Home Oxygen Order Form (HOOF-P)

Section 1. Service User Details

Do you have a HSE eligibility card(s)? GMS ◯ LTI ◯ DPS ◯ No Card ◯ Card No:

First Name: | Surname:

Permanent Address:

Delivery Address (if different from above):

Eircode: | D.O.B.

Mobile No.: | Contact Tel. No.:

First Language if not English: | Interpreter Needed? Yes ◯ No ◯

G.P. Name: | G.P. email:

Agreement form filed in service users medical notes? Yes ◯ No ◯

Section 2. Carer/ Emergency Contact Details (if applicable)

Name: | Contact Tel. No:

Section 3. Clinic Details

Clinical Code(s): Please select from list

Service user on NIV/ CPAP? Yes ◯ No ◯ | Oxygen entrainment required? Yes ◯ No ◯ L/min

Primary prescription Complete? Yes ◯ No ◯

Smoking status in home:

Section 4. Hospital Details

Hospital: | Ward:

Contact No.: | Estimated discharge date:

Consultant Name:

Section 5. Name and details of primary prescriber

Prescriber: | Prescriber email:

MCRN/ NMBI PIN: | Start Date | Renewal Date

Prescription start/ renewal date:

Section 6. Order

Stationary equipment	**hours/d***		**Ambulatory equipment**	**hours/d***		
☐ Standard concentrator 1-5L	L/min		◯ No ambulatory source			**L0**
			◯ Portable concentrator	SETTING		**L3**
			◯ Transportable concentrator	SETTING		**L4**
			◯ 1-4 cylinders per month	L/min		**L5**
			◯ 1-8 cylinders per month	L/min		**L1**
			◯ 1-12 cylinders per month	L/min		**L2**
			◯ Homefill system with 2 cylinders	L/min		**S1**
			◯ Homefill system with 4 cylinders	L/min		**S2**
			◯ Liquid oxygen (1 flask)	L/min		**LOX2**
☐ High flow concentrator 1-9L	L/min		◯ No ambulatory source			**L01**
			◯ Portable concentrator	SETTING		**L7**
			◯ Transportable concentrator	SETTING		**L8**
			◯ 1-12 cylinders per month	L/min		**L6**
			◯ Liquid oxygen (1 flask)	L/min		**LOX1**
☐ Ambulatory Oxygen Therapy Package (AOT)			◯ Portable concentrator only	SETTING		**A5**
			◯ Transportable concentrator only	SETTING		**A4**
			◯ 1-4 cylinders only per month	L/min		**A1**
			◯ 1-8 cylinders only per month	L/min		**A2**
			◯ 1-12 cylinders only per month	L/min		**A3**
			◯ Liquid oxygen (1 flask)	L/min		**LOX3**
☐ Neonate package (static cylinder)	L/min		◯ 1-4 cylinders per month	L/min		**L11**
			◯ No ambulatory source			**L11**
☐ Paediatric concentrator (0.1-1L)	L/min		◯ 1-6 cylinders per month	L/min		**L10**
			◯ No ambulatory source			**L10**

Section 6. Order (cont'd)

☐ Short burst package (static cylinder)	L/min	◯ 1-6 cylinders per month	L/min	L9
		◯ No ambulatory source		L9

Additional Details (please tick)

☑ Nasal Cannula – please specify	Please select	☐ Additional LOX Flask	LOX4
☐ Mask needed - what type?		☐ Additional LOX Refill	LOX5
☐ Contraindication for conserver (pulse mode) - tick if yes		☐ Additional stationary concentrator	L0
		☐ Heated humidifier (e.g. Airvo)	H1
		☐ Heated humidification pack	H2
		☐ Holiday Risk Assessment	HOL1
		☐ Overquota of cylinders (must be multiples of 4) QTY	A1
		☐ Homefill individual cylinder QTY	S3

Comments:

Section 7. Delivery Details (please tick)

Standard (3 working days): ☐	
Emergency (same or next working day): Yes ◯ No ◯	If yes, please specify: Please select

Section 8. Healthcare Professional Declaration

I declare that the information given on this form is correct and complete. I confirm that the appropriate consent and prescription has been obtained and that the service user has been advised that their details will be passed to the oxygen supplier.

Name:	Profession:
Professional Reg. No.:	Date:
Contact Tel. No:	Secure email address:

Community Health Area Only:

Approved By:	Approver email:
Date:	PO Number: CHO: Select

Guidance notes for completing HOOF-P

- Medical Card holders HOOF-P is to be sent to local HSE offices for approval. HOOF-P for non-medical card holders can be sent directly to supplier.
- Non-prescribing specialist staff may complete the HOOF-P once a primary prescription is in place and they have adequate training to do so.
- Service users requiring ambulatory oxygen therapy can be prescribed as per section 6.
- If a service user requires specialist heated ventilation in addition please complete separate request.
- Orders should be placed for the normal delivery timescale i.e. 3 business days.
- **Orders for same day delivery** should only be placed in cases of emergency and if longer pre-planning not feasible. Making necessary arrangements in this time frame can be challenging for service users and their families/carers.
- It is the responsibility of those completing the form that it is legible and supplies all the necessary information required. **Missing information will result in delays for the service user.** Failure to complete mandatory fields will result in rejection of the order.
- Relevant signed consents from each service user/ parent/ legally appointed person should be obtained and stored in service user file to allow sharing of service user information.
- A termination order should be sent to relevant HSE Office if the oxygen as specified in the HOOF-P is no longer required e.g. change in clinical circumstances necessitating a new HOOF-P or no longer requires oxygen (including RIP).
- Prescribers and healthcare professionals should notify HSE of any change in temporary or permanent address for a service user who has been prescribed oxygen using a HOOF-P.