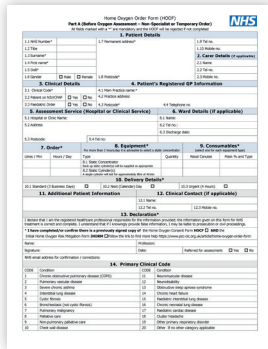


Your Guide To The Home Oxygen Order Form Part A





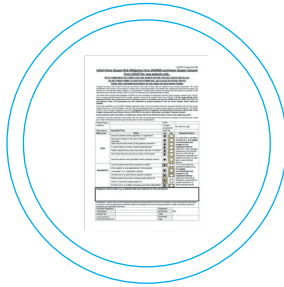
Introduction

- The HOOF Part A must be accessed and submitted via our Online Portal.
- 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.

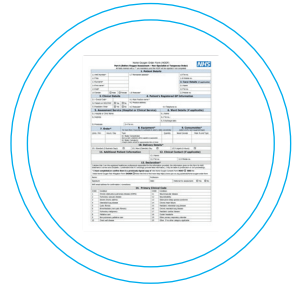
This Booklet



Details how you should order equipment



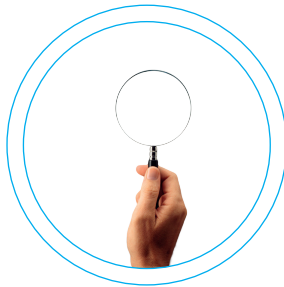
Explains the Initial Home Oxygen Risk Mitigation (IHORM) Form



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 Healthcare Professionals (HCPs) including GP practices or to supply pending a review by a specialist Healthcare Professional.

To access the HOOF A form please register with our Online Portal at www.baywater.co.uk/onlineportal using either an nhs.net or DCB1596 accredited nhs.uk email address.

Once registered your access will automatically be approved and you will be able to order straight away.

Please note that only registered Healthcare Professionals are permitted to order home oxygen therapy.

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.





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 (HOOF) 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 HOCF to the supplier, because your tick in the IHORM and HOCF box and signature in the HOCF 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 onward incidents, 90% of which are smoking and e-cigarette/recharge 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 (HOCF). It is the responsibility of the registered health care professional who is gaining consent to complete and add the IHORM with the HOCF 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 box All actions should be explained to the patient and written information has been given to the patient.

Patient Name	
Address	
Recorded at	Hospital/Clinic
Risk Level	R
Does the patient smoke cigi	No
Have they smoked in the last 30 days	No
Does anyone else smoke at home	No
A recent history of drug or alcohol	No
Patient reported they have had a fall	No
Have they had previous brain injury	No
Does the person have identified cognitive impairment	No
Can the patient leave their property unattended	No
Is the patient or any dependant vulnerable? (e.g. disabilities)	No
Do they live in a home that is not suitable for oxygen	No
Patient reports they have no one to help? (if unknown please tick)	No
Do they live in a multiple occupancy property	No

Mitigation actions taken e.g. contacted fall prevention service

Declaration I confirm that I am the healthcare professional on this form with the patient/carer/guardian (delete as necessary) be requested at this time.
Clinicians Signature
Print Name
Contact No.
Lead Consultant is (Hospital Discharge only)

Patient agreement to sharing information

IHORM IG approved 298

NHS

Form issued for	
Use/Superv	Address
Contact name	
Phone	Postcode
First name	Address
Second name	
MR/MS	Postcode
MR/MS number	
Telephone no.	
E-mail	I only include if I can't agree 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 reviewed 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:

- Information about my condition/condition of the patient cannot allow 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 (HOCF).
- The HOCF Supplier will be granted reasonable access to my premises, so that the Oxygen equipment can be installed, serviced, refilled and removed (as appropriate).
- Information will be exchanged between my hospital care team, my doctor, the home care team or other teams (e.g. HOS administration) as necessary related to the provision, usage, and removal of my Oxygen treatment, and safety.
- 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/replace suitable equipment for safety.
- Information will also be shared with my electricity supplier/distributor where electrical devices have been installed.
- From time to time, I may be contacted to participate in a patient satisfaction survey(s). Should you wish not to participate please tick this box
- 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

(Signature is where signed and witnessed on patient's behalf)

Signature Name

Responsible to patient Date

I confirm that I am the healthcare professional responsible for the care of this patient and have completed this form on their behalf as they are unable to provide/validate consent. The patient has been given a copy of this form.

Electrician's signature Date

Name

HOOF Sections

Home Oxygen Order Form (HOOF)
Part 1 (Blue Top Section) - (Not Specified or Temporary Order)

1. Patient Details

1.1 NHS Number* 1.7 Permanent address*

1.2 Title 1.8 Postcode*

1.3 Surname* 1.9 Tel no.

1.4 First name* 1.10 Mobile no.

1.5 DoB* 2.1 Name

1.6 Gender Male Female 2.2 Tel no.

2.3 Mobile no.

2. Carer Details (if applicable)

2.1 Name

2.2 Tel no.

2.3 Mobile no.

1. Patient Details

1.1 NHS Number* 1.7 Permanent address*

1.2 Title 1.8 Postcode*

1.3 Surname* 1.9 Tel no.

1.4 First name* 1.10 Mobile no.

1.5 DoB* 2.1 Name

1.6 Gender Male Female 2.2 Tel no.

2.3 Mobile no.

2. Carer Details (if applicable)

2.1 Name

2.2 Tel no.

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.

Home Oxygen Order Form (HOOF)
Part 2 (Blue Top Section) - (Not Specified or Temporary Order)

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

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.

Home Oxygen Order Form (HOOF)
Part 2 (Blue Top Section) - (Not Specified or Temporary Order)

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

Home Oxygen Order Form (HOOFF)
Part 4 (Deliver Oxygen Assessment - Non-Respirator or Temporary Order)

1. Patient Details

2. Clinical Details

3. Assessment Service (Hospital or Clinical Service)

4. Ward Details (if applicable)

5. Assessment Service (Hospital or Clinical Service)

6. Delivery Details

7. Additional Patient Information

8. Clinical Contact (if applicable)

9. Primary Clinical Code

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.

Home Oxygen Order Form (HOOFF)
Part 4 (Deliver Oxygen Assessment - Non-Respirator or Temporary Order)

1. Patient Details

2. Clinical Details

3. Assessment Service (Hospital or Clinical Service)

4. Ward Details (if applicable)

5. Assessment Service (Hospital or Clinical Service)

6. Delivery Details

7. Additional Patient Information

8. Clinical Contact (if applicable)

9. Primary Clinical Code

Home Oxygen Order Form (HOOFF)
Part 4 (Deliver Oxygen Assessment - Non-Respirator or Temporary Order)

1. Patient Details

2. Clinical Details

3. Assessment Service (Hospital or Clinical Service)

4. Ward Details (if applicable)

5. Assessment Service (Hospital or Clinical Service)

6. Delivery Details

7. Order*

8. Equipment*

9. Consumables*

10. Additional Patient Information

11. Clinical Contact (if applicable)

12. Primary Clinical Code

7. Order*		8. Equipment*		9. Consumables*	
Litres / Min	Hours / Day	Type	Quantity	Nasal Cannulae	Mask % and Type
		8.1 Static Concentrator			
		8.2 Backup static cylinder(s) will be supplied as appropriate			
		8.3 Other Concentrator(s)			

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) <input type="checkbox"/>	10.2 Next (Calendar) Day <input type="checkbox"/>	10.3 Urgent (4 Hours) <input type="checkbox"/>

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**

Home Oxygen Order Form (HOOF)
Part A (Delivery Order) - Non-Specialist or Temporary Order

1. Patient Details
2. Clinical Details
3. Assessment Service (Hospital or Clinical Service)
4. Patient's Registered GP Information
5. Ward Details (if applicable)
6. Delivery Details*
7. Order*
8. Equipment*
9. Consumables*
10. Additional Patient Information
11. Clinical Contact (if applicable)
12. Primary Clinical Code

Home Oxygen Order Form (HOOF)
Part A (Delivery Order) - Non-Specialist or Temporary Order

1. Patient Details
2. Clinical Details
3. Assessment Service (Hospital or Clinical Service)
4. Patient's Registered GP Information
5. Ward Details (if applicable)
6. Delivery Details*
7. Order*
8. Equipment*
9. Consumables*
10. Additional Patient Information
11. Clinical Contact (if applicable)
12. Primary Clinical Code

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.

Home Oxygen Order Form (HOOF)
Part A (Delivery Order) - Non-Specialist or Temporary Order

1. Patient Details
2. Clinical Details
3. Assessment Service (Hospital or Clinical Service)
4. Patient's Registered GP Information
5. Ward Details (if applicable)
6. Delivery Details*
7. Order*
8. Equipment*
9. Consumables*
10. Additional Patient Information
11. Clinical Contact (if applicable)
12. Primary Clinical Code

Home Oxygen Order Form (HOOF)
 Part A (Initial Home Oxygen Assessment - An Assessment of Response to Trial)
 NHS

1.1. Date
 1.2. Time
 1.3. Location
 1.4. Referral
 1.5. Referral
 1.6. Referral
 1.7. Referral

2. Clinical Details
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 4.00. Declaration

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 HOOF AND the Initial Home Oxygen Risk Mitigation Form IHORM Follow the link to find more help <https://www.pcc-cc.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 submit it to us via our Online Portal.

You will have the opportunity to save a copy as a PDF which can be stored on the NHS patient electronic medical record.

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.





For more information please contact:

Baywater Healthcare

Wulvern House
Electra Way
Crewe
Cheshire
CW1 6GW

Call: 0800 373580

Fax: 0800 214709

 healthuk@nhs.net

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 [Baywater Healthcare](https://www.linkedin.com/company/BaywaterHealthcare)



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