

Submitting a Part A HOOF

You can submit a Part A HOOF and download the IHORM & HOCF via our website
Click on the link below:

[IHORM and HOOF Part A - Vivisol](#)



You will need a secure email address (nhs.net or approved secure) and your professional registration (GMC, NMC, HCPC) number

If the portal is not accessible, send a Part A HOOF in a PDF format to:

 hoof.dv@nhs.net from your secure personal email address

 Vivisol HOOF team contact number: 0800 077 8020

 Contact centre: 0800 917 9840

A member of staff will be available 24 hours a day, 365 days of the year.

Important things to remember:

- Form must be completed in full including the NHS number
- You must complete The Home Oxygen Consent Form (HOCF) and Initial Risk Mitigation Form (IHORM) with the patient. (They can be downloaded from our website) These should be kept on patients record
- The HOCF and IHORM boxes in the declaration must be ticked as completed.
- Hours per day for each type of equipment - must not add up to more than 24 hours per day
- Please select the consumables you require for each modality (Mask and/or cannula)
- Consider the number of cylinders required per week according to the flow rate and number of hours per day
- If the patient requires ambulatory oxygen and is not a palliative patient, they need to be referred to a specialist Home Oxygen Service for assessment
- **All HOOFs supersede the previous one, so please ensure all current equipment is included.**

Equipment and duration times available on a Part A HOOF



Static concentrators

- Electrically operated
- Can supply flow rates of 0.125 - 15 litres per minute on different models

Large static cylinder 10 litre capacity

Every patient who has a static concentrator installed will automatically have a static cylinder in case of a power or machine failure - enough to cover 8 hours.

If you require additional static cylinders they can be ordered in line 8.2 on the HOOF.

Large Static cylinder (B10)³

- Weight: 18.9kg*
- Dimensions (mm): h:720 d:180

Cylinder duration

Flow rate (L/min)	Max duration (Days, hours, mins)
0.5	3 d, 8 h
1	1 d, 16 h
2	20 h,
3	13 h, 19 m
4	10 h
5	8 h
6	6 h, 39 m
8	5 h
10	4 h
12	3 h, 19 m
15	2 h, 39 m



***To request ambulatory cylinders for a palliative patient please use the additional information section (11) on the HOOF - stating the flow rate, number of hours per day, number of cylinders per week and the consumable the patient is to use with the cylinders**

- Weight: 3.5kg*
- Dimensions (mm): h:520 d:95
- Bag included with cylinder

Cylinder duration

Flow rate (L/min)	Max duration (Hours, mins)
0.5	16 h
1	8 h
2	4 h
3	2 h, 39 m
4	2 h
5	1 h, 36 m
6	1 h, 19 m
7	1 h, 8 m
9	52 m
12	39 m
15	31 m



Standard ambulatory cylinder 2 litre capacity

Supplied with carry bag – If a trolley is required, request this in the additional information section 11 on the HOOF

Consumables in Section 9 on the HOOF

- Nasal cannula can be supplied (all flow rates) – just tick the box
- Medium concentration mask: Flow rates 5-10LPM
- Non-re breathe: Flow rates above 10LPM
- Venturi masks: 2LPM = 24% 4 LPM = 28% - 6 LPM 3= 31% 8LPM = 35% 10LPM = 40% 15LPM = 60%
- **Masks: There is no mask available for less than 2 LPM**

Part A HOOF example

Areas highlighted in green must be completed



Home Oxygen Order Form (HOOF)

Part A (Before Oxygen Assessment – Non-Specialist or Temporary Order)

All fields marked with a '*' are mandatory and the HOOF will be rejected if not completed

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*				2. Carer Details (if applicable)	
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*		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	Completed for hospital discharge or Hospice patients only	6.2 Tel no.:			
5.3 Postcode:		6.3 Discharge date:	/	/	
	5.4 Tel no:				
7. Order*		8. Equipment*		9. Consumables*	
		For more than 2 hours/day it is advisable to select a static concentrator		(select one for each equipment type)	
Litres / Min	Hours / Day	Type	Quantity	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			
10. Delivery Details*					
10.1 Standard (3 Business Days)	<input type="checkbox"/>	10.2 Next (Calendar) Day	<input type="checkbox"/>	10.3 Urgent (4 Hours)	<input type="checkbox"/>
11. Additional Patient Information			12. Clinical Contact (if applicable)		
If ambulatory cylinders are required for a palliative patient please order here with LPM, HPD, consumables to be used plus the number of cylinders to be delivered per week			12.1 Name:		
			12.2 Tel no.	12.3 Mobile no.	
13. 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 have completed/or confirm there is a previously signed copy of the Home Oxygen Consent Form HOOF <input type="checkbox"/> AND the Initial Home Oxygen Risk Mitigation Form IHORM <input type="checkbox"/>					
Name:			Profession:		
Signature:			Date:	Referred for assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax back no. or NHS email address for confirmation / corrections:					
14. Primary Clinical Code					
CODE	Condition	CODE	Condition		
1	Chronic obstructive pulmonary disease (COPD)	11	Neuromuscular disease		
2	Pulmonary vascular disease	12	Neurodisability		
3	Severe chronic asthma	13	Obstructive sleep apnoea syndrome		
4	Interstitial lung disease	14	Chronic heart failure		
5	Cystic fibrosis	15	Paediatric interstitial lung disease		
6	Bronchiectasis (not cystic fibrosis)	16	Chronic neonatal lung disease		
7	Pulmonary malignancy	17	Paediatric cardiac disease		
8	Palliative care	18	Cluster headache		
9	Non-pulmonary palliative care	19	Other primary respiratory disorder		
10	Chest wall disease	20	Other If no other category applicable		