

# Home Oxygen Order Form (HOOF NI)

# A guide to completion

няс					10. Carlos 10.	be comp	leted by P	tion Form rescribers			
Home			n (HOOF (N ith a "*" are man							sment)	
	Annen	is marked w			Patient Details		e rejee	icu ii iioi con	ipicicu	i i	
1.1 H & C Number*			1.7 Permanent Ad	dress	•		1	1.10 Tel No*	1		
1.2 Title			1					1.11 Mobile No			
1.3 Surname*								1.12 E-Mail			
1.4 First Name*	(							1.13 First Lang	uage if not Engli	ish*	
1.5 DOB*			1.8 Postcode*								
1.6 Gender	Male F	emale	1.9 Trust					1.14Interpreter	needed?* Yes	№	
2. Carer Details (i	f applicable)	2.1 Nam	e	-88	2.2 Tel No		22	2.	3 Mobile No		
3. Clinical Details			4. Patient'	s Reg	jistered GP In	formatio	n				
3.1 Clinical Code(s)			4.1 GP name*								
3.2 Patient on NIV/CPAP	Yes	No 🗖	4.2 Practice Nam	e and	åddress*				1		
3.3 Paediatric Order*	Yes [				a de la compañía de	$\frown$		V	-		
3.4 Conserver Appropriate			4.3 Postcode*			4.4	Telepi	none No*			
5. Assessment Se			Service)		-	6.	Ward	Details (if ap	oplicable)		
5.1 Trust site		5.2 Ho	spital/community cli	nic		6.1	6.4 Ward				
5.3 Address						6.2	6.2 Tel No				
8/3 Discharge Date: /					1 1						
5.4 Postcode		5.5 Teleph	one No								
<ol> <li>Order<sup>*</sup>(Total hours/dat should not exceed 24 hm</li> </ol>		pment*				Quan		Conserving device	9. Consul (tick selection for	nables* or each equipment type)	
Litres/Min Hours/Day	/ Types	()		-					Nasal Cannula	Mask % and type	
	7.1 Static	Concentrate	H.	-	-				Cumula		
	Back up sta 7 2 Solf F	tic cylinder(s) v	I be supplied as app tor	ropriat	ê	-	-			-	
	Same as sta	tic concentrato	r and can fill ambulat	ory cyli	nder(s)						
			centrator (trolley tatic concentrator an			1					
			ator (over the she			1					
			ortable concentrator a ory Cylinder(s)	and limi	ited to pulse dose	6				_	
	Cylinders fo	r use outside o	a home setting			0				1	
	7.6 Lighty	veight ambu	atory cylinder mbulatory cylinder								
Specialist high usage		Discould be to be		igh us	sage active pai	tients)				6	
	7.7 Liquid	Oxygen (LO	OX) Dewar + flas	k							
10. Additional Equipr	nent 10.	1 Humidifica	tion	Yes	No	10,21	Frached	ostomy (mask	only) Yes	No	
11. Delivery Details			3 business days)		11.2 Hospita (next Calend		je 🗌	11.3 Urge	nt (4 hours)		
12. Additional Patie	nt Information	1 I			442			13. Clini	cal Contact		
								13.1 Nam	e		
								13.2 Tel N	lo / mobile		
									ry date of the ulatory cylind	prescription for lers	
15. Healthcare Profe											
I declare that the inform liable to prosecution or o appropriate consents ha Distributors and Fire Se	civil proceeding we been grante	s. I confirm th	hat I am the registe	red he	althcare profes	sional res	ponsibl	e for the inform	mation provided	i. I confirm that the	
Name:			Profession:			P	rofessio	onal registrati	on number/GF	cipher number:	
Signature		20	[	Date:							
Fax number for querie	s/corrections a	nd 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<sup>\*</sup>) 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 Ad	dress*		1.10 Tel No	o*
1.2 Title			]			1.11 Mobile	e No
1.3 Sumame*	[		]			1.12 E-Mai	a
1.4 First Name*						1.13 First L	anguage if not English*
1.5 DOB*			1.8 Postcode*				
1.6 Gender	Male Fema		1.9 Trust			1.14Interpr	reter needed?* Yes No
2. Carer Details (if applicable) 2.1 Nam		e		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 Inform	nation
3.1 Clinical Code(s)		4.1 GP name*	
3.2 Patient on NIV/CPAP	Yes No	4.2 Practice Name and Address*	
3.3 Paediatric Order*	Yes No		
3.4 Conserver Appropriate	Yes 🗌 No 🗌	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)

<ol> <li>Order*(Total hours/day should not exceed 24 hrs)</li> </ol>		8. Equipment*	Quantity	Conserving device	9. Consuma (tick selection for e	bles* ach equipment type)
Litres/Min	Hours/Day	Туре			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% 02 at 2 LPM
White	28% 02 at 2 LPM
White	28% Oz at 4 LPM
Yellow	35% 02 at 8 LPM
Red	40% 02 at 10 LPM
Green	60% 0, at 15 LPM

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

<ol> <li>Order*(Total hours/day should not exceed 24 hrs)</li> </ol>		8. Equipment*		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					

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% 02 at 2 LPM
White	28% 02 at 2 LPM
White	28% 02 at 4 LPM
Yellow	35% 02 at 8 LPM
Red	40% 02 at 10 LPM
Green	60% 0, at 15 LPM

#### 3.6 - Section 10

10. Additional Equipment	10.1 Humidification (not usually indicated for < 41/min)	Yes	No	10.2 Tracheostomy (mask only)	Yes	No	1

This section is self explanatory

#### 3.7 - Section 11

11. Delivery Details	11.1 Standard (3 business days)	11.2 Hospital discharge (next Calendar day)	11.3 Urgent (4 hours)	

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
	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
	<ol> <li>Expiry date of the prescription for ambulatory cylinders</li> </ol>

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. Re	ferred for a	ssessm	ient:	
	Yes		No		

- 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 Profession	nal Declaration* (may only be completed by a prescri	iber)
liable to prosecution or civil pr	oceedings. I confirm that I am the registered healthcare profe	I understand that if I knowingly provide false information, I may be essional responsible for the information provided. I confirm that the has been advised that their details will be passed to Electricity
Name:	Profession:	Professional registration number/GP cipher number:
Signature	Date:	
Fax number for queries/corr	ections 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	Specify if required
Equipment	
11. Delivery Details	Select the required delivery time- only use urgent when truly
,	necessary
12. Additional patient	Any specific requirements, issues, problems etc also can be
information	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	Identify if referred for Assessment
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 <sup>nd</sup> 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	Specify if required
Equipment	
11. Delivery Details	Select the required delivery time- only use urgent when truly
	necessary
12. Additional patient	Any specific requirements, issues, problems etc also can be
information	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
14 Eusine Data	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

	Order*(Total hours/day should not exceed 24 hrs)         8. Equipment*           tres/Min         Hours/Day         Types							Quantity	Conserving device		onsuma		ent type
Litres/Min	Hours/Day	Туре	\$								asal ngula		% and pe
2	15		Static Concentrator up static cylinder(s) will be supplied as	appropria	te						$\int$	2	
			Self Fill Concentrator as static concentrator and can fill ambi	alatory cy	inder(s	)							
			Fransportable concentrator (trolle e used in place of a static concentrator			latory u	ie.					Th.	
			Portable concentrator (over the er weight than transportable concentrat			pulse do	se						
		Cylind	andard Ambulatory Cylinder(s) rs for use outside of a home setting										
7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder													
Specialist	high usage li	quid o	xygen (Should be prescribed fo	r high u	sage	active (	patie	ents)		÷			
		7.7 L	iquid Oxygen (LOX) Dewar + fl	ask									
10. Additic	anal Equipme	nt	10.1 Humidification (not usually indicated for < 4l/min)	Yes		No		10.2 Trach	eostomy (ma	sk only)	Yes	No	
11. Deliver	y Details		11.1 Standard (3 business day	rs) 🔽		Hosp		discharge [ r day)	] 11.3 Un	gent (4 h	ours)		
12. Addit	ional Patient	nform	ation						2,22,20, 2,23	nical Co	ntact		
									13.1 Na	me			
									13.2 Te	No / mol	bile		
										piry date			ion for

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

	(Total hours/day ot exceed 24 hrs)	8. 1	Equipment*				Quantity	Col	nserving vice		onsuma	ables* each equipme	nt type)
Litres/Min	Hours/Day	Type	\$								isal inula	Mask	
8	20		tatic Concentrator up static cylinder(s) will be supplied	as appropriat	e							35% V	entur
		Same	Self Fill Concentrator as static concentrator and can fill ar										
		Can be	ransportable concentrator (tro e used in place of a static concentra	tor and/or fo	r ambul	atory use							
		Lighte	Portable concentrator (over the r weight than transportable concent	trator and lim		oulse dose							
		Cylind	Standard Ambulatory Cylinder ers for use outside of a home settin ightweight ambulatory cylinde	g									
		7.6 L Lighte						ļ					
Specialist	high usage li		xygen (Should be prescribed	-	sage a	ictive pat	ients)	1					
		1.1	iquid Oxygen (LOX) Dewar +		_			<u> </u>			1	_	
10. Additio	onal Equipme	nt	10.1 Humidification (not usually indicated for < 4l/min)	Yes	M	No	10.2 Track	neosta	omy (mask	only)	Yes	No	
11. Deliver	y Details		11.1 Standard (3 business of	lays) 🔽		Hospital t Calenda	discharge [ ar day)		11.3 Urge	nt (4 ho	ours)		
12. Addit	ional Patient	Inform	ation						13. Clini 13.1 Name	2012 B 11 (2012)	tact		
								T	13.2 Tel N	lo / mob	ile		
									14. Expi amb	ry date ulatory			on for

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

should no	Order("Total hoursiday 8. Equipment" should not exceed 24 hrs) Es/Min Hours/Day Types						Conserving device			ables* each equipment ty	ype)
Litres/Min	Hours/Day	Types							asal nnula	Mask % ar	nd
15	20	7.1 Static Concentrator Back up static cylinder(s) will be supplied	as appropria	e						60% Ven	itur
		7.2 Self Fill Concentrator Same as static concentrator and can fill a	mbulatory cyl	inder(s)	6						
		7.3 Transportable concentrator (tr Can be used in place of a static concentration)			atory use						
		7.4 Portable concentrator (over the Lighter weight than transportable concent	trator and lim		oulse dose			1			
			ylinders for use outside of a home setting								
		7.6 Lightweight ambulatory cylind Lighter than the standard ambulatory cylind									
Specialist	high usage li	quid oxygen (Should be prescribed	l for high u	sage a	ictive pat	ients)		÷			
		7.7 Liquid Oxygen (LOX) Dewar	flask	1							
10. Additic	nal Equipme	nt 10.1 Humidification (not usually indicated for < 4l/min)	Yes	D	No	10.2 Track	eostomy (masł	only)	Yes	No	
11. Deliver	y Details	11.1 Standard (3 business	days) 🔽		Hospital t Calenda	discharge ar day)	11.3 Urge	ent (4 h	ours)		
12. Additi	ional Patient	Information					13. Clin 13.1 Nam		ntact		
							13.1 Nam	le			
							13.2 Tel 1	No / mol	bile		
									of the p cylinde	prescription f ers	for

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)

	(Total hours/day ot exceed 24 hrs)	8. E	Equipment*				Quantity	Cons devic	erving e		onsuma lection for e	ables* ach equipment	type)
L <mark>itres/Min</mark>	Hours/Day	Types	1								isal inula	Mask % type	
			tatic Concentrator p static cylinder(s) will be supplied as a	ppropria	te								
2	15	Same	elf Fill Concentrator as static concentrator and can fill ambu			)					$\int$		
		Can be	ransportable concentrator (trolle used in place of a static concentrator	nd/or fo	or ambu	latory use							
		Lighter	Portable concentrator (over the s weight than transportable concentrator			pulse dose							
		Cylinde	tandard Ambulatory Cylinder(s) ers for use outside of a home setting										
			ightweight ambulatory cylinder r than the standard ambulatory cylinder										
Specialist	high usage li	quid or	kygen (Should be prescribed for	high u	isage	active pati	ients)						
		7.7 L	iquid Oxygen (LOX) Dewar + fla	isk									
10. Additio	onal Equipme	nt	10.1 Humidification (not usually indicated for < 4l/min)	Yes		No	10.2 Trach	eoston	iy (mask	only)	Yes	No	
11. Deliver	52.		11.1 Standard (3 business day			Hospital t Calenda	discharge [ ar day)	] 1	1.3 Urge	nt (4 ho	ours)		
12. Addit	ional Patient	Inform	ation						<ol> <li>Clini</li> <li>3.1 Nam</li> </ol>	Second Second	tact		
			andard ambulatory & 1 > - setting 3 for 2-4 hours			lht				ry date		rescriptior s	for

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)

	(Total hours/day ot exceed 24 hrs)	8.	Equipment*				Quantity	Conserving device		election for	ables* each equipm	ent type
Litres/Min	Hours/Day	Туре	\$							asal nnula		% and pe
			Static Concentrator up static cylinder(s) will be supplied as a	opropriat								
2	15	7.2	Self Fill Concentrator as static concentrator and can fill ambu		- 215 1 721	)			<b>.</b>	$\int$		
			Transportable concentrator (trolle be used in place of a static concentrator			latory use					1	
			Portable concentrator (over the s er weight than transportable concentrate			pulse dose						
3	2		Standard Ambulatory Cylinder(s) ders for use outside of a home setting		1			J.				
3	2	7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder				1				Ì		
Specialist	high usage li	quid c	<b>xygen</b> (Should be prescribed fo	r high u	sage	active pa	tients)		×		2	
		7.71	Liquid Oxygen (LOX) Dewar + fl	ask								
10. Additio	onal Equipme	nt	10.1 Humidification (not usually indicated for < 41/min)	Yes		No	10.2 Track	eostomy (mas	k only)	Yes	No	
11. Deliver	y Details		11.1 Standard (3 business day	s) 🔽		2 Hospita d Calend	l discharge [ ar day)	11.3 Urg	ent (4 h	ours)		
12. Addit	ional Patient	Inform	nation					13. Clir 13.1 Nan	a reaction that hads	ntact		
Plea	ise supply	1 x s	tandard ambulatory & 1	x ligh	twei	ght		13.2 Tel	No / mol	oile		
amb	ulatory cyl	inde	r - setting 3 for 2-4 hours	per c	lay.					of the p cylinde	rescripti	on for

1

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

	(Total hours/day ot exceed 24 hrs)	8. Equipment*	Quantity	Conserving device	9. Consuma (tick selection for e	ables* 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)				
2	12	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 li	quid oxygen (Should be prescribed for high usage active pat	ients)			X.
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Additio	onal Equipme	nt 10.1 Humidification Yes No	10.2 Track	neostomy (mask	only) Yes	No
11. Deliver	8) (A)	11.1 Standard (3 business days) 11.2 Hospital (next Calendar)		11.3 Urge	ent (4 hours)	
12. Addit	ional Patient	Information			ical Contact	
	Please sup	oply 1 x Sequal Eclipse transportable		13.1 Nam	e	
	concentra	tor.		13.2 Tel N	lo / mobile	
		_PM @ 12 hours per day y = Setting 3 @ 4 hours per day			ry date of the p ulatory cylinder	

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 "conserver appropriate"; i.e. they can trigger a conserver and have been assessed on a SE3 device



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

	Total hours/day exceed 24 hrs)	8.	Equipment*				Quantity	Con devi	nserving ice		onsuma lection for e	ables* ach equipment type
Litres/Min	Hours/Day	Туре	s								isal inula	Mask % and type
2	<mark>1</mark> 5	Back u	Static Concentrator up static cylinder(s) will be supplied as a Self Fill Concentrator	appropria	te						1	
setting 3	4	Same 7.3 T	as static concentrator and can fill ambu ransportable concentrator (trolle e used in place of a static concentrator	ey base	d)						1	
		7.4 Lighte	Portable concentrator (over the s r weight than transportable concentrate standard Ambulatory Cylinder(s)	shoulde or and lim	r)							
		Cylind 7.6 L	lers for use outside of a home setting ightweight ambulatory cylinder er than the standard ambulatory cylinde									
Specialist I	nigh usage li		xygen (Should be prescribed fo		sage a	active pa	itients)	1				
10. Additio	nal Equipme		iquid Oxygen (LOX) Dewar + fl 10.1 Humidification (not usually indicated for < 4//min)	Yes		No	10.2 Trac	heosto	my (mask	only)	Yes	No
11. Delivery	/ Details		11.1 Standard (3 business day	s) 🔽			al discharge [ dar day)		11.3 Urge	nt (4 ho	ours)	
	onal Patient							. 112	13. Clini 13.1 Nam	ical Con e	tact	
	lease sup	ply 1	x standard concentrato						13.2 Tel N	lo / mob	ile	
		pse t	ransportable concentrat	or to	5							

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

	otal hours/day exceed 24 hrs)	8. Equipment*	Quantity	Conserving device	9. Consum (tick selection for	ables* 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 u	ie .			
Setting 2	4	7.4 Portable concentrator (over the shoulder) Lighter weight than transportable concentrator and limited to pulse do	ose			
		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 h	nigh usage lie	quid oxygen (Should be prescribed for high usage active	patients)	-		
		7.7 Liquid Oxygen (LOX) Dewar + flask				
10. Addition	nal Equipme	nt 10.1 Humidification Yes No	10.2 Track	neostomy (mask	only) Yes	No
11. Delivery	Details	11.1 Standard (3 business days) (next Cale	ital discharge [ ndar day)	11.3 Urge	ent (4 hours)	
12. Additio	onal Patient I	nformation		13. Clini	ical Contact	
	Blance ou	upply 1 x XPO2 portable concentrator		13.1 Nam	e	
	with cart.	pply 1 x XPO2 portable concentrator		13.2 Tel M	No / mobile	
		ry = Setting 2 @ 4 hours per day			ry date of the pulatory cylinde	

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.

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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	Туре	s							asal nnula	Mask	
			Static Concentrator up static cylinder(s) will be supplied as	appropria	te							
		7.2 S	Self Fill Concentrator as static concentrator and can fill amb			6					1	
			Fransportable concentrator (trolle e used in place of a static concentrator			latory use						
		Lighte	Portable concentrator (over the er weight than transportable concentrat	or and lin		pulse dose						
2	4	Cylind	Standard Ambulatory Cylinder(s) lers for use outside of a home setting		1							
			ightweight ambulatory cylinder than the standard ambulatory cylinder									
Specialist	high usage lie	quid o	xygen (Should be prescribed fo	r high u	sage a	active pat	tients)		2			
		7.7 L	liquid Oxygen (LOX) Dewar + fl	ask								
10. Additional Equipment			10.1 Humidification (not usually indicated for < 4l/min)	Yes		No	10.2 Track	eostomy (masł	k only)	Yes	No	
11.1 Standard (3 business days) 11.2 Hospital (next Calenda						and the second se						
								11.3 Urge	ent (4 h	ours)		
	y Details ional Patient I	nform						13. Clin	ical Co			
		nform							ical Co			
12. Addit	ional Patient I				(nex	t Calenda		13. Clin	ical Con ne	ntact		

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

<ol> <li>Order*(Total hours/day should not exceed 24 hrs)</li> </ol>		8. Equipment*	Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)				
Litres/Min	Hours/Day	Турез				Nasal Cannula	Mask % and type		
		7.1 Static Concentrator Back up static cylinder(s) will be supplied as appropria	ite						
		7.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cy	dinder(s)						
	1	7.3 Transportable concentrator (trolley base Can be used in place of a static concentrator and/or fr							
		7.4 Portable concentrator (over the shoulde Lighter weight than transportable concentrator and lin							
		7.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting							
1	4	7.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder			7	7			
Specialist	high usage li	quid oxygen (Should be prescribed for high u	usage active patie	ents)					
		7.7 Liquid Oxygen (LOX) Dewar + flask							
10. Additional Equipme		nt 10.1 Humidification Yes (not usually indicated for < 4l/min)	8 🗌 No 🗌	10.2 Trach	eostomy (mask	only) Yes	No		
11. Deliver	y Details	11.1 Standard (3 business days)	11.1 Standard (3 business days) 11.2 Hospital of (next Calendar				ent (4 hours)		
12. Additional Patient Information					13. Clinical Contact				
	Please sup	ply lightweight portable cylinders	with		13.1 Nam	e			
	bag & cons				13.2 Tel N	lo / mobile			
	Ambulator	y = 1 LPM pulsed @ 4 hours per da	iy			ry date of the p ulatory cylinder			

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

<ol> <li>Order*(Total hours/day should not exceed 24 hrs)</li> </ol>		8. Equipment*			Quantity	Conserving device	9. Consumables* (tick selection for each equipment type)		
Litres/Min	Hours/Day	Types						isal nula	Mask % and type
			ic Concentrator tatic cylinder(s) will be supplied as appro	priate					
		7.2 Self	Fill Concentrator static concentrator and can fill ambulator						
		7.3 Tra	7.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator and/or for ambulatory use						
		7.4 Pol Lighter w	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							
Constaliat	hinh waana K	Lighter th	an the standard ambulatory cylinder gen (Should be prescribed for hig	6					
specialist	nigh usage in	quia oxy	gen (Should be prescribed for hig	n usage active					The transmitter of the state of the
8	3	7.7 Liqu	id Oxygen (LOX) Dewar + flask		2 x flasks				Oxymasi
	3 onal Equipme	nt 1	0.1 Humidification	'es No		eostomy (mask	only)	Yes	Oxymasl
1.000	onal Equipme	nt 1		11.2 Hos		eostomy (mask ] 11.3 Urge		a sere	Oxymasi
10. Additio	onal Equipme	nt 1 (n 1	0.1 Humidification ot usually indicated for < 4l/min) 1.1 Standard (3 business days)	11.2 Hos	10.2 Trach		ent (4 ho	iurs)	
10. Additic 11. Deliver 12. Addit	onal Equipme ry Details ional Patient I	Int 1 (n 1 1 1 1	0.1 Humidification ot usually indicated for < 4//min) 1.1 Standard (3 business days) on	11.2 Hosp (next Cale	10.2 Trach	] 11.3 Urge	ical Con	iurs)	
10. Additic 11. Deliver 12. Addit P	nal Equipme Ty Details ional Patient I	Informati	0.1 Humidification ot usually indicated for < 4l/min) 1.1 Standard (3 business days)	11.2 Hosp (next Cale	10.2 Trach	11.3 Urge	ical Con	Lurs) tact	

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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.