

Paediatric Home Oxygen Order Form (HOOF NI)

Guide to completion



Paediatric Home Oxygen Order Form (HOOF (NI)) (After specialist paediatric assessment)

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

1. Patient Details						
1.1 H & C Number*	1.7 Permanent Address*			1.10 Tel No*		
1.2 Title				1.11 Mobile No		
1.3 Surname*				1.12 E-Mail		
1.4 First Name*				1.13 First Language if not English*		
1.5 DOB*	1.8 Postcode*					
1.6 Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	1.9 Trust			1.14 Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Carer Details (if applicable)		2.1 Name		2.2 Relationship to child		
3. Clinical Details			4. Patient's Registered GP Information			
3.1 Clinical Code(s)	4.1 GP name*					
3.2 Patient on CPAP / Bi-level Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2 Practice Address*					
3.3 Tracheostomy Yes <input type="checkbox"/> No <input type="checkbox"/>	4.3 Postcode*		4.4 Telephone No*			
5. Hospital or Clinical Service for follow-up review				6. Discharge Details (if applicable)		
5.1 Trust site	5.2 Hospital/community clinic			6.1 Ward		
5.3 Address				6.2 Tel No		
5.4 Postcode				6.3 Discharge Date: / /		
5.5 Telephone No				6.4 O2 required by (if earlier): / /		
7. Order* (Total hrs/day <24)		8. Equipment		Quantity	9. Consumables* (tick & give info on interface type)	
Litres/Min (LPM or range)	Hours/Day	Type*			Nasal Cannula	Mask
		8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate				Interface type (see notes)
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 15LPM)				
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)				
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility				
		8.5 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (400 litre)				

Introduction

Orders for paediatric home oxygen in Northern Ireland can now be made using the new paediatric home oxygen prescription form (HOOF). Consent should be sought from each patient for the wider sharing of relevant information pertaining to them. This is required to help improve patient safety; i.e. to allow BOC Healthcare to share information regarding the location of oxygen equipment with local fire & rescue services.

The NI Paediatric Home Oxygen Order Form (HOOF)

Overview

The paediatric home oxygen order form has been devised to make it easier for healthcare professionals (HCPs) to order home oxygen therapy more appropriate to the needs of paediatric patients.

It differs from the adult home oxygen home oxygen order forms (HOOF A and HOOF B) in a number of ways:

- 1** - HCPs can order ZH static cylinders specifically for low-flow or low-low-flow requirements
- 2** - The self-filling concentrator system (HomeFill), portable concentrator (XPO2) and liquid oxygen are not available*
- 3** - ZH static cylinders (2400 litres) and CD portable cylinders (460 litres) can be ordered for emergency transfer purposes**
- 4** - Oxygen conserving devices are not offered as they are typically not appropriate for paediatric use
- 5** - Venturi facemasks are not offered to paediatrics (following consultation with HCPs)

*If a client requires a portable concentrator (XPO2), HomeFill or liquid oxygen, these can be ordered using the standard adult home oxygen order forms (A & B).

**Additional specialist cylinders can only be ordered with a valid home oxygen prescription; i.e. these are additional to a normal prescription (concentrator and cylinder system for example) and these items will have to be present on the order form - with the correct flow and duration (LPM / hours per day) - to ensure the prescription is accepted (see example 11.11 for further info)

3 - Completing the HOOF

It is essential that the paediatric HOOF is completed as fully as possible. Certain items (marked by an asterisk*) are compulsory; and, if not completed, will result in rejection of the form by the contractor (BOC Healthcare). This can delay home oxygen installations so due care and consideration should be paid to filling out the form.

1 - Sections 1 & 2: Patient & Carer details

1. Patient Details			
1.1 H & C Number*		1.7 Permanent Address*	1.10 Tel No*
1.2 Title			1.11 Mobile No
1.3 Surname*			1.12 E-Mail
1.4 First Name*			1.13 First Language if not English*
1.5 DOB*			1.8 Postcode**
1.6 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	1.9 Trust	1.14 Interpreter needed?* Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Carer Details (if applicable)		2.1 Name	2.2 Relationship to child

Compulsory sections: 1.1 / 1.3 / 1.4 / 1.5 / 1.7 / 1.8 / 1.10 / 1.13 / 1.14

It is compulsory to provide essential patient information such as the patient's H&C number, first and surnames, date of birth, address and contact details – these allow BOC Healthcare to arrange the installation as quickly as possible.

Carer details are not compulsory; but, given that the oxygen is being prescribed for a minor, it is recommended that carer details are provided as well as the relationship to the child.

2 - Sections 3 & 4 : Clinical Details / Patient's GP Information

3. Clinical Details		4. Patient's Registered GP Information	
3.1 Clinical Code(s)		4.1 GP name*	
3.2 Patient on CPAP / Bi-level	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2 Practice Address*	
3.3 Tracheostomy	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.3 Postcode*	4.4 Telephone No*

The patient's GP information (name, address, postcode and telephone number) are compulsory.

Clinical codes - found on page 2 of the HOOF - should be completed to indicate the category a particular prescription / patient belongs to.

You can tick the boxes to indicate if a patient is on CPAP or Bi-level therapy (useful to know before installing oxygen) and also if the oxygen is to be delivered via tracheostomy.

3 - Sections 5 & 6: Follow-up / Discharge Details

5. Hospital or Clinical Service for follow-up review		6. Discharge Details (if applicable)	
5.1 Trust site	5.2 Hospital/community clinic	6.1 Ward	
5.3 Address		6.2 Tel No	
		6.3 Discharge Date: / /	
5.4 Postcode	5.5 Telephone No	6.4 O2 required by (if earlier): / /	

No sections here are mandatory. However, including information on the hospital or clinical service for follow-up / review is recommended, and discharge information is of particular importance.

In section 6, you can include the ward the patient is currently in and contact details for same. This can be useful in organising the installation of home oxygen equipment, particularly if the patient's relatives are spending time at the ward.

You can also specify the patient's discharge date and if the home oxygen equipment needs to be installed prior to this to facilitate the patient's discharge home.

4 - Sections 7, 8 & 9: Oxygen Prescription & Equipment

7. Order* (Total hrs/day <24)		8. Equipment*	Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day			Nasal Cannula	Mask	Interface type (see notes)
		8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate				
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)				
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)				
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility				
		8.5 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)				
		8.6 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)				

4.1 – Section 7

In this section, you specify the home oxygen prescription in terms of flow rate and duration.

Please note: the flow rate can be specified as a discrete flow (0, 1, 2, 3... to 15 LPM), or else as a range (0.5 to 1 LPM - to facilitate weaning the patient off oxygen). If specifying a range, please use box 12 to confirm this in writing, stating the starting / initial flow rate.

Note: if a fractional component is required (0.5, 1.5 LPM) please ensure the decimal point is clearly marked. There should also be a digit to the left of the decimal point (0.5 not .5).

With the above in mind, specify the litres per minute and hours per day in the relevant boxes, with the total hours per day **not exceeding 24**; i.e. if ordering a concentrator for 20 hours, then you cannot also order portable cylinders for 6 hours duration.

4.2 – Section 8

The choice of equipment prescribed for your patient should ideally be based on:

- The patient's required flow rate
- The period of use; and
- The expected length of treatment

The equipment options available in section 8 are listed below with some basic specification information offered to assist in prescribing choice.

4.2.1 Static concentrator

An Everflo or Platinum 9 static concentrator will be supplied depending on the flow rate information given in section 7. These produce oxygen between 87 and 95% pure.



0 – 5 LPM



0 – 9 LPM

4.2.2 Low Flow ZH Static Cylinder (0.1 to 1 LPM)

Because low flows are often required for paediatric home oxygen therapy – and because a static oxygen concentrator only produces oxygen that is, at best, ~95% pure – it can sometimes be the case the medical grade oxygen (99.5% pure) supplied from a static cylinder is the more appropriate mode of supply for a patient.

The ZH static cylinder – containing 2400 litres of oxygen – can be fitted with a low-flow regulator that offers a range of low-flows (0.1 to 1 litre per minute).



ZH cylinder (2400 litres)



Type C low-flow regulator

Flows available:

0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1.0 1.5

4.2.3 Low-Low Flow ZH Static Cylinder (0.01 to 0.1 LPM)

Line 8.3 in the paediatric HOOF allows a static ZH cylinder to be ordered for low-low flows in the range 0.01 to 0.1 LPM



ZH cylinder (2400 litres)



Type E micro-flow regulator

Flows available:

0 0.01 0.02 0.03 0.04 0.05 0.06 0.07 0.08 0.09 0.10 1.0

4.2.4 Transportable Concentrator

A Sequal Eclipse transportable concentrator can be ordered for two purposes:

- As a portable supply of oxygen (perhaps with a standard concentrator at home for LTOT); or
- As an LTOT and Ambulatory supply (one device covering both requirements)

The Sequal Eclipse offers concentrator-grade oxygen (~90%) in pulsed or continuous flow modes and is transported via a built-in travel cart with handle.



Pulsed settings 1-6 LPM-equivalent
(16mls / 32mls / 48mls / 64mls / 80mls / 96mls)
(Autosat gives these vols regardless of breathrate)

Continuous flow 0.5 to 3 LPM

Weight: ~8kgs

4.2.5 Standard Ambulatory Cylinder (CD)

The CD ambulatory cylinder is one of the most commonly-supplied ambulatory options and can be supplied with a bag (standard) or trolley (by request).

It weighs 3.6kgs, contains 460 litres of oxygen and so lasts:

- 460 minutes / 7 hours 40 minutes @ 1LPM continuous flow
- 230 minutes / 3 hours 50 minutes @ 2LPM continuous flow; or
- 115 minutes / 1 hour 55 minutes @ 4LPM continuous flow



4.2.6 Lightweight Ambulatory Cylinder (ZA)

The ZA ambulatory cylinder is a lighter cylinder than the CD and so may be more appropriate for paediatric use. It is supplied with a bag as standard.

It weighs 1.6kgs, contains 300 litres of oxygen and so lasts:

- 300 minutes / 5 hours @ 1LPM continuous flow
- 150 minutes / 2 hours 30 minutes @ 2LPM continuous flow; or
- 75 minutes / 1 hour 15 minutes @ 4LPM continuous flow



4.2.7 Equipment Quantity

8. Equipment*	Quantity
Types*	
8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate	
8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)	
8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)	
8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility	
8.5 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)	
8.6 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)	

If required, you can specify the quantity of concentrators and / or cylinders to be delivered. However, this is usually left blank (unless you wanted to limit a patient's overuse of cylinders for example).

In most circumstances, the quantity delivered depends on the flow rate (concentrators) or flow rate & hours per day (ambulatory cylinders).

As such, you do not need to specify the quantity of concentrators or cylinders – BOC will supply the appropriate number to meet the patient's clinical need; i.e. if you order 12 LPM, then we will supply two x high-flow concentrators automatically (both go to 9 LPM).

4.3 – Section 9

9. Consumables* (tick & give info on interface type)		
Nasal Cannula	Mask	Interface type (see notes)

When ordering consumables, all you have to do is tick whether a nasal cannula or mask is required, and then give a written description of the interface type using the information supplied on page 2 of the HOOF – see examples for more info.

5 – Specialist use cylinders

This section allows CD or ZH cylinders to be ordered for patients who may need to use these cylinders for emergency transfer to hospital. As such, they are additional to a standard LTOT or ambulatory supply for day-to-day use.

However, to order these cylinders – because they contain medical grade oxygen – a valid clinical prescription needs to be filled out with appropriate flow and duration information given in sections 7, 8 and 9 of the paediatric HOOF.

To order these, ensure the correct flow, duration and consumable information is given in sections 7, 8 and 9; and then put a number into the relevant box for line 8.7 or 8.8.

The quantity ordered should be reasonable and for emergency use only.

Specialist use cylinders (Emergency transfer)		*Can only be ordered if valid prescription details above	
8.7	ZH Static Cylinder (2400 Litres)		
8.8	Standard ambulatory cylinder (CD)		

6 - Section 10

10. Additional Equipment	10.1 Standard Humidification <small>(not usually indicated for < 4LPM)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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This section is self explanatory – tick if humidification is required for LTOT supply (not usually indicated with oxygen flows less than 4 litres per minute).

7 - Section 11

11. Delivery Details	11.1 Standard (3 business days) <input type="checkbox"/>	11.2 Next Calendar Day <input type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>
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Tick one box only, selecting the most appropriate period for the installation of home oxygen equipment. Please note: there are cost implications for emergency 4-hour and next calendar day deliveries. Emergency supply should be reserved for truly urgent cases.

8 – Sections 12, 13 & 14

12. Additional Patient Information	13. Clinical Contact
	13.1 Name
	13.2 Tel / Mob
	14. Expiry date of prescription for ambulatory cylinders (CD / ZA)

None of these sections are mandatory. However, they do give the option for providing useful & helpful additional information.

Section 12 allows for specific requests / information to be given to the contractor relating to supply (limited access / clarify interface / mask requirements / flows etc)

Section 13 is useful to let BOC know who the clinical contact for the patient at the time of prescribing is. This can be important if there are any queries regarding the home oxygen order and may help to avoid rejections.

Section 14 is where you specify the expiry date for ambulatory cylinders (CD and ZA). This date can be up to – but not exceeding – 12 months from the date of order.

9 - Section 15

15. Healthcare Professional Declaration (may only be completed by a prescriber)		
I declare that the information given on this form for HSC treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings. I confirm that I am the registered healthcare professional responsible for the information provided. I confirm that the appropriate consents have been granted for providing this information and that the patient has been advised that their details will be passed to Electricity Distributors and Fire Service.		
Name:	Profession:	Professional registration number:
Signature:	Date:	
Fax back number or HSC email for queries/corrections:		

This is mandatory and self-explanatory. The HOOF will be rejected if the name of the prescriber is not on the approved prescriber list.

10 - Checklist for NI Paediatric HOOF

The more information you give, the less likely it is that mandatory requirements will be missed; and the easier it will be for any queries to be resolved quickly.

Section	Prompt/Information
1. Patient Details	Regard all as mandatory – Don't forget – address is where the supply should be installed
2. Carer details	Not mandatory but helpful in terms of patient care (e.g. patient cannot be contacted)
3. Clinical Details	Use the codes on the 2 nd page of the HOOF
4. Registered GP	Regard all as mandatory
5. Hospital Service	Regard as mandatory if the initiator of service
6. Discharge Details	Helpful for oxygen installation timing
7. Order	Must give flow rate – as litres per minute or range Must give duration – as hours per day, but if less than 1 hour can give a specific number of minutes
8. Equipment	Choice includes concentrator, static cylinder with low or low-low flow regulatory, transportable concentrator or standard and lightweight ambulatory cylinders. (Note: a static back-up cylinder will be provided with all concentrator orders – no need to order)
9. Consumables	Tick nasal cannulae or mask and write type required using guidance notes on page 2 of the HOOF.
10. Additional equipment	Specify if required
11. Delivery Details	Select the required delivery time – only use urgent when truly necessary
12. Additional patient information	Any specific requirements, issues, problems should be written here.
13. Contact details	This should be the contact details of the person that BOC can contact if there are any queries with the HOOF. It can be the prescriber or another clinical contact if appropriate.
14. Expiry Date	Mandatory for CD / ZA – the date should not exceed 12 months
15. Declaration	All mandatory – To be completed by a registered prescriber

11 - Sample HOOF prescriptions

11.1 – Standard Concentrator Order (fixed LPM)

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
2	15	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate			<input checked="" type="checkbox"/>		paediatric
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)				<i>*Can only be ordered if valid prescription details above</i>			
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Next Calendar Day <input type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>		

No need to specify quantity of concentrators required, regardless of flow – BOC will calculate. Use additional information for further patient / carer / contact details.

11.2 – Standard Concentrator Order (LPM range)

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
0.5 - 1	15	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate			<input checked="" type="checkbox"/>		paediatric
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)				<i>*Can only be ordered if valid prescription details above</i>			
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Next Calendar Day <input type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>		

Specify the required range as above. You should also specify the starting flow in box 12 for additional information; i.e.

“Please set concentrator to 1 litre per minute at install. Patient to wean off oxygen.”

11.3 – High Flow Concentrator Order

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
8	16	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate				<input checked="" type="checkbox"/>	Non-rebreathe reservoir
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)					<i>*Can only be ordered if valid prescription details above</i>		
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Next Calendar Day <input type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>		

Here there is no need to specify the quantity of concentrators. BOC Healthcare will supply one high flow concentrator in the above instance.

11.4 – Two High Flow Concentrators

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
12	20	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate				<input checked="" type="checkbox"/>	Non-rebreathe reservoir
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)					<i>*Can only be ordered if valid prescription details above</i>		
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input type="checkbox"/>		11.2 Next Calendar Day <input checked="" type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>		

Because the flowrate is 12 litres per minute, BOC Healthcare will automatically supply two x high flow concentrators, each of which can deliver up to 9 litres per minute of concentrator oxygen. The system will be set up to deliver 12 litres per minute to the patient.

11.5 – Low Flow ZH Static Cylinder

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
0.1	15	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate					
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 2LPM)			<input checked="" type="checkbox"/>		Neonate
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)					<i>*Can only be ordered if valid prescription details above</i>		
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input type="checkbox"/>		11.2 Next Calendar Day <input checked="" type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>		

Simply specify the litres per minute and hours per day as above.

11.6 Low Flow ZH Static Cylinder with LPM range

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
0.1 - 0.3	15	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate					
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 2LPM)			<input checked="" type="checkbox"/>		Neonate
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)					<i>*Can only be ordered if valid prescription details above</i>		
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input type="checkbox"/>		11.2 Next Calendar Day <input checked="" type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>		

As above, you can specify a range of flows in the litres per minute section and the hours per day as shown. Best practice would advise that you confirm this in writing in box 12.

11.7 Low-Low Flow ZH Static Cylinder

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
		8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate					
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)					
0.01	24	8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)			<input checked="" type="checkbox"/>		Premature
		8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)				<i>*Can only be ordered if valid prescription details above</i>			
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input type="checkbox"/>		11.2 Next Calendar Day <input checked="" type="checkbox"/>		11.3 Emergency (4 hours) <input type="checkbox"/>	

To order a low-low flow ZH cylinder, you need to specify the exact flow required and the hours per day as above. A range can also be specified as required, with this confirmed in writing in box 12 for additional information.

11.8 Transportable concentrator for LTOT & Ambulatory

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
		8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate					
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (0.1 -> 1LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (0.01 -> 0.1LPM)					
2	15	8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility			<input checked="" type="checkbox"/>		Child
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (460 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer)				<i>*Can only be ordered if valid prescription details above</i>			
		8.8 ZH Static Cylinder (2400 Litres)					
		8.9 Standard ambulatory cylinder (CD)					
10. Additional Equipment		10.1 Standard Humidification (not usually indicated for < 4LPM)		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Next Calendar Day <input type="checkbox"/>		11.3 Emergency (4 hours) <input type="checkbox"/>	
12. Additional Patient Information					13. Clinical Contact		
<p>Please supply 1 x Sequal Eclipse transportable concentrator.</p> <p>LTOT = 2 LPM @ 15 hours per day Ambulatory = Setting 3 @ 4 hours per day</p>					13.1 Name		
					13.2 Tel / Mob		
					14. Expiry date of prescription for ambulatory cylinders (CD / ZA)		

You can order a transportable concentrator for both LTOT & ambulation as per the above. Use line 8.4 for the LTOT portion and then the box for additional information to specify the pulsed setting the patient requires to mobilise.

11.9 – Transportable Concentrator - Ambulation Only (standard concentrator for LTOT)

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
2	12	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate			<input checked="" type="checkbox"/>		Child
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (p.1 -> 2LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (p.2 -> 0.5LPM)					
2	4	8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility			<input checked="" type="checkbox"/>		Child
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (40 litres)					
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer) *Can only be ordered if valid prescription details above							
10.1 Standard Humidification (not usually indicated for < 4LPM)				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11.1 Standard (3 business days)				<input type="checkbox"/>	11.2 Next Calendar Day	<input checked="" type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>
12. Additional Patient Information							
Please supply 1 x standard concentrator & 1 x Sequel Eclipse transportable concentrator for ambulation (2 continuous flow for 4 hours per day).							
13. Clinical Contact							
13.1 Name							
13.2 Tel / Mob							
14. Expiry date of prescription for ambulatory cylinders (CD / ZA)							

You can order a standard concentrator plus a transportable concentrator for ambulation as per the above. Best to clarify your requirements in the box for additional information.

11.10 – Standard Portable Cylinder (with concentrator and specialist cylinders)

7. Order* (Total hrs/day <24)		8. Equipment*		Quantity	9. Consumables* (tick & give info on interface type)		
Litres/Min (LPM or range)	Hours/Day	Types*			Nasal Cannula	Mask	Interface type (see notes)
2	15	8.1 Static Concentrator Back up static cylinder(s) supplied as appropriate			<input checked="" type="checkbox"/>		Child
		8.2 Low Flow ZH Static Cylinder 2400 litre cylinder with low-flow reg (p.1 -> 2LPM)					
		8.3 Low-Low Flow ZH Static Cylinder 2400 litre cylinder with low-low flow reg (p.2 -> 0.5LPM)					
2	6	8.4 Transportable concentrator (trolley based) Can be used instead of static concentrator and/or for mobility					
		8.5 Portable concentrator (over the shoulder) Lighter than transportable concentrator but limited to pulse dose					
		8.6 Standard ambulatory cylinder (CD) Cylinders for use outside the home setting (40 litres)			<input checked="" type="checkbox"/>		Child
		8.7 Lightweight ambulatory cylinder (ZA) Lighter than the standard ambulatory cylinder (300 litres)					
Specialist use cylinders (Emergency transfer) *Can only be ordered if valid prescription details above							
10.1 Standard Humidification (not usually indicated for < 4LPM)				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11.1 Standard (3 business days)				<input checked="" type="checkbox"/>	11.2 Next Calendar Day	<input type="checkbox"/>	11.3 Emergency (4 hours) <input type="checkbox"/>
12. Additional Patient Information							
Please supply 1 x concentrator for LTOT and CD portable cylinders as above.							
Please also supply 2 x CD cylinders for emergency use.							
13. Clinical Contact							
13.1 Name							
13.2 Tel / Mob							
14. Expiry date of prescription for ambulatory cylinders (CD / ZA)							

Above, we see how to order a typical system of a standard concentrator and portable cylinders. In this example, the healthcare professional has also requested two x additional CD cylinders for emergency use (outside of normal day-to-day ambulation). This may be to hold in the event of having to transport the child to hospital urgently etc.