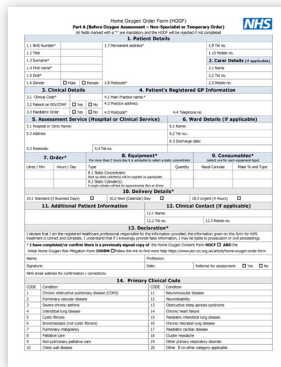


Your Guide To The Home Oxygen Order Form

Part A





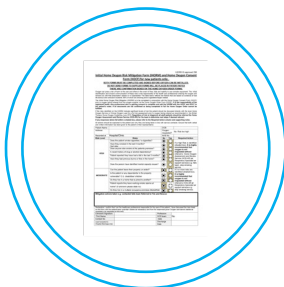
Introduction

- 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.

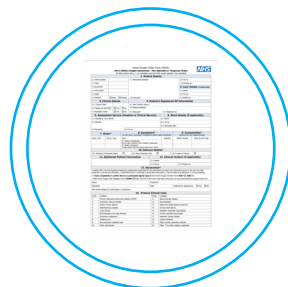
This Booklet



Details how you should order equipment



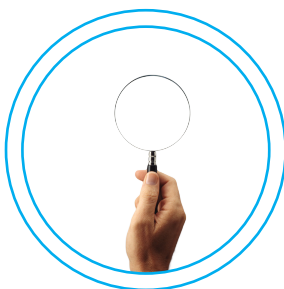
Explains the Initial Home Oxygen Risk Mitigation (IHORM) Form



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.





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 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.

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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/watercharger 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 fill 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 or 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 (HORS).

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

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Patient agreement to sharing information

NHS

Patient Name Address Recorded at Risk Level	Hospital/Clinic Risk Level
----------------------------------------------------------------------------------	---------------------------------------------

HIGH

Does the patient smoke cigarettes?
 Have they smoked in the last 24 hours?
 Does anyone else smoke at home?
 A recent history of drug or alcohol use?
 Patient reported they have fallen?
 Have they had previous burns?
 Does the person have identified other risks?

MODERATE

Can the patient leave the property unattended?
 Is the patient or any dependant vulnerable? (e.g. disabilities, cognitive impairment, etc.)
 Do they live in a home that is not suitable for oxygen therapy?
 Patient reports they have no other safety advice at their premises (if unknown please ask)
 Do they live in a multiple occupancy property?

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.
 Clinician's Signature
 Print Name
 Contact No.
 Lead Consultant is (Hospital Discharge only)

I, the doctor or a member of my care team have explained the arrangements for supplying Oxygen at my premises, that my personal information will be transferred and stored 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 consented 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 (HOCF).
 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. HOS administration) as necessary related to the provision, usage, and removal of my Oxygen treatment, and safety.
 4. Information will also be shared with the local 'Fire Rescue Service' alert 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/distributor where electrical devices have been installed.
 6. 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) ☐
 7. I understand that I may withdraw my consent at any time (at which point my HOCF equipment will be removed).

* Delete as applicable
 Patient's signature Date
 (signature is where signed and witnessed on patient's behalf)
 I confirm that I have responsibility for the above consented to e.g. general responsibility, lacking power of attorney
 Signature Name
 Role
 Declaration 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/for themselves. The patient has been given a copy of this form.
 Clinician's signature Date
 Name

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
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 (Before Oxygen Assessment - Non-Specialist or Temporary Order)		NHS	
1. Patient Details		2. Care Details (if applicable)		3. Clinical Details	
1.1 NHS Number		1.2 Personal address		1.3 Telephone	
1.4 Email		1.5 Email		1.6 Email	
1.7 Email		1.8 Email		1.9 Email	
1.10 Email		1.11 Email		1.12 Email	
1.13 Email		1.14 Email		1.15 Email	
1.16 Email		1.17 Email		1.18 Email	
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1.685 Email		1.686 Email		1.687 Email	
1.688 Email		1.689 Email		1.690 Email	
1.691 Email					

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:

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