

# BOC HOOF help guide

Must include NHS Number DOB and clinical code

Must be a numerical value no greater than 24hpd. If adding an ambulatory item the whole form must not exceed 24hpd

A Transportable concentrator is an ambulatory piece of equipment and should only be prescribed for up to 10hpd

A portable concentrator must be prescribed on a setting not LPM. The patient should be assessed on this piece of equipment

There must be a name and signature of a qualified clinician

Home Oxygen Order Form (HOOF)  
**Part B (After Specialist / Paediatric Oxygen Assessment)**  
All fields marked with a '\*' are mandatory and the HOOF will be rejected if not completed

**NHS**

1. Patient Details					
1.1 NHS Number*		1.7 Permanent address*		1.9 Tel no.	
1.2 Title				1.10 Mobile no.	
1.3 Surname*				<b>2. Carer Details (if applicable)</b>	
1.4 First name*				2.1 Name	
1.5 DoB*				2.2 Tel no.	
1.6 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	1.8 Postcode*		2.3 Mobile no.	
3. Clinical Details			4. Patient's Registered GP Information		
3.1 Clinical Code(s)		4.1 Main Practice name:*			
3.2 Patient on NIV/CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.2 Practice address:			
3.3 Paediatric Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.3 Postcode*		4.4 Telephone no.	
5. Assessment Service (Hospital or Clinical Service)			6. Ward Details (if applicable)		
5.1 Hospital or Clinic Name:		6.1 Name:			
5.2 Address		6.2 Tel no.:		6.3 Discharge date:	/ /
5.3 Postcode:		5.4 Tel no:			
7. Order*		8. Equipment*		9. Consumables*	
Litres/Min	Hours/Day	Type	Quantity	Conserving Device	Nasal Canulae Mask % and Type
		8.1 Static Concentrator Back up static cylinder(s) will be supplied as appropriate			
		8.2 Static Cylinder(s) A single cylinder will last for approximately 8hrs at 4l/min			
		8.3 Self Fill Concentrator Same as static concentrator and can fill ambulatory cylinder(s) (8.5/8.6)			
		8.4 Transportable Concentrator (trolley based) Can be used in place of a static concentrator and / or for ambulatory use			
		8.5 Standard Ambulatory Cylinder(s) Cylinders for use outside of a home setting			
		8.6 Lightweight Ambulatory Cylinder(s) Lighter than the standard ambulatory cylinder			
		8.7 Portable Concentrator (carry over shoulder) Lighter weight than transportable concentrator and limited to pulse dose			
		8.8 Liquid Oxygen (LOX) Dewar Please select number of flasks required below			
		8.9 Liquid Oxygen (LOX) Flask To be used in conjunction with the LOX Dewar			
10. Additional Equipment					
10.1 Humidification (not usually indicated for less than 4l/min)	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.2 Tracheostomy (mask only)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Delivery Details*					
11.1 Standard (3 Business Days)	<input type="checkbox"/>	11.2 Next (Calendar) Day	<input type="checkbox"/>	11.3 Urgent (4 Hours)	<input type="checkbox"/>
12. Temporary Secondary Supply (e.g. Holiday Order with different modality)			13. Contact Details (if applicable)		
12.1 Address:		Postcode:		13.1 Name:	
				13.2 Tel no.	
14. Additional Patient Information			15. Clinical Contact (if applicable)		
		15.1 Name:			
		15.2 Tel no.		15.3 Mobile no.	
16. Declaration*					
I declare that I am the registered healthcare professional responsible for the information provided, the information given on this form for NHS treatment is correct and complete. I understand that if I knowingly provide false information, I may be liable to prosecution or civil proceedings					
*I've completed/ or confirm there is a previously signed copy of the Home Oxygen consent form HOCF <input type="checkbox"/> AND an Initial Home Oxygen Risk Mitigation Form IHORM <input type="checkbox"/>					
Name:		Profession:			
Signature:		Date:			
Fax back no. or NHS email address for confirmation / corrections:					

Please provide the address of which you require the delivery to be made and a valid contact number

There must be GP information to ensure an account is aligned to the correct CCG

Ward details with phone numbers ensures we can contact you as soon as possible if there is an issue with the form

Please tick if a nasal cannula is required. If a mask is needed a suitable venturi % must be written. The form must contain a consumable

Advise humidification should be prescribed for trachea patients only

Important: both check boxes MUST be completed or the HOOF will be rejected.

A next day request should be used for hospital discharges. A 4 hour request should only be used in an emergency situation.

A fax number or NHS.net email address ensures you will receive a confirmation that your order is being processed

All prescriptions supersede the last so please ensure all details are added

\*\*For Paediatrics with a varied flow a start flow MUST be stated in section 14\*\*