

Home Oxygen Order Form (HOOF NI)

A guide to completion



Oxygen Prescription Form

May only be completed by Prescribers

Home Oxygen Order Form (HOOF (NI)) Part B (After specialist/paediatric oxygen assessment)

All fields marked 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*		1.8 Postcode**				1.13 First Language if not English*				
1.5 DOB*										
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 Tel No		2.3 Mobile No				
3. Clinical Details			4. Patient's Registered GP Information							
3.1 Clinical Code(s)			4.1 GP name*							
3.2 Patient on NIV/CPAP Yes <input type="checkbox"/> No <input type="checkbox"/>			4.2 Practice Name and Address*							
3.3 Paediatric Order* Yes <input type="checkbox"/> No <input type="checkbox"/>			4.3 Postcode*				4.4 Telephone No*			
3.4 Conserver Appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>										
5. Assessment Service (Hospital or Clinical Service)					6. Ward 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										
7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*			Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)			
Litres/Min	Hours/Day	Types					Nasal Cannula	Mask % and type		
		7.1 Static Concentrator <small>Back up static cylinder(s) will be supplied as appropriate</small>								
		7.2 Self Fill Concentrator <small>Same as static concentrator and can fit ambulatory cylinder(s)</small>								
		7.3 Transportable concentrator (trolley based) <small>Can be used in place of a static concentrator and/or for ambulatory use</small>								
		7.4 Portable concentrator (over the shoulder) <small>Lighter weight than transportable concentrator and limited to pulse dose</small>								
		7.5 Standard Ambulatory Cylinder(s) <small>Cylinders for use outside of a home setting</small>								
		7.6 Lightweight ambulatory cylinder <small>Lighter than the standard ambulatory cylinder</small>								
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)										
		7.7 Liquid Oxygen (LOX) Dewar + flask								
10. Additional Equipment		10.1 Humidification (not usually indicated for <4l/min)		Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>			
11. Delivery Details		11.1 Standard (3 business days)		<input type="checkbox"/>	11.2 Hospital discharge (next Calendar day)		<input type="checkbox"/>	11.3 Urgent (4 hours) <input type="checkbox"/>		
12. Additional Patient Information							13. Clinical Contact			
							13.1 Name			
							13.2 Tel No / mobile			
							14. Expiry date of the prescription for ambulatory cylinders			
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/GP cipher number:				
Signature			Date:							
Fax number for queries/corrections and faxback confirmation:										

1 - Introduction

Orders for home oxygen must be made using the new Northern Ireland 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 by the new service specification 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.

2 - The NI Home Oxygen Order Form (HOOF)

HOOF – parts A & B

The HOOF is presented as a two part document: part A & part B.

- Part A is to be used before oxygen assessment by, typically, non-respiratory specialists
- Part B is for specialist use after specialist / paediatric assessment

Both HOOF pt A and HOOF pt B must be signed by prescribers who are either:

- On the NI GP prescribers list; or
- On a Health & Social Care (HSC) Trust oxygen prescriber register

HOOF part A should be used by healthcare professionals ordering oxygen:

- Where the ordering healthcare professional is not providing formal specialist assessment and follow-up services
- When oxygen therapy is required prior to referral for formal oxygen assessment
- For short term use where the patient does not fulfil the criteria for LTOT and referral for formal assessment; i.e. for palliative care

HOOF part B should normally be used by healthcare professionals engaged in the provision of home oxygen assessment and review services, and where they have appropriate knowledge and experience of the different modalities available for use.

3 – Completing the HOOF

It is essential that the HOOF, part A or B, is completed as fully as possible. Certain items (marked by an asterix*) 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.

3.1 - 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*			
1.6 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	1.8 Postcode*	1.14 Interpreter needed?* Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Carer Details (if applicable)		2.1 Name	2.2 Tel No
			2.3 Mobile No

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

Whilst not compulsory, patient telephone contacts and carer details are considered essential so that BOC Healthcare can make contact with the relevant people to arrange the installation as quickly as possible.

3.2 - 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 NIV/CPAP	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2 Practice Name and Address*	
3.3 Paediatric Order*	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.4 Conserver Appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.3 Postcode*	4.4 Telephone No*

All sections marked with an asterisk are mandatory; and it is best practice to use the clinical codes (found on page 2 of the HOOF) to indicate the category a particular prescription / patient belongs to; i.e. code 8 to indicate palliative care if ordering high-flow concentrators for example.

The GP practice name, address and telephone number are equally important, particularly if BOC needs to make contact.

3.3 - Sections 5 & 6: Assessment Service / Ward Details

5. Assessment Service (Hospital or Clinical Service)		6. Ward 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		

No sections here are mandatory. However, if the initiator of the HOOF is the assessment service or the ward, these fields should be regarded as mandatory and completed in full.

3.4 - Sections 7, 8 & 9: Oxygen Prescription & Equipment (HOOF part A)

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day				Nasal Cannulae	Mask % and type
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				
		7.2 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				

Specify the litres per minute and hours per day in the relevant boxes. Note: the total hours per day should not exceed 24; i.e. if ordering a concentrator for 20 hours, then you cannot also order portable cylinders for 6 hours duration.

You do not need to specify the quantity of concentrators or cylinders – BOC Healthcare 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).

Nasal cannulae should be ordered for flows from 0 to 4 litres per minute typically, although high-flow nasal cannulae are also available. The Venturi masks BOC Healthcare provides are shown below:

Venturi barrels

Blue	24% O ₂ at 2 LPM
White	28% O ₂ at 2 LPM
White	28% O ₂ at 4 LPM
Yellow	35% O ₂ at 8 LPM
Red	40% O ₂ at 10 LPM
Green	60% O ₂ at 15 LPM

3.5 – Sections 7, 8 & 9: Oxygen Prescription & Equipment (HOOF part B)

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day				Nasal Cannula	Mask % and type
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				

All parts (7, 8 & 9) are mandatory. Failure to complete in full will result in potential rejection of the HOOF which could delay the installation of home oxygen equipment.

3.5.1 - Section 7

The flow rate must be given as litres per minute. If a fractional component is required (0.5, 1.5 LPM etc) please ensure the decimal point is clearly marked. There should also be a digit to the left of the decimal point (0.5 rather than .5).

The period of use required to meet the patient’s need must be stated in hours per day, although periods of less than one hour can be expressed in minutes (15 minutes or 15 min).

3.5.2 - Section 8

The choice of equipment should ideally be based on:

- The flow rate
- The period of use; and
- The expected length of treatment

The quantity to be ordered will depend on the flow rate (concentrators) or flow rate & period of use (ambulatory cylinders). BOC Healthcare will optimise the number of cylinders a patient is delivered based on flow and hours.

3.5.3 - Section 9

You will need to decide the appropriate delivery mode: nasal cannula or mask. If selecting a mask, you will need to specify the % delivery (i.e. 28%) and type (Venturi).

Venturi barrels

Blue	24% O ₂ at 2 LPM
White	28% O ₂ at 2 LPM
White	28% O ₂ at 4 LPM
Yellow	35% O ₂ at 8 LPM
Red	40% O ₂ at 10 LPM
Green	60% O ₂ at 15 LPM

3.6 - Section 10

10. Additional Equipment	10.1 Humidification <small>(not usually indicated for < 4l/min)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	10.2 Tracheostomy (mask only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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This section is self explanatory

3.7 - Section 11

11. Delivery Details	11.1 Standard (3 business days) <input type="checkbox"/>	11.2 Hospital discharge <small>(next Calendar day)</small> <input type="checkbox"/>	11.3 Urgent (4 hours) <input type="checkbox"/>
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You should mark one box only, selecting the most appropriate period for the installation of home oxygen equipment. Please note: there are cost implications for urgent 4-hour and next day deliveries. Urgent supply should therefore be reserved for truly urgent cases. Urgent orders will be monitored and reviewed to ensure this facility is used appropriately.

3.8 – Sections 12 & 13 (HOOF Part A)

12. Additional Patient Information	13. Contact details(if applicable)
	13.1 Name
	13.2 Tel No / mobile

Neither section is 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 – useful if practice / department / service wishes oxygen-related queries to be directed to a specific contact.

3.9 – Sections 12, 13 & 14 (HOOF Part B)

12. Additional Patient Information	13. Clinical Contact
	13.1 Name
	13.2 Tel No / mobile
	14. Expiry date of the prescription for ambulatory cylinders

Neither section is 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 – useful if practice / department / service wishes oxygen-related queries for this patient to be directed to a specific clinical contact (important if there are any queries regarding the home oxygen order / helps to avoid rejections)
- Section 14 – the expiry date for ambulatory cylinders can be up to - but not exceeding- 12 months from the date of order.

3.10 – Sections 14 & 15 (HOOF Part A)

14. Expiry date of the prescription for ambulatory cylinders	15. Referred for assessment:
	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Section 14 – the expiry date for ambulatory cylinders can be up to - but not exceeding - 12 months from the date of the order.
- Section 15 – complete if patient has been referred for assessment

3.11 - Section 15 (HOOF pt B) & Section 16 (HOOF part A)

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/GP cipher number:
Signature	Date:	
Fax number for queries/corrections and faxback confirmation:		

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

4 - Checklist HOOF Part A

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 Assessment Service	Regard as mandatory if the initiator of service
6. Ward Details	Regard as mandatory if the initiator of service
7. Order	Must give flow rate – as litres per minute Must give duration – as hours per day, but if less than 1 hour can give a specific number of minutes
8. Equipment	Choice is either cylinder or concentrator – cylinder for ultra high flow, or normal flow & short treatment time; concentrator for normal & moderate flows for longer treatment time (Note: a static back-up cylinder will be provided with all concentrator orders – no need to order)
9. Consumables	Specify either nasal cannulae or mask. If specifying mask % and type must be stated
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 etc also can be used to request a limited portable supply if patient is not having formal assessment
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 – the date should not exceed 12 months
15. Referred for Assessment	Identify if referred for Assessment
16. Declaration	All mandatory – To be completed by a registered prescriber

5 - Checklist HOOF Part B

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 Assessment Service	Regard as mandatory if the initiator of service
6. Ward Details	Regard as mandatory if the initiator of service
7. Order	Must give flow rate – as litres per minute Must give duration – as hours per day, but if less than 1 hour can give a specific number of minutes
8. Equipment	Choice is either cylinder or concentrator – cylinder for ultra high flow, or normal flow & short treatment time; concentrator for normal & moderate flows for longer treatment time (Note: a static back-up cylinder will be provided with all concentrator orders – no need to order)
9. Consumables	Specify either nasal cannulae or mask. If specifying mask % and type must be stated
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 etc also can be used to request a limited portable supply if patient is not having formal assessment
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 – the date should not exceed 12 months
15. Declaration	All mandatory – To be completed by a registered prescriber

6 - Sample HOOF prescriptions

6.1 – Standard Concentrator Order

7. Order ¹ (Total hours/day should not exceed 24 hrs)		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
2	15	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			<input checked="" type="checkbox"/>	
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)						
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min) Yes <input type="checkbox"/> No <input type="checkbox"/>		10.2 Tracheostomy (mask only) Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Hospital discharge (next Calendar day) <input type="checkbox"/>		11.3 Urgent (4 hours) <input type="checkbox"/>
12. Additional Patient Information				13. Clinical Contact		
				13.1 Name		
				13.2 Tel No / mobile		
				14. Expiry date of the prescription for ambulatory cylinders		

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

6.2 – High Flow Concentrator Order

7. Order ¹ (Total hours/day should not exceed 24 hrs)		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
8	20	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				35% Venturi
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)						
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		10.2 Tracheostomy (mask only) Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Hospital discharge (next Calendar day) <input type="checkbox"/>		11.3 Urgent (4 hours) <input type="checkbox"/>
12. Additional Patient Information				13. Clinical Contact		
				13.1 Name		
				13.2 Tel No / mobile		
				14. Expiry date of the prescription for ambulatory cylinders		

Again, no need to specify one or two concentrators. BOC Healthcare will supply one high flow concentrator in the above instance.

6.3 – Two High Flow Concentrators

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
15	20	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				60% Venturi
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
		Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)				
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days)	<input checked="" type="checkbox"/>	11.2 Hospital discharge (next Calendar day)	<input type="checkbox"/>	
12. Additional Patient Information					13. Clinical Contact	
					13.1 Name	
					13.2 Tel No / mobile	
					14. Expiry date of the prescription for ambulatory cylinders	

Because the flowrate is 15 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 15 litres per minute to the patient.

6.4 – Self Fill Concentrator (option 1)

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
2	15	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)			<input checked="" type="checkbox"/>	
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
		Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)				
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)	Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days)	<input checked="" type="checkbox"/>	11.2 Hospital discharge (next Calendar day)	<input type="checkbox"/>	
12. Additional Patient Information					13. Clinical Contact	
Please supply 1 x standard ambulatory & 1 x lightweight ambulatory cylinder - setting 3 for 2-4 hours per day.					13.1 Name	
					13.2 Tel No / mobile	
					14. Expiry date of the prescription for ambulatory cylinders	

Use line 7.2 above to give us the LTOT portion of the self-fill prescription. Then request ambulatory cylinders in the box for additional information using normal text (1 x std / 1 x lwt or 2 x std or 2 x lwt etc)

6.5 – Self Fill Concentrator (option 2)

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*		Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types				Nasal Cannula	Mask % and type
2	15	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate					
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				<input checked="" type="checkbox"/>	
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use					
3	2	7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose					
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting		1		<input checked="" type="checkbox"/>	
3	2	7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder		1		<input checked="" type="checkbox"/>	
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)							
		7.7 Liquid Oxygen (LOX) Dewar + flask					
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)		Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Hospital discharge (next Calendar day) <input type="checkbox"/>		11.3 Urgent (4 hours) <input type="checkbox"/>	
12. Additional Patient Information						13. Clinical Contact	
<p>Please supply 1 x standard ambulatory & 1 x lightweight ambulatory cylinder - setting 3 for 2-4 hours per day.</p>						13.1 Name	
						13.2 Tel No / mobile	
						14. Expiry date of the prescription for ambulatory cylinders	

Use line 7.2 above to give us the LTOT portion of the self-fill prescription. You can also use lines 7.5 & 7.6 to specify the cylinder requirements. Best to always clarify in box for additional information (1 x std / 1 x lwt or 2 x std or 2 x lwt etc)

6.6 – Transportable Concentrator for LTOT & Ambulatory

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*		Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types				Nasal Cannula	Mask % and type
2	12	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate					
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				<input checked="" type="checkbox"/>	
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use					
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose					
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting					
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder					
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)							
		7.7 Liquid Oxygen (LOX) Dewar + flask					
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)		Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Hospital discharge (next Calendar day) <input type="checkbox"/>		11.3 Urgent (4 hours) <input type="checkbox"/>	
12. Additional Patient Information						13. Clinical Contact	
<p>Please supply 1 x Sequel Eclipse transportable concentrator.</p> <p>LTOT = 2 LPM @ 12 hours per day Ambulatory = Setting 3 @ 4 hours per day</p>						13.1 Name	
						13.2 Tel No / mobile	
						14. Expiry date of the prescription for ambulatory cylinders	

You can order a transportable concentrator for both LTOT & ambulation as per the above. Use line 7.3 for the LTOT portion and then the box for additional information to specify the pulsed setting the patient requires to mobilise.

*You should also tick box 3.4 to indicate patient is "conservator appropriate"; i.e. they can trigger a conservator and have been assessed on a SE3 device

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

7. Order ¹ (Total hours/day should not exceed 24 hrs)		8. Equipment ²	Quantity	Conserving device	9. Consumables ³ (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
2	15	7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			<input checked="" type="checkbox"/>	
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
setting 3	4	7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use			<input checked="" type="checkbox"/>	
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)						
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)	Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days)	<input checked="" type="checkbox"/>	11.2 Hospital discharge (next Calendar day)	<input type="checkbox"/>	11.3 Urgent (4 hours)
12. Additional Patient Information					13. Clinical Contact	
<p>Please supply 1 x standard concentrator & 1 x Sequel Eclipse transportable concentrator for ambulation (pulsed setting 3 for 4 hours per day).</p>					13.1 Name	
					13.2 Tel No / mobile	
					14. Expiry date of the prescription for ambulatory cylinders	

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

*You should also tick box 3.4 to indicate patient is "conserver appropriate"; i.e. they can trigger a conserver and have been assessed on a SE3 device

6.8 – Portable Concentrator

7. Order ¹ (Total hours/day should not exceed 24 hrs)		8. Equipment ²	Quantity	Conserving device	9. Consumables ³ (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
Setting 2	4	7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose			<input checked="" type="checkbox"/>	
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting				
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)						
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)	Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days)	<input checked="" type="checkbox"/>	11.2 Hospital discharge (next Calendar day)	<input type="checkbox"/>	11.3 Urgent (4 hours)
12. Additional Patient Information					13. Clinical Contact	
<p>Please supply 1 x XPO2 portable concentrator with cart.</p> <p>Ambulatory = Setting 2 @ 4 hours per day</p>					13.1 Name	
					13.2 Tel No / mobile	
					14. Expiry date of the prescription for ambulatory cylinders	

You can order a portable concentrator with or without a cart. Use the text "setting" to denote you know that this device only gives O2 in pulsed settings.

You should also make sure you have ticked box 3.4 on the HOOF to indicate the patient is "conserver appropriate".

6.9 – Standard Portable Cylinder

7. Order [*] (Total hours/day should not exceed 24 hrs)		8. Equipment [*]	Quantity	Conserving device	9. Consumables [*] (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
2	4	7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting		✓	✓	
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)						
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)	Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days)	<input checked="" type="checkbox"/>	11.2 Hospital discharge (next Calendar day)	<input type="checkbox"/>	11.3 Urgent (4 hours)
12. Additional Patient Information					13. Clinical Contact	
Please supply CD portable cylinders with bag & conserver. Ambulatory = 2 LPM pulsed @ 4 hours per day					13.1 Name	
					13.2 Tel No / mobile	
					14. Expiry date of the prescription for ambulatory cylinders	

You can order portable cylinders with a bag or a trolley. Make sure to tick the conserving device box if you have assessed the patient with a conserver and know this is the pulsed setting the patient requires.

You should also tick box 3.4 on the HOOF.

6.10 – Lightweight Portable Cylinder

7. Order [*] (Total hours/day should not exceed 24 hrs)		8. Equipment [*]	Quantity	Conserving device	9. Consumables [*] (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types			Nasal Cannula	Mask % and type
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate				
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)				
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use				
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose				
1	4	7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting		✓	✓	
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)						
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)	Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days)	<input checked="" type="checkbox"/>	11.2 Hospital discharge (next Calendar day)	<input type="checkbox"/>	11.3 Urgent (4 hours)
12. Additional Patient Information					13. Clinical Contact	
Please supply lightweight portable cylinders with bag & conserver. Ambulatory = 1 LPM pulsed @ 4 hours per day					13.1 Name	
					13.2 Tel No / mobile	
					14. Expiry date of the prescription for ambulatory cylinders	

You can order lightweight portable cylinders with a bag or a trolley. Tick the conserving device box if you have assessed the patient with a conserver and know this is the setting the patient requires.

You should also tick box 3.4 on the HOOF.

6.11 – Liquid Oxygen

7. Order* (Total hours/day should not exceed 24 hrs)		8. Equipment*		Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)	
Litres/Min	Hours/Day	Types				Nasal Cannula	Mask % and type
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate					
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)					
		7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use					
		7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse dose					
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting					
		7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder					
Specialist high usage liquid oxygen (Should be prescribed for high usage active patients)							
8	3	7.7 Liquid Oxygen (LOX) Dewar + flask		2 x flasks		Oxymask	
10. Additional Equipment		10.1 Humidification (not usually indicated for < 4l/min)		Yes <input type="checkbox"/> No <input type="checkbox"/>	10.2 Tracheostomy (mask only)		Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (3 business days) <input checked="" type="checkbox"/>		11.2 Hospital discharge (next Calendar day) <input type="checkbox"/>		11.3 Urgent (4 hours) <input type="checkbox"/>	
12. Additional Patient Information						13. Clinical Contact	
<p>Please supply liquid oxygen system with 2 x flasks. Patient requires 8 LPM for 3 hours per day delivered via Oxymask.</p>						13.1 Name	
						13.2 Tel No / mobile	
						14. Expiry date of the prescription for ambulatory cylinders	

The high flow LOX flask holds ~1025 litres of oxygen. 8 LPM means one flask lasts ~ 128 minutes or just over two hours. A patient looking to mobilise for 2-3 hours per day will therefore require 2 x flasks.

You don't have to specifically request additional flasks however - we can calculate requirements based on LPM & hours per day.

More info the better.