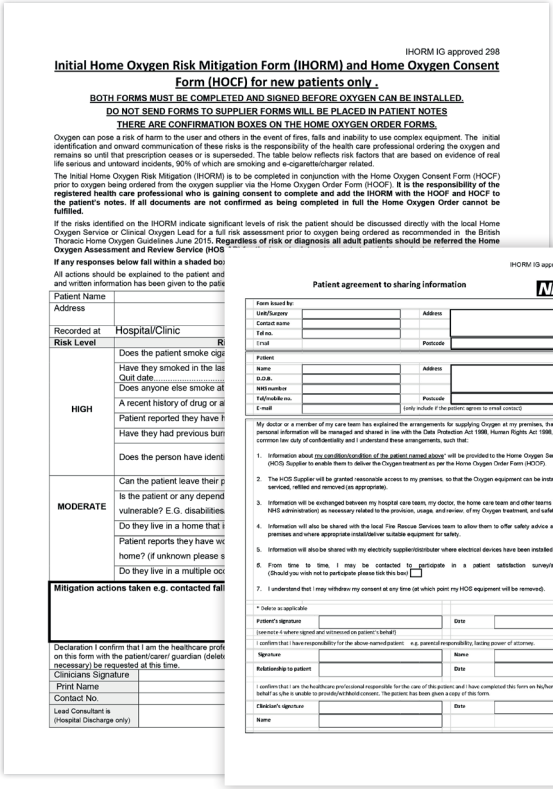
Email: healthuk@baywater.co.uk

Initial Home Oxygen Risk Mitigation (IHORM) and Home Oxygen Consent Form (HOCF)

You will need to complete an IHORM and ask the patient to complete the reverse of the form (HOCF) in order to allow the sharing of the patient's details with the supplier. The IHORM does not need to be sent with the HOOF to the supplier, because your tick in the IHORM and HOCF box and signature in the HOOF declaration box confirms that you have obtained consent to share the patients' data and that you are compliant with data protection. The original should be kept in your records and a copy provided to the patient.

It is worth emphasising the part of the form which states that the patient agrees to allow the supplier reasonable access to their property to install, refill, service and also remove equipment as appropriate. This will help patients to understand that this may be a temporary order and that following assessment it may be proved that the equipment is not clinically necessary and so will be removed.

Turn over and sign.



IHORM IG approved 298

Initial Home Oxygen Risk Mitigation Form (IHORM) and Home Oxygen Consent Form (HOCF) for new patients only .

BOTH FORMS MUST BE COMPLETED AND SIGNED BEFORE OXYGEN CAN BE INSTALLED.
DO NOT SEND FORMS TO SUPPLIER FORMS WILL BE PLACED IN PATIENT NOTES
THERE ARE CONFIRMATION BOXES ON THE HOME OXYGEN ORDER FORMS.

Oxygen can pose a risk of harm to the user and others in the event of fires, falls and inability to use complex equipment. The initial identification and onward communication of these risks is the responsibility of the health care professional ordering the oxygen and remains so until that prescription ceases or is superseded. The table below reflects risk factors that are based on evidence of real life serious and untoward incidents, 90% of which are smoking and e-cigarette/charger related.

The Initial Home Oxygen Risk Mitigation (IHORM) is to be completed in conjunction with the Home Oxygen Consent Form (HOCF) prior to oxygen being ordered from the oxygen supplier via the Home Oxygen Order Form (HOOF). **It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOOF and HOCF to the patient's notes. If all documents are not confirmed as being completed in full the Home Oxygen Order cannot be fulfilled.**

If the risks identified on the IHORM indicate significant levels of risk the patient should be discussed directly with the local Home Oxygen Service or Clinical Oxygen Lead for a full risk assessment prior to oxygen being ordered as recommended in the British Thoracic Home Oxygen Guidelines June 2015. **Regardless of risk or diagnosis all adult patients should be referred the Home Oxygen Assessment and Review Service (HOS**

If any responses below fall within a shaded bo

All actions should be explained to the patient and and written information has been given to the patie

Patient Name	
Address	
Recorded at	Hospital/Clinic
Risk Level	**R**
HIGH	Does the patient smoke cig
	Have they smoked in the las Quit date
	Does anyone else smoke at
	A recent history of drug or a
	Patient reported they have h
	Have they had previous burn
	Does the person have identi
MODERATE	Can the patient leave their p
	Is the patient or any depend vulnerable? E.G. disabilities
	Do they live in a home that i
	Patient reports they have wo home? (if unknown please s
	Do they live in a multiple occ
Mitigation actions taken e.g. contacted fall	

Declaration I confirm that I am the healthcare prof
on this form with the patient/carer/ guardian (delet
necessary) be requested at this time.

Clinicians Signature	
Print Name	
Contact No.	
Lead Consultant is (Hospital Discharge only)	

IHORM IG approved 298

Patient agreement to sharing information

NHS

Form issued by:

Unit/Surgery		Address	
Contact name			
Tel no.			
Email		Postcode	

Patient

Name		Address	
D.O.B.			
NHS number			
Tel/mobile no.		Postcode	
E-mail		(only include if the patient agrees to email contact)	

My doctor or a member of my care team has explained the arrangements for supplying Oxygen at my premises, that my personal information will be managed and shared in line with the Data Protection Act 1998, Human Rights Act 1998, and common law duty of confidentiality and I understand these arrangements, such that:

1. Information about my condition/condition of the patient named above* will be provided to the Home Oxygen Service (HOS) Supplier to enable them to deliver the Oxygen treatment as per the Home Oxygen Order Form (HOOF).
2. The HOS Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).
3. Information will be exchanged between my hospital care team, my doctor, the home care team and other teams (e.g. NHS administration) as necessary related to the provision, usage, and review, of my Oxygen treatment, and safety.
4. Information will also be shared with the local Fire Rescue Services team to allow them to offer safety advice at my premises and where appropriate install/deliver suitable equipment for safety.
5. Information will also be shared with my electricity supplier/distributer where electrical devices have been installed.
6. From time to time, I may be contacted to participate in a patient satisfaction survey/audit. (Should you wish not to participate please tick this box)
7. I understand that I may withdraw my consent at any time (at which point my HOS equipment will be removed).

* Delete as applicable

Patient's signature		Date	

(exercise 4 where signed and witnessed on patient's behalf)

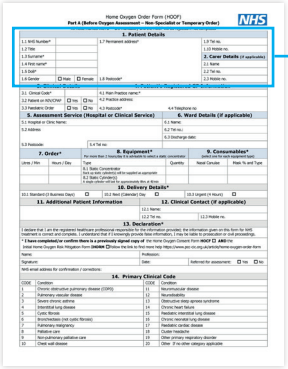
I confirm that I have responsibility for the above-named patient e.g. parental responsibility, lasting power of attorney.

Signature		Name	
Relationship to patient		Date	

I confirm that I am the healthcare professional responsible for the care of this patient and I have completed this form on his/her behalf as s/he is unable to provide/withhold consent. The patient has been given a copy of this form.

Clinician's signature		Date	
Name			

HOOF Sections

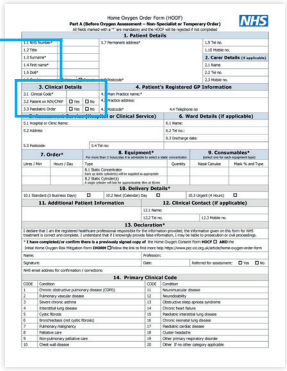


1. Patient Details			
1.1 NHS Number*		1.7 Permanent address*	1.9 Tel no.
1.2 Title			1.10 Mobile no.
1.3 Surname*			**2. Carer Details (if applicable)**
1.4 First name*			2.1 Name
1.5 DoB*			2.2 Tel no.
1.6 Gender	☐ Male ☐ Female	1.8 Postcode*	2.3 Mobile no.

Sections 1 and 2 - Patient and carer details

These require patient and carer information. Please fill in all the boxes, making sure to include the NHS number and any contact numbers. Contact numbers enable us to communicate with the patient or their carer and arrange delivery.

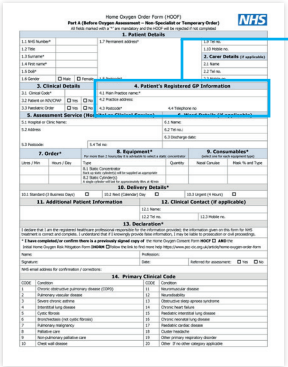
3. Clinical Details		
3.1 Clinical Code*		
3.2 Patient on NIV/CPAP	☐ Yes	☐ No
3.3 Paediatric Order	☐ Yes	☐ No



Section 3 - Clinical details

The clinical code is a mandatory requirement for a HOOF to process successfully. Clinical coding assists in data management and on-going reviews it enables an integrated care plan for the patient where required.

If the patient is using NIV/CPAP or is a paediatric patient, it is recommended that you refer to their respiratory clinician/ paediatrician.

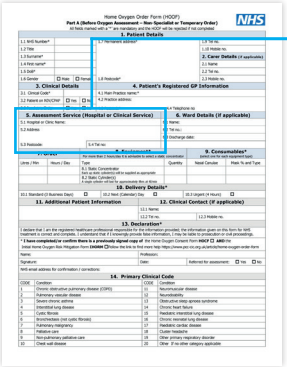


4. Patient's Registered GP Information		
4.1 Main Practice name:*		
4.2 Practice address:		
4.3 Postcode*	4.4 Telephone no	

Section 4 - Patient's registered GP information

This needs to contain the details of the GP with whom the patient is registered.

Email: healthuk@baywater.co.uk

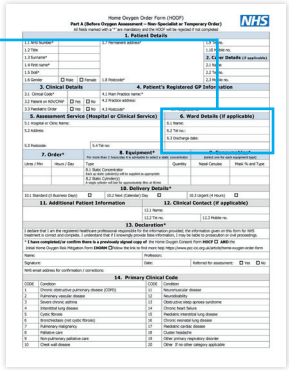


5. Assessment Service (Hospital or Clinical Service)
5.1 Hospital or Clinic Name:
5.2 Address

Section 5 - Assessment service (hospital or clinical service)

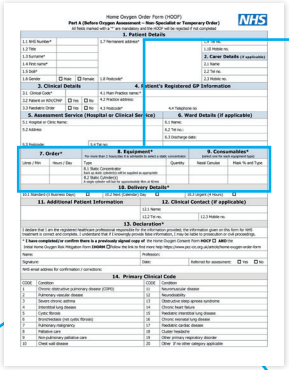
Please complete the details of the Assessment Service that will be used for follow up purposes.

6. Ward Details (if applicable)
6.1 Name:
6.2 Tel no.:
6.3 Discharge date:



Section 6 - Ward details (if applicable)

If the patient is in hospital and due for discharge, section 6 should be completed. This will enable us to liaise with the hospital to ensure a smooth and consistent process with minimal delays or disruptions.



7. Order*		8. Equipment* For more than 2 hours/day it is advisable to select a static concentrator		9. Consumables* (select one for each equipment type)	
Litres / Min	Hours / Day	Type	Quantity	Nasal Canulae	Mask % and Type
		8.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			

Sections 7, 8 and 9 - Ordering

Section 7 relates to the oxygen the patient should use. The amount of oxygen being ordered needs to be stated in litres per minute, together with the number of hours of therapy required per day.

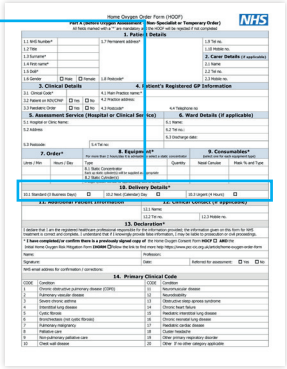
In section 8, the equipment to be delivered should be selected. When a static concentrator is chosen, backup static cylinders will automatically be supplied. For section 9, a choice of either nasal cannula or mask should be made, please tick which is required.

Mask percentages

24%	2lpm
28%	4lpm
31%	6lpm
35%	8lpm
60%	15lpm

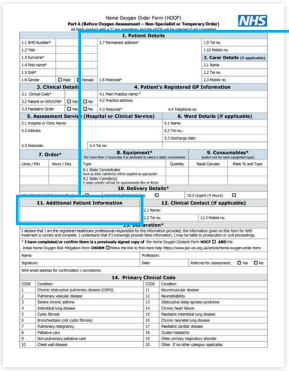
Please Note: The NHS oxygen contract states that no more than eight static cylinders should be ordered without the suppliers completion of an enhanced risk assessment that ensures safe storage capability within a property.

10. Delivery Details*		
10.1 Standard (3 Business Days) ☐	10.2 Next (Calendar) Day ☐	10.3 Urgent (4 Hours) ☐



Section 10 - Delivery details

Please indicate the delivery timescale required. Be aware that there are cost implications when requesting an urgent (4 hours) delivery. **Please ensure that somebody will be at the home to receive delivery once a selection has been made**

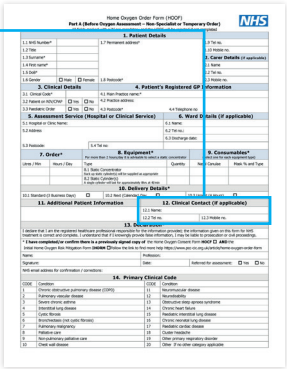


11. Additional Patient Information

Section 11 - Additional patient information

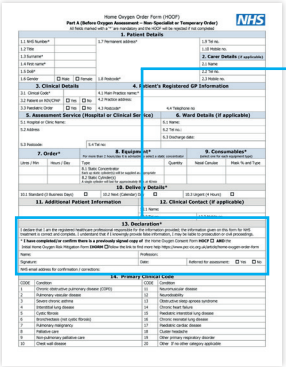
This section should be used to advise us of any special information relating to the patient's oxygen supply and on-going supply requirements. This could include, for example, physical disabilities, language difficulties, non-English speaker.

12. Clinical Contact (if applicable)	
12.1 Name:	
12.2 Tel no.	12.3 Mobile no.



Section 12 - Clinical contact (if applicable)

The details of the clinical contact for the patient need to be incorporated here. It is possible that this may be the same person signing the HOOF Part A and, in this case, those details must be repeated here.



13. Declaration*

I declare that I am the registered healthcare professional responsible for the information provided; the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings.

* **I have completed/or confirm there is a previously signed copy of** the Home Oxygen Consent Form **HOCF ☐ AND** the Initial Home Oxygen Risk Mitigation Form **IHORM ☐**Follow the link to find more help https://www.pcc-cic.org.uk/article/home-oxygen-order-form

Name:	Profession:	
Signature:	Date:	Referred for assessment: ☐ Yes ☐ No
NHS email address for confirmation / corrections:		

Section 13 - Declaration

This declaration must be fully completed before the HOOF Part A is sent. We would strongly advise that 'Referred for assessment' boxes are completed and that the referral is made to the HOS-AR.

It is very important that not only is the declaration signed, but also a NHS email address is provided so that we are able to send confirmation/corrections back.

Progressing Your Order

Once the HOOF Part A is fully completed, please email to Baywater Healthcare - BHLTD.ehoof@nhs.net.

Note: You will not need to write repeat order forms each time your patient needs a replenishment of oxygen cylinders.

Delivery Timescales

There are three delivery options, as per Section 10 of the HOOF Part A:

- Standard (3 business days)
- Next (calendar) day
- Urgent (4 hours)

Equipment Available

Static concentrators

Static concentrators are the most convenient source of home supplied oxygen available today.

The static concentrator is electrically operated.

Note: The static concentrator does not store any volume of oxygen and it does not affect the air quality in the user's environment.

Flow rates from 0.1 lpm to 15 lpm can be accommodated (some high flow rates will require multiple concentrators).

Static cylinders (B10)

Static cylinders may be prescribed as the mode of supply for low-usage patients, and will be provided to all patients using a concentrator for use as backup in the event of power failure, or machine malfunction.

Should your patient suffer from cluster headaches, static cylinders together with a non-rebreathe mask, is normally the most suitable order.

The actual model supplied may vary from the example shown.

Email: healthuk@baywater.co.uk

For more information please contact:

Baywater Healthcare
Wulvern House
Electra Way
Crewe
Cheshire
CW1 6GW

Call: 0800 373580
Fax: 0800 214709

bhltd.ehoof@nhs.net
@BaywaterHealth
Baywater Healthcare
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baywater HEALTHCARE

ENHANCING LIVES

13/132/UK-JAN21