

Prescribing oxygen therapy using new National Home Oxygen Order Form (eH00F) 2016



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Introduction


- The new National Home Oxygen Order Form has been compiled to improve prescribing practices, to include patient consent and to facilitate generic prescribing
- Orders for home oxygen must be made using the new home oxygen order form (eHOOF).
- Once the eHOOF has been fully launched no other form will be accepted by the HSE/oxygen providers after 3 months.
- This form is suitable for use in both medical and non-medical card patients.
- Consent should be sought from each patient for the wider sharing of relevant information pertaining to them.
- Space on this form is tight so every effort should be made to complete and forward the electronic version of the form (eHOOF). However staff can only forward to/from **secure** email sources such as hse.ie, stjames.ie (all voluntary hospitals) or healthmail.ie

Responsible Prescribing

- It is the role of all health professionals involved in the prescribing of Long Term Oxygen Therapy to do so in accordance with recognised guidelines.
- Oxygen is a drug and as such practitioners should be familiar with how it is to be delivered to the patient and to ensure that patients are made aware of the implications of this treatment.
- Only once careful assessment has been carried out and the patient has consented should oxygen be prescribed.




Home Oxygen Order Form (eHOOF)




Home Oxygen Order Form (HOOF)

All fields marked with a "*" are mandatory. The HOOF will be rejected if not complete.




1. Patient Details			
1.1 OHQ/OT/OT2 Number*	1.7 Permanent Address*	1.8 Tel No*	
1.2 Title		1.8.1 Mobile No*	
1.3 Surname*		1.8.2 Home No*	
1.4 First Name*		1.8.3 First Language if not English*	
1.5 DOB**			
1.6 Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	1.9 Lead Officer**	1.10 Interceptor needed**	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Cover Details (if applicable)		2.1 Name*	2.2 Tel No*
3. Clinical Details		4. Patient's Registered GP Information	
3.1 Clinical Code(s) (T/F/D)	4.1 GP name*		
3.2 Patient on W/COP*	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2 Practice Name and Address*	
3.3 Oxygen treatment ready*	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.4 Concomitant respiratory	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.3 Email	
5. Assessment Service (Hospital or Clinical Service)		6. Ward Details (if applicable)	
5.1 Hospital*	5.2 Consultant*	6.1 Ward	
5.3 Address		6.2 Tel No	
		6.3 Discharge Date	/ /
7. Order Total (No. of hours/days/weeks)		8. Consumables (Total canisters and equipment)	
Units/hrs per setting/per phase	Hrs/Day	Canisters/Device	Mask/Device
8.1 Static Concentrator (higher than static includes high flow machines) Backup static order(s) supplied as appropriate		NO	
8.2 DP NO Concentrator Same as static concentrator and canisters/ambulatory order(s)		NO	
8.3 Transportable concentrator (Trailer Based) Can be used in place of a static concentrator (short term) and/or canisters/ambulatory		NO	
8.4 Portable concentrator (car trailer based) lighter than transportable concentrator and limited to public use		NO	n/c (not available)
8.5 Standard ambulatory canister(s) canisters are available at a filling station			n/c (not available)
8.6 Light weight ambulatory canister lighter than the standard ambulatory canister			n/c (not available)
Specialist high usage liquid oxygen (Prescribed for high usage patients)			
8.7 Liquid Oxygen (LO2) Device(s) + Tank(s) appropriate requirements in section 2.2			
10. Additional Equipment		10.1 Humidifier	10.2 Tracheotomy (maskets)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Delivery Details		11.1 Standard (8 Business Days)	11.2 Emergent (next Business Day) (in exceptional circumstances only)
11.3 Is the patient a current smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Clinical Contact*	
12.1 Name		12.2 Tel No / mobile	
12.3 Email			
13. Healthcare Professional Declaration* (may only be completed by prescriber/Respiratory specialist)			
I declare that the information given on this form is correct and complete & that I (being my prescriber) information may be made to prescribers and proceedings in connection with the registered healthcare professional responsible for the information provided. I confirm that the appropriate consent has been obtained & that the patient/patient's parent/patient's legal guardian has been advised that their details will be passed to the oxygen supplier and in the case of medical card/LTI holders to HSE.			
Name	Profession	Professional registration number	
Signature	Date / /		
Net number for queries, medicines and label confirmation			

**Rational completed signed form to Local Appliance Office (formerly known as LHOCCO) for medical card/LTI card patients. For non-medical card holders/LTI or email directly to supplier.
As this is a legal document - file in patient's notes. Send details or a copy to the patient's G.P.



Home Oxygen Order Form (HOOF)



Information Notes			
Clinical Codes (please insert relevant codes in section 3 if over page)			
Code	Condition	Code	Condition
1	Chronic obstructive pulmonary disease (COPD)	12	Neurodeability
2	Pulmonary vascular disease	13	Obstructive sleep apnoea syndrome
3	Severe chronic asthma	14	Obesity Hypoventilation Syndrome
4	Interstitial lung disease	15	Chronic heart failure
5	Cystic fibrosis	16	Cluster headache (Equipment to be requested in 12.2)
6	Bronchiectasis (noncystic/fibrotic)	17	Other primary respiratory disorder
7	Pulmonary malignancy	18	Other (specify)
8	Palliative care	19	Chronic lung disease of prematurity
9	Non-pulmonary palliative care	20	Congenital cyanotic heart disease
10	Chest wall disease	21	Long term ventilation
11	Neuromuscular disease	22	Other or not known
Guidance notes for prescribers			
<ul style="list-style-type: none"> This form is a prescription and must be completed by an authorised prescriber/respiratory specialist: Consultant, GPs or Physiotherapist. Patients requiring ambulatory oxygen therapy can be prescribed as PRN in column 7 (Hrs/Day). If a patient requires specialist heated ventilation in addition please complete separate order form. Orders should be placed for the normal delivery timescale (ie. 5 business days). Orders for next day delivery should only be placed in cases of emergency and if longer pre-planning not feasible. Making arrangements in this time frame can be challenging for patients and their families/caregivers and can bring added cost. It is the prescriber's responsibility to complete the form legibly and supply all the necessary information for supplier. Making information will result in delays for the patient. Failure to complete mandatory fields will result in rejection of the order. Termination order should be issued to Local Appliance Office (see below) if the oxygen as specified in the HOOF is no longer required e.g. change in clinical circumstances necessitating a new HOOF or no longer requires oxygen (including RIP). 			
13. Information Provided to Patient/Patient's Parent/Patient's Legal Guardian			
	Tick	Comments	
Fire safety precautions have been discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
advised to never use oxygen concentrator or cylinders near a naked flame	Yes <input type="checkbox"/> No <input type="checkbox"/>		
advised to never smoke while using oxygen concentrator or cylinders (in case of table)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
advised to complete HSE priority support/customer registration form and how to access same.	Yes <input type="checkbox"/> No <input type="checkbox"/>	company website link	
The oxygen company's information & safety booklet is provided	Yes <input type="checkbox"/> No <input type="checkbox"/>	company website link	
advised to inform home insurance company that has his/her child currently using oxygen therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
advised to inform his/her car insurance company that he/she is currently using oxygen therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	motor insurance	
advised that company will provide training including booklets patient, family/caregivers at time of installation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Patient/Patient's Parent/Patient's Legal Guardian Acknowledgement and Consent			
<p>I/We have been provided with and understand the education on the safe use of oxygen therapy as outlined above.</p> <p>I/We understand as part of the arrangements for providing oxygen at home that this document, setting out the contact details and medical information regarding my/my child's medical condition will be shared with the oxygen provider.</p> <p>I/We understand that if my/my child's medical card/LTI status changes, that I should contact the oxygen supplier.</p> <p>I/We understand that the HSE may also notify the oxygen supplier of any change in my/my child's medical card/LTI status.</p> <p>I/We understand that a clinical review may be performed of my/my child's oxygen requirements following its installation.</p> <p>I/We, if at the time – or any other time in the future – it is decided that oxygen therapy is no longer necessary I understand the oxygen will be cancelled and will provide access to the oxygen supplier to remove the equipment from my home premises.</p> <p>I/We, if I fail to comply with the training and instruction given surrounding the safe use of oxygen at home, I agree that my/my child's oxygen equipment may be removed at any point in the future, for health and safety reasons.</p> <p>I/We understand that the oxygen and equipment for its use, comes from a third party supplier. In the event of any breakages or difficulties relating to the equipment or oxygen provided, I understand that I should contact the oxygen supplier.</p>			
15.1 Patient/Parent's Legal Guardian Signature: _____		Name (PRINT): _____	
15.2 Witness obtaining consent and providing information: Name: _____		Date: / /	

**Rational completed signed form to Local Appliance Office (formerly known as LHOCCO) for medical card/LTI card patients. For non-medical card holders/LTI or email directly to supplier.
As this is a legal document - file in patient's notes. Send details or a copy to the patient's G.P.

1 & 2 Completing the eHOOF

- It is essential that the eHOOF 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.
- This can delay home oxygen installations so due care and consideration should be paid to filling out the form.
- To enter address in eHOOF use **Alt + Return** to enter on next line
- Patients with LTI (Long Term Illness) or DPS (Drug Payment Scheme) should have these numbers entered also.
- A capital **X** on the eHOOF is acceptable instead of a tick.

1. Patient Details				
1.1 GMS/LTI/DPS Number*		1.7 Permanent Address*		1.9 Tel No*
1.2 Title				1.10 Mobile No*
1.3 Surname*				1.11 E-Mail
1.4 First Name*				1.12 First Language if not English*
1.5 DOB*	/ /			
1.6 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	1.8 Local Office**		1.13 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

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

- Clinical codes (found on page 2 of the eHOOF/drops down when hover over with cursor on eHOOF) indicate the category a particular prescription / patient belongs to; e.g. Enter code 8 to indicate palliative care.
- The GP practice name, address and telephone number are equally important, particularly if HSE/oxygen provider needs to make contact.
- 3.2 & 3.3 Should oxygen be required via NIV/CPAP the company will need to supply an entrainment port and so need to be aware of this.
- Conserving devices are used to conserve the amount of portable oxygen used. Not all patients are suitable, see Irish Guidelines on Long Term Oxygen Therapy (Pg 12 & 13)* for further information.

3. Clinical Details		4. Patient's Registered GP Information	
3.1 Clinical Code(s)*(P.T.O)		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 Oxygen entrainment reqd?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.4 Conserver Appropriate	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.3 Email	4.4 Phone

*<http://www.irishthoracicsociety.com/images/uploads/LTOT%20guideline%202015.pdf>

Sections 5 & 6: Assessment Service / Ward Details

- Not all sections here are mandatory.
- If the initiator of the eHOOF is an oxygen assessment service or a ward, these fields should be regarded as mandatory and completed in full.
- To enter address in eHOOF use **Alt + Return** to

5. Assessment Service (Hospital or Clinical Service)		6. Ward Details (if applicable)
5.1 Hospital*	5.2 Consultant*	6.1 Ward
5.3 Address		6.2 Tel No
		6.3 Discharge Date: / /

7. Oxygen Prescription

- Long Term Oxygen Therapy (LTOT) is defined as oxygen used by patients with proven hypoxaemia for a minimum of 15 hours per day. Up to 24 hours per day confers a mortality benefit and improvement in physiological indices. (Irish LTOT guidelines 2015)*
- 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.
- Where the patient is on 24 hrs/day prescription it is acceptable to write **PRN** for ambulatory oxygen.

7. Order*(Total hrs/day should not exceed 24)	
Litres/Min (or Setting for Pulsed)	Hrs/Day

*<http://www.irishthoracicsociety.com/images/uploads/LTOT%20guideline%202015.pdf>

8. Type of equipment & consumables

- Once you have decided on flow rate you must choose the right delivery system for your patient
- Patients may require titrating on specific equipment such as transportable/portable concentrators. It is advisable to discuss this equipment with a specialist familiar with its use.
- Full details on all oxygen equipment are held in the Irish Guidelines on Long Term Oxygen Therapy (LTOT) in Adults (2015)*

8. Equipment*	Conserving device	9. Consumables* (tick selection for each equip type)	
		Nasal Cannula	Mask % & type
Types			
8.1 Static Concentrator (Higher flow rates indicate high flow machines) Back up static cylinder(s) supplied as appropriate	N/A		
8.2 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s)			
8.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator (short term) and/or for ambulatory	N/A		
8.4 Portable concentrator (over the shoulder) Lighter than transportable concentrator and limited to pulse dose	N/A		n/a with pulse dose
8.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting			n/a with pulse dose
8.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder			n/a with pulse dose

*<http://www.irishthoracicsociety.com/images/uploads/LTOT%20guideline%202015.pdf>



8.1 & 8.2 Concentrators



- This is an example of a basic set up for a patient only requiring 2L/min of oxygen
- A mask can be requested alongside nasal prongs if both are required

Litres/Min (or Setting for Pulsed)	Hrs/Day	Types		Nasal Cannula	Mask % & type
2L/min	24	8.1 Static Concentrator (Higher flow rates indicate high flow machines) Back up static cylinder(s) supplied as appropriate	N/A	✓	24% venturi

- When a patient requires equipment capable of delivering higher flows i.e.: >5L/min, this, once prescribed will be automatically delivered.
- i.e. If you order 12 L/Min, then two high-flow concentrators will automatically be delivered (both go to 9 LPM).

Litres/Min (or Setting for Pulsed)	Hrs/Day	Types		Nasal Cannula	Mask % & type
12L/min	24	8.1 Static Concentrator (Higher flow rates indicate high flow machines) Back up static cylinder(s) supplied as appropriate	N/A	✓	<u>Oxymask</u>

8.3 & 8.4 Transportable/Portable Concentrators

- Portable/transportable concentrators have numerical settings, for example setting 2 does not equate to 2 L/min so patients need to be titrated to ensure that the portable oxygen concentrator can meet their oxygen requirements.
- Transportable concentrators can provide continuous flow up to 3 L/min, but this is not recommended for long periods.
- The majority of portable oxygen concentrators provide pulsed oxygen only. Therefore, they are not suitable for use when sleeping.

Litres/Min (or Setting for Pulsed)	Hrs/Day	Types		Nasal Cannula	Mask % & type
3 Continuous	PRN	8.3 Transportable concentrator (trolley based) Can be used in place of a static concentrator (short term) and/or for ambulatory	N/A	Yes	
3	PRN	8.4 Portable concentrator (over the shoulder) Lighter than transportable concentrator and limited to pulsed dose	N/A	Yes	n/a with pulse dose



This equipment is suitable for airline travel but requires specialist titration and careful assessment.



8.5 & 8.6 Ambulatory Cylinders

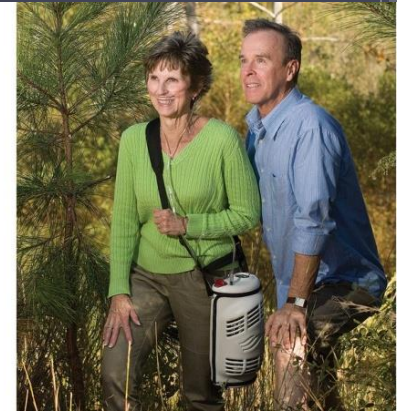
- Current monthly package is for 6 cylinders per month regardless of cylinder size requested.
- This is an agreed package between the HSE and the suppliers. It is not a limit. Should settings or activity increase so too can a patient's allowance.
- Increases in allowance will require a letter from a recognised prescriber i.e.: Consultant, Doctor, Respiratory Specialist Nurse/Physiotherapist.* (If required from initial assessment; increase can be requested in 12.2 additional Information)
- Where patients are requiring very large quantities of cylinders, an alternative method of delivery should be considered. i.e.: Liquid oxygen or portable/transportable oxygen concentrators
- Additional equipment to support the patient in transporting the cylinders can be requested in 12.2 (Additional Information)



Litres/Min (or Setting for Pulsed)	Hrs/Day	Types		Nasal Cannula	Mask % & type
2	PRN	8.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting	Yes	Yes	n/a with pulse dose
2	PRN	8.6 Lightweight ambulatory cylinder Lighter than the standard ambulatory cylinder	Yes	Yes	n/a with pulse dose

*<http://www.irishthoracicsociety.com/images/uploads/LTOT%20guideline%202015.pdf>

8.7 Liquid Oxygen



- All requirements for Liquid Oxygen (LOX) must be specified in 12.2 (Additional Information).
- When choosing this system the individual patient's dexterity, visual acuity, activity levels and strength need to be considered. (See suitability checklist next)
- Liquid oxygen Dewar flask can only be installed on a ground floor due to venting and safety considerations. (See full suitability checklist next)
- High flow nasal prongs will automatically be supplied as indicated by flow rate

Litres/Min (or Setting for Pulsed)	Hrs/Day	Types		Nasal Cannula	Mask % & type
Specialist high usage liquid oxygen (<i>Prescribed for high activity patients</i>)					
6	4-6	8.7 Liquid Oxygen (LOX) Dewar(s) + flask(s) <i>please specify requirements in section 12</i>	YES	YES	

12.2 Additional Information

Please supply with 2 High flow strollers as will be attending Pulmonary Rehab and is very active outside his home

Suitability checklist for LOX

LOX Suitability Checklist		
Criteria	Yes?	No?
Property Access		
Is there suitable parking outside the patient's home?		
Is the approach to the entrance level & even?		
Is the approach to the entrance concrete or paved?		
Are there no more than 2 steps on way into entrance?		
Are the steps no more than 6 inches high?		
Storage		
Is there a well-ventilated ground-floor, internal room to store the LOX vessel?		
Can the LOX vessel be sited at least 3 metres away from sources of heat / naked flames / flammable material?		
If no internal room is available, is there a secure garage / shed that can be accessed safely and which is free from sources of heat, oils, paints & flammable materials etc?		
Can the LOX vessel be safely stored away from children, pets or other animals?		

Suitability checklist for LOX

Clinical		
Is the patient a moderately active, normal-flow patient (1-5LPM / 8+ cys pw)?		
If the patient is on normal flows (1-5LPM) can they use a conserver?		
Is the patient using high flows of O2 to mobilise (6lpm+)?		
If the patient is using high flows of O2, are their needs likely to progress quickly (CF / PF)?		
Patient		
Is the patient / carer compos-mentis?		
Is the patient / carer physically dextrous?		
Is the patient happy to self-manage a LOX supply?		
Lifestyle		
Does the patient go out for more than ~2-4 hrs per day?		
Is the patient working / a student / active life participant?		
Does the patient normally return home every evening?		
Score (10+ to consider for LOX)		





10 &11 Additional Equipment and Delivery Details



- Humidification is not usually needed for lower flow rates
- Heated humidified oxygen requires more specialised equipment such as the Airvo™. This requires additional order form from the company in your area.
- All patients with tracheostomy will require specific mask to be requested.
- Orders for **next day delivery** should only be placed in cases of **absolute** emergency and if longer pre-planning not feasible.
- Making necessary arrangements in this time frame can be challenging for suppliers, patients and their families/carers. It can also bring an added cost.

12,13 & 14 Additional information, clinical contact & prescriber sign.

- Smoking status is necessary for supplier risk assessment.
- Any and all **additional information** can be provided in this space as previously discussed
- **Clinical contact** can be the centre/oxygen clinic where the oxygen is prescribed from.
- If the oxygen is prescribed for an inpatient for discharge it can be the Consultant in charge of their care or the relevant oxygen clinic that will continue to support and assess the patient.
- **In accordance with Irish Guidelines on Oxygen therapy, prescribers of oxygen can be:**
 - Consultants
 - NCHDs
 - Registered Nurse Prescribers with relevant CPA
 - Respiratory Specialist Nurses &
 - Respiratory Specialist Physiotherapists where there is local agreement and policy in place.
 - *This has been confirmed by the National State Claims agency*

15. Information provided to patient

- In recognition of the importance of providing adequate and appropriate information this form lays out basic required information
- This must be relayed to patients when oxygen is to be prescribed.
- It is advised that where possible patients and their carers be provided with more extensive education than detailed. With review of their understanding of this therapy at all opportunities.



16 Patient/Patients Parent/Patient's legal guardian consent



- The confidentiality of patient records forms part of the ancient Hippocratic oath, and is central to the ethical tradition of medicine and health care.
- This tradition of confidentiality is in line with the requirements of the [Data Protection Acts 1988 & 2003](#), under which personal data must be obtained for a specified purpose, and must not be disclosed to any third party except in a manner compatible with that purpose.
- 2B- (1) Sensitive personal data shall not be processed by a data controller unless..... the consent referred to in paragraph (a) of subsection (1) of section 2A (as inserted by the Act of 2003) of this Act is explicitly given.

Sending the eHOOF - Page 1

- Page 1 of eHOOF can be emailed directly to the HSE and the supplier at the same time, this will allow for supplier workforce planning. *(Funding will still need to approved prior to delivery for medical card patients.)*
- Sending the form electronically **must** be done **from** a secure email **to** a secure email address. Examples of these are hse.ie, stjames.ie (all voluntary hospitals) and healthmail.ie.
- Each site should hold a folder on a secure server that contains the patient's eHOOF or where possible that it be attached to a patients electronic record. Identifiable by Hospital number, surname and first name
- Electronic signature is permissible and required on the eHOOF
- Any other email sources i.e.: gmail can be deemed as brech of confidentiality.
- Secure email for **Air liquide** is oxygen.A@healthmail.ie
and for **BOC healthcare** it is oxygen.B@healthmail.ie
- **Faxed forms** for medical card holders need to be sent to the HSE first so funding may be approved or direct to the supplier in the case of non-medical card holders.
- **Each site that requests oxygen will need to make contact with their community health office and agree a suitable emails where eHOOF will be sent. To avoid forms being missed.**

Receiving/storing the eH00F



- Each HSE/PCCC and supplier will need to set up a secure electronic folder that will be backed up to a central server.
- The eH00F can then be stored in A-Z folders, using surname then forename. E.g: Davis,Patricia
- Any additional forms/letters/emails that may be submitted electronically can also be stored in the patients folder.
- Storing forms in this manner will allow for easier reference, if additional equipment is requested using the search tool.

eHOOOF - Page 2

- Page 2 of the eHOOOF does not need to be sent to the supplier or the HSE.
- By sending page 1 you are implying you have gained the patients consent to the treatment and for their information to be shared.
- Page 2 will need to be printed, discussed with the patient and once signed filed in the patients medical records
- For services that do not currently have access to email. A word document version is available on request from suppliers for manual completion and faxing.

Thank You



As this is a new document, any and all feedback will be reviewed in one year from introduction patricia.davis2@hse.ie

Thank you to Anáil & ITS members, BOC healthcare and Air Liquide for their contribution in collating this presentation