



Rapid Discharge

An Appendix to the Advanced
Care Plan for Care at the End of Life



Childs Name..... Hospital Number.....

Rapid Discharge Pathway for End of Life Care

This is an appendix to the Advanced Care Plan for End of Life Care. Although this can stand alone, it may be necessary to complete sections of the Advanced Care Plan to ensure all the relevant information is recorded. **Please read guidance notes attached** prior to completing this document. **It is important that the appropriate Community Teams/Hospice are identified and contacted as early as possible. This will allow services to be put into place if required**

Name.....

Date of Birth.....Age.....

Hospital number NHS Number

Parents/Guardian Names.....

Address

.....

Telephone Number

Language Spoken Interpreter Required Yes/No

Local Community Team/Hospice

Contact Name and Telephone Number

Can the team offer End of Life Care Yes/No

Are they able to offer a 24 hour on call Service Yes/No

Diagnosis and Reason for Transfer

.....

.....

.....

.....

.....

.....

Childs Name..... Hospital Number.....

Hospital Lead Consultant.....

Contact Number

Lead Nurse for Rapid Discharge

Contact Number

Preferred place of care: Home Hospice Local hospital BCH

Whose decision was place of discharge

Date Paperwork Started

Address Child will be discharged to :

.....
.....
.....

Contact telephone number (at discharge address)

.....

Family to have original copy, a photocopy is kept in the notes and the principal care team either community/hospice/GP to be faxed a copy.

Childs Name..... Hospital Number.....

Goal 1: Discharge Planning

It is important to remember that although the child's discharge is taking place as death is thought to be inevitable, there may be occasions when this does not happen. It is therefore important to make a plan with the Hospice/GP/Community Team/Community Paediatrician should this situation arise.

BCH Consultant liaising with GP/Hospice/Community Paediatrician/ about taking over care

Consultants Name making the contact

Discussed with Community Paediatrician (name)

Date Time

Discussed with GP (name)

Date Time

Discussed with Hospice Consultant (name)

Date Time

Lead Nurse for Rapid Discharge liaising with Community/Hospice Nursing Team

Lead Nurse Name making the contact

Date Time

Community/Hospice Nursing Team (name)

Date Time

Planned Date for Discharge

In the event of the child not dying the following will take place:

Child will stay at home with support from:

Community Team Community Paediatrician

Hospice Community Hospice Team

In the event of the child needing re-admission Community Paediatrician or GP to negotiate best place of care

Identified Lead

Childs Name..... Hospital Number.....

Goal 2: Communication with Family to include discussion of the following:

- Resuscitation plan discussed and signed
- Reason for non essential medication/equipment being discontinued
- Pain and symptom management
- Changes in the Child's condition as death approaches
- Religious/Cultural/Spiritual needs.
- Death in transit
- Awareness of home care bag and necessary equipment
- Local team who will support the family
- Who will sign the medical certificate of cause of death
- Role of post mortem and tissue donation in end of life care

Summary of Conversation

Date Time Signature

Childs Name..... Hospital Number.....

Goal 3: Sharing of Information with Key Professionals Prior to Discharge
(identified using the contact sheet at the end of the document)

Documentation to accompany the child

- Do Not Resuscitate documentation **completed** and **updated**
- Consultant Letter
- Nursing Letter
- Symptom Control Prescription **Completed**
- Oxygen Consent and Hoof Form **Completed**
- Death in Transit Guidance recorded in Consultant Letter
- How to Register a Death (information in bereavement booklet)

Comments

Childs Name..... Hospital Number.....

From Advance Care Plan: Management of cardio-respiratory arrest

Name: Date of Birth:/...../.....

NHS No.....

Regardless of the patient’s resuscitation status, the following immediately reversible causes should be treated: **choking, anaphylaxis, blocked tracheostomy tube, other** (please state):

RESUSCITATION STATUS

- Resuscitation status has not been discussed – **attempt full resuscitation**
- Resuscitation status has been discussed and the following has been agreed:

Clearly delete actions not required

For full resuscitation	Attempt resuscitation with modifications below:	Do not attempt cardiopulmonary resuscitation DNACPR
OR	OR	
Attempt resuscitation as per standard RC(UK) guidelines	Patient-specific modifications to standard resuscitation guidelines AIRWAY: BREATHING: CIRCULATION: DRUGS: OTHER: PICU/HDU:	Patient-specific supportive care is documented on pages 3 and 4 In the event of sudden death 24 hour emergency number for doctor who knows the child:

Childs Name..... Hospital Number.....

Ambulance directive: (eg transfer to home/ward/Emergency Department /hospice)

.....
.....

Reason(s) for decision

Senior Clinician Signature

Name.....

GMC No.....

Date Initiated.....

Review Date.....

Childs Name..... Hospital Number.....

Goal 4: Suitable Transport for Child's Journey To Place of Choice

- West Midlands Paediatric Retrieval Service
- Private Ambulance
- Hospital Taxi
- Family's Own Transport
- Other

Equipment Required for transport:

Portable Oxygen Face Mask Ventilator

Suction Syringe Driver

Other

Name and date of whom transport is booked with

.....

Medical/Nursing staff to accompany child on journey

Name Position

Name Position

Suitable transport arranged for family (if different to child)

Comments

Childs Name..... Hospital Number.....

Goal 5: Equipment for Home (clarify with Community/Hospice what is needed)

Hospital to supply 2-4 days worth of supplies, discuss with the community as soon as possible to enable them to organise further supplies

Home Oxygen Yes No **Community Informed**
 Consent & HOOF Completed
Air Products Telephone Number:
0800 373 580

Face mask /
nasal specs supplied Yes No Supplied

Parents advised to inform home insurance and car insurance providers if oxygen is to be carried in their car or used at home: Yes

Home Suction Yes No Community Informed
Suction Machine Yes No Supplied by.....
Tubing Yes No Supplied by.....
Catheters Yes No Supplied by.....
Yankeurs Yes No Supplied by.....

Home Care Bag

Yes No Community Informed Pharmacy Informed
TTO's required for bag
 Prescription Completed

Syringe Driver

Yes No Type

Nutrition

NG Yes No Size Length

NJ Yes No Size Length

Gastrostomy Yes No Size Make

Childs Name..... Hospital Number.....

Feed name Additives

Bolus: Yes No Continuous: Yes No

Dietician informed: Yes No

Name Bleep

Community/Hospice Informed Yes No

Supplied:

Feed Yes No

Spare tube Yes No

Syringes Yes No

Giving Sets Yes No

ph Paper Yes No

Enteral Feed Pump (arrange community to supply)

Spares added to Bag

Yes No

Communication Summary with Community/Hospice Team about additional supplies requested and added to the Home Care Bag

Childs Name..... Hospital Number.....

Goal 6: Families On-Going Support from Birmingham Children's Hospital

If you are using this Rapid Discharge Plan, then sadly, the team caring for your child will have discussed with you that they think it is now likely that your child will die. Should your child die, then please accept our deepest sympathies. We would wish to be able to offer you further support and so a letter will be sent to you from Birmingham Children's Hospital 6-8 weeks later. This letter will offer you the option to come back to the Hospital to speak to the doctor involved in your Child's care.

If you need to speak to someone before this, please contact:

Your Community Nurse/Hospice is available on

The Bereavement Coordinator at Birmingham Children's Hospital
can be contacted on, 0121 333 8889

The Family Liaison Sister at Birmingham Children's Hospital for the
Paediatric Intensive Care Unit is available on 0121 333 9686

Any other Information

Childs Name..... Hospital Number.....

Key Professionals Involved in the Care & Support of the Patient at Home or in Hospital Identified (only fill in the necessary boxes)

<p>BCH Lead Consultant</p> <p>Contact Number</p> <p>Address</p> <p>Fax No:</p> <p>Out of Hours Contact No</p>	<p>GP</p> <p>Contact Number</p> <p>Address</p> <p>Fax No:</p> <p>Out of Hours Contact No</p>
<p>Community Paediatrician</p> <p>Contact Number</p> <p>Address</p> <p>Fax No.</p> <p>Out of Hours Contact No.</p>	<p>Hospice / Shared Care Centre / Local Hospital</p> <p>Contact Number</p> <p>Address</p> <p>Fax No:</p> <p>Out of Hours Contact:</p>
<p>BCH Speciality Consultant</p> <p>Contact Number</p> <p>Address</p>	<p>Community Nurse</p> <p>Contact Number</p> <p>Address</p> <p>Fax No:</p> <p>Out of hours contact:</p>

Childs Name..... Hospital Number.....

Key Professionals Involved in the Care & Support of the Patient at Home or in Hospital Identified (only fill in the necessary boxes)

Specialist Nurse Contact Number Address Out of hours contact:	Midwife Contact Number Address Out of hours contact:
Health visitor / School nurse Contact Number Address	Physiotherapist / Occupational therapist Contact Number Address
School Contact Number Address	Dietician Contact Number Address Fax
Contact: Name Contact Number Address	Contact: Name Contact Number Address

Childs Name..... Hospital Number.....

GUIDANCE NOTES FOR THE USE OF THE RAPID DISCHARGE PATHWAY FOR END OF LIFE CARE

What is the Rapid Discharge Pathway?

The Rapid Discharge Pathway is an **Appendix 1** to the West Midlands Paediatric Palliative Care Network's Advanced Care Plan for End of Life Care.

This guide is aimed at providing you with information to help you complete the documentation for the Rapid Discharge of Children from Hospital for End of Life Care. **It is anticipated that a Rapid Discharge will take place, if the family or child wish, when the child is likely to die within the next 48 hours.**

N.B. for the purpose of the pathway the term 'child/ren' will be used which incorporates infant, child and young person.

Who is the Pathway for?

The Pathway has been designed to be used for patients where a consensus decision has been made by a child/child's family & multi-professional team, that end of life care is now the priority. It is to be used when the child/ family's wish is for the child to be rapidly transferred home or to a local hospice or other hospital for end of life care.

When to Use the Pathway?

Use of the Pathway should be considered as soon as it is clear that a child is moving towards imminent end of life care.

Please contact the key Health Professionals involved with the care of this child, as soon as possible. Remember Community Teams/Hospices and Pharmacy need to time to get organised. Discuss the potential for rapid discharge and whether end of life care at home/hospice is available and how long it will take to put in place, prior to discussing with the family. **It is important to highlight that both professionals and families need to be realistic about the time frame to organise a rapid discharge for end of life care,** particularly where care is complex.

Childs Name..... Hospital Number.....

Introducing the Concept of Rapid Discharge to the Family.

This should ideally be done by the child's Lead Consultant, but may also be introduced by the medical team caring for the child at the point in time that end of life care is becoming the clear option.

Completing the Pathway

It is the responsibility of the Lead Consultant to ensure that the responsibility for coordinating the discharge is handed over to the most appropriate person.

The Health Professional coordinating the discharge should ensure good communication occurs and that at each stage, family, community/hospice staff are kept up to date. **The pathway once completed should be photocopied and kept in the notes. The original is given to the family and a copy faxed to principal care team on discharge**

Completing The Rapid Discharge Pathway

Front Sheet

Please complete all details. Identify which Community Team/Hospice will be involved with the child and family on discharge at the outset. Discuss options for Rapid Discharge with Community/Hospice before offering the option to the family.

Page 2

Ensure the correct address is recorded, the family may choose to go to a different address than their home (grandparents for example).

Goal 1: Discharge Planning

It is important that the Lead Consultant within BCH makes early contact with the Community Paediatrician/GP or Hospice. Although the death of the child might be expected within 48 hours of discharge, it is important that parallel planning is made with the outside agencies in case the child survive. This should usually be to continue to support the child and family in the Community. The family should be aware that returning to hospital is not usual even if the child does not die straight away.

Childs Name..... Hospital Number.....

Goal 2: Communication with the Family

When communicating with the family it is important the following information is shared with the family so they fully understand and are in agreement with the plans being made.

Resuscitation Plan. It will be necessary to once again ensure the family are aware of the resuscitation plan, particularly when being discharged to home. Enclosed is a “Management of cardio-respiratory arrest” form which should be completed and signed. It may be a good time to discuss what happens regarding any 999 calls when at home.

Non Essential Medication/ Equipment Discussed and Discontinued. It is important that family fully understand the concept that care is being moved towards ensuring that comfort and dignity are now the priority and therefore it may be appropriate to remove lines, monitoring and discontinue some drugs.

Pain and Symptom Management, Along with the Home Care bag. Discuss the management of potential symptoms and why a home care bag is sent home

Changes in Child’s Condition as Death Approaches. Explain a little about how they may expect their child to change over the next few hours/days. Discuss how they may look, change in colour, possible noisy breathing, secretions etc.

Religious/Cultural/Spiritual Needs Discussed

Death in Transit, ensure that the family are aware of this possibility and ensure the ambulance team are aware of the need to continue to home/hospice.

A Home Care Bag will go with the child, this will contain supplies that the Community will need, including medication.

Local Team to Support Family. Point out who will be available to support the family once leaving the hospital. Numbers are to be recorded in the Pathway paperwork. The Bereavement book should also be given which will give additional support numbers

Who Will Verify the Child’s Death.

It is important to clarify who will be available to verify the child’s death, particularly if the death occurs out of hours. Where possible, they should be known to the family.

Childs Name..... Hospital Number.....

Who Will Certify the Child's Death.

The Medical Certificate of Cause of Death can only be completed by a doctor who has looked after the child during their last illness. This is usually interpreted as a doctor who has seen the child within the last 2 weeks of life. The doctor who completes the medical certificate of cause of death does not have to see the child after death if the death has been verified by another professional. If no doctor has seen the child in the last 14 days then the coroner must be informed. He or she may authorise the issue of a death certificate or initiate further investigations. . (See section on Verifying and Certifying Death, West Midlands Children and Young People's Palliative Care Toolkit.)

In order to facilitate certification of death following rapid transfer home it is essential that, prior to discharge, **a senior doctor is identified from the hospital who is willing to issue the certificate of cause of death**, if the child dies before they have been seen by a doctor at their discharge destination. This doctor's name and contact details must be documented on the rapid discharge pathway and the medical transfer letter. It is the responsibility of the team caring for the child at home to notify this named doctor as soon as possible after the child's death.

Prior to discharge the GP / Community Paediatrician at the discharge destination should be contacted. The GP/ Community Paediatrician at the discharge destination should be asked to review the child following transfer to facilitate optimum care of the child and family and to take over the responsibility of verifying and issuing the certificate of cause of death when required.

If cremation is required the necessary documentation must be completed by two independent doctors. The doctor completing the first part of the cremation form must have attended the deceased before death. The doctor completing the second part of the cremation form must have been fully registered with the GMC for at least 5 years and must not be a partner of the doctor completing the first part. Both doctors completing the cremation form must have seen the child after death and have "seen" (usually interpreted as a telephone conversation if face to face contact is very impractical) the doctor who issued the Medical Certificate of Cause of Death if they did not issue it themselves.

The doctor who completes the second part of the cremation form must "see" and question the doctor who has completed the first part. If cremation is required this is ideally identified prior to discharge. However this is not always possible. It is essential that, prior to discharge, a doctor is identified from the hospital who is willing to sign the first part of the cremation form if required. The name and contact details of this doctor must be entered on the Rapid Discharge Pathway and medical transfer letter

Childs Name..... Hospital Number.....

Role of Post Mortem/Tissue Donation Tissue Donation

If a family in partnership with the child's Physician has requested organ donation; Rapid Discharge for EOL care cannot occur. Advice and support can be gained from The On Call Specialist Nurse For Organ Donation on 07659 137 821

If a family in partnership with the Childs Physician has requested tissue donation; a discussion with The National Blood Service (NBS) on call Tissue Donation Nurse on 0800 432 0559 is essential in assessing if Tissue Donation is an appropriate option after death. The assessment will identify medical suitability as well as determine what logistical arrangements will need to be arranged in order to retrieve donated tissues after the child has died. It will be the responsibility of the NBS Tissue Donation Service to gain consent for tissue donation and to coordinate all aspects of the Tissue retrieval following the Childs death.

Post Mortem:

If a family or the child's physician in partnership with the family has identified the need or request for a post mortem following a child's death, this will normally be a hospital post mortem and the coroner does not need to be informed. The arrangements for PM and consent need to be obtained and organised prior to discharge. It will also be necessary to organise transportation back to the hospital.

If there is any concern expressed around the cause of death from either medical staff or the child's family, the coroner must be informed as soon as possible in order to identify the type of post mortem and any specific requirements. **This may be a limiting factor for rapid discharge for end of life care to occur.**

Summary of Conversation

Please write a summary of the discussion to help Community/Hospices when caring for the child and family away from the Hospital. Sign and date the conversation.

Childs Name..... Hospital Number.....

Goal 3 - Transfer Documentation

Updated Do Not Resuscitate Documentation

Medical and nursing Discharge Summaries must be completed and accompany the child on discharge.

Symptom Control Prescription please inform pharmacy as early as possible to enable them to organise TTO's. Complete a prescription form suitable for community/hospice use

Oxygen and HOOF Form needs to be completed and faxed to the appropriate supplier. Consent must be obtained from the family to give details about their child to the oxygen supplier company to enable them to deliver the oxygen. The HOOF must be completed well in advance ensuring the guidance notes with the form are used to complete the form accurately. Oxygen can be provided within 4 hours to the home.

If a Child Dies in Transit

The discharge summary and letter detailing actions to be taken in the event of a cardiopulmonary arrest must accompany the child on discharge. This is particularly important when the child is to be transferred by paramedic ambulance. The ambulance personnel will need this documentation in order to proceed to the discharge destination rather than commencing cardiopulmonary resuscitation and/ or diverting to the nearest accident and emergency department.

- In a paramedic ambulance: The child should be transported to the planned destination. Certain ambulance personnel are covered to pronounce death and will document accordingly. The arrangements made prior to discharge for completion of the death certificate should be followed, i.e. the hospital consultant should complete the death certificate. The responsible coroner in these circumstances is the coroner for the district where the child actually died. This may be different to the coroner for the intended discharge destination. Ideally the death should be notified to the registrar in the district in which the child actually died. However if this is very inconvenient it is possible to notify the death to the most convenient registrar's office but this may result in a delay in processing the relevant documentation.
- In families own transport: The child should be transported home to the planned destination. The GP/Community Paediatrician should be contacted to verify death. The arrangements made prior to discharge for completion of the death certificate should be followed, i.e. the hospital consultant should complete the death certificate. The responsible coroner in these circumstances is the coroner for the district where the child actually died. This may be different to the coroner for the intended discharge destination. Ideally the death should be notified to the registrar in the district in which the child actually died. However if this is very inconvenient it is possible to notify the death to the most convenient registrar's office but this may result in a delay in processing the relevant documentation.

Childs Name..... Hospital Number.....

How to Register a Death

Please give the booklet “What to Do When a Child Dies at Birmingham Children’s Hospital”, (it has a section in regarding registering the death) and refer to the section ‘After Your Child Has Died at Home’ in the West Midlands Children and Young People’s Palliative Care Toolkit.

Goal 4: Suitable Transport for the Child’s Journey. Plan as early as possible if West Midlands Paediatric Retrieval Service is involved.

Goal 5: Equipment for Home. Plan early with the Community/Hospices to who is supplying what. The hospital would normally send home enough supplies for a minimum of 48 hrs. Be aware of week-end and Bank holidays when community/Hospice teams will struggle to get supplies. Pharmacy will also need to be informed as soon as possible to enable them to get drugs ready for discharge

Goal 6: Ensure the Family Have a Contact Number if They Need Support. Explain that families will be offered an appointment following the death of their child to come back to speak to the doctor involved in their child’s care.

Key Professionals Involved in the Care of the Child and Family

Please record all key individuals involved with the child and family. It is important to have out of hours numbers, if they are to be asked to support the families on discharge. Early contact with outside agencies will help to speed up the process of discharge. Community Teams and Hospices require as much notice as possible to set up services to support a child dying at home/hospice. It is important to discuss with the Community Team/Hospice what they can offer the family in terms of support, since each Community Team/Hospice is different. Good liaison will prevent the family having unrealistic expectations of what the Community will do to support them and help them make a decision regarding where they want to be discharged too.

Acknowledgement.

This Rapid Discharge Pathway has been developed and adapted from work already produced by Royal Liverpool Children’s NHS Trust Alder Hey

Supporting the project of Rapid Discharge, as part of The West Midlands Children and Young Peoples Palliative Care Toolkit.

Birmingham Children’s Hospital NHS Foundation Trust

Home Oxygen Order Form (HOOF)

Read guidance notes before completing.



Before you start

Use this form as a healthcare professional ordering patient oxygen for a home setting.

Make sure you complete all sections accurately and legibly to avoid rejection. Mark (X) all options that apply (leave others blank). Include contact name and telephone number to resolve queries.

Completed the Home Oxygen Consent Form (HOCF)

By law, patient's consent is needed to transfer personal information to supplier and for supply to begin.

If no consent, order will be rejected.

After completing this form

Keep copy in patient records.

GP: Fax to supplier and PCT/LHB.

Hospital or Clinic: Fax to supplier, patient's GP and PCT/LHB.

Supply problem: Refer patient to supplier helpline.

1 PATIENT'S DETAILS		
1.1 Title <input type="text"/>	1.10 Carer's name <input type="text"/>	Clinical details 1.17 Clinical code <input type="text"/> 1.18 <input type="checkbox"/> Paediatric order 1.19 <input type="checkbox"/> On NIV/CPAP 1.20 <input type="checkbox"/> Tracheostomy 1.21 Important details Add additional patient information helpful to supplier (disability, frail, language needs) <input type="text"/>
1.2 Surname <input type="text"/>	1.11 Carer's tel no. <input type="text"/>	
1.3 First name <input type="text"/>	1.12 Carer's mob no. <input type="text"/>	
1.4 Gender <input type="checkbox"/> M <input type="checkbox"/> F	1.13 Secondary supply address Holiday, school, respite, workplace etc <i>Make sure permanent address also completed</i> <input type="text"/> Postcode <input type="text"/>	
1.5 DOB <input type="text"/>	1.14 Contact name <input type="text"/>	
1.6 NHS no. <input type="text"/>	1.15 Contact tel no. <input type="text"/>	
1.7 Permanent home address <input type="text"/> Postcode <input type="text"/>	1.16 Dates at address (from and to) <input type="text"/> <input type="text"/>	
1.8 Tel no. <input type="text"/>		
1.9 Mobile no. <input type="text"/>		
2 GP'S DETAILS		
2.1 Main practice name (not branch) <input type="text"/>	2.3 PPD practice code <input type="text"/>	3.1 Contact name <input type="text"/>
2.2 Practice address <input type="text"/> Postcode <input type="text"/>	2.4 Practice tel no. <input type="text"/>	3.2 Tel no. <input type="text"/>
	2.5 Practice fax no. <input type="text"/>	3.3 Fax no. <input type="text"/>
	2.6 PCT/LHB name (for charging purposes) <input type="text"/>	
4 HOSPITAL OR COMMUNITY CLINIC DETAILS		
4.1 Name <input type="text"/>	4.3 Tel no. <input type="text"/>	4.6 Ward name <input type="text"/>
4.2 Hospital or clinic address <input type="text"/> Postcode <input type="text"/>	4.4 Fax no. <input type="text"/>	4.7 Ward tel no. <input type="text"/>
	<i>For hospital discharge complete sections 4.5 – 4.8</i>	4.8 Date of discharge <input type="text"/>
	4.5 Patient hospital no. <input type="text"/>	
5 LONG-TERM OXYGEN THERAPY	6 AMBULATORY SERVICE (PORTABLE)	7 SHORT BURST OXYGEN THERAPY
5.1 Litres/min <input type="text"/>	Specialist assessment needed prior to ordering	7.1 Litres/min <input type="text"/>
5.2 Hours/day <input type="text"/>	6.1 Litres/min <input type="text"/>	7.2 Mins/day <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> Up to 120 <input type="checkbox"/> Other (specify) <input type="text"/>
5.3 Services <input type="checkbox"/> Nasal cannulae <input type="checkbox"/> Mask % <input type="text"/> <i>If unsure, contact supplier</i> <input type="checkbox"/> Interim supply pre-assessment <input type="checkbox"/> Humidification <i>Not usually for flow rates below 4l/min</i>	6.2 Hours/day <input type="text"/>	7.3 Services <input type="checkbox"/> Nasal cannulae <input type="checkbox"/> Mask % <input type="text"/> <i>If unsure, contact supplier</i> <input type="checkbox"/> Interim supply pre-assessment
	6.3 Services <input type="checkbox"/> Nasal cannulae <input type="checkbox"/> Mask % <input type="text"/> <i>If unsure, contact supplier</i> <input type="checkbox"/> Conserving device contra indicated <input type="checkbox"/> Lightweight equipment <i>Only where patient assessed</i>	
8 DELIVERY DETAILS	9 DECLARATION	
<input type="checkbox"/> Standard (<i>Within 3 working days</i>) <input type="checkbox"/> Next day (<i>Clinical assessment services and hospital discharges only</i>) <input type="checkbox"/> Urgent response (<i>4-hour delivery</i>) <i>Order only when clinically appropriate</i>	I declare that 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 also confirm that I am the registered healthcare professional responsible for the information provided.	
	Name <input type="text"/> Signature <input type="text"/>	Profession <input type="text"/> Date <input type="text"/>

Home Oxygen Order Form (HOOF)

Guidance notes. Please read before completing order.



Home Oxygen Consent Form (HOCF): Must be completed. Consent by patient is **not** consent to treatment but the transfer of patient personal information to the supplier to support service delivery, as required by the Data Protection Act 1998 and is essential when patient first receives home oxygen service. **Important: HOOF must be accurate and legible.**

1 PATIENT'S DETAILS

- 1.5 Date of birth will confirm if the order is paediatric.
- 1.10 Include carer's details, as appropriate.
- 1.13 Only complete this if delivery is to temporary address (eg holidays, respite care) or alternative address (eg school or workplace).
- 1.16 Insert dates for period that patient is away from permanent address and needs supply for these dates.
- 1.17 **Important:** Insert Clinical Code if known. Use correct code from list below.

01	Chronic obstructive pulmonary disease (COPD)	12	Paediatric interstitial lung disease
02	Pulmonary vascular disease	13	Chronic neonatal lung disease
03	Severe chronic asthma	14	Neuromuscular disease
04	Primary pulmonary hypertension	15	Paediatric cardiac disease
05	Interstitial lung disease	16	Neurodisability
06	Pulmonary malignancy	17	Chest wall disease
07	Cystic fibrosis	18	Other primary respiratory disorder
08	Palliative care	19	Obstructive sleep apnoea syndrome
09	Bronchiectasis (not cystic fibrosis)	20	Cluster headache
10	Non-pulmonary palliative care	21	Other
11	Chronic heart failure	22	Not known

- 1.21 **Important:** Provide any additional information helpful to the supplier (eg patient has disability/frail/language needs).

2 GP'S DETAILS

- 2.2 Must include main practice address, not branch address, for billing.
- 2.3 For GP practice order, add practice code.
- 2.5 Fax number is required for oxygen supplier to confirm receipt of order.
- 2.6 Add name of PCT/LHB to charge for service(s) ordered.

3 CLINICAL CONTACT FOR QUERIES

Include contact name, telephone and numbers for supplier to contact clinic for queries.

4 HOSPITAL OR COMMUNITY CLINIC DETAILS

- 4.5 **Important:** For hospital discharge order, please confirm if supply is needed next day after discharge (Box 8).

5 LONG-TERM OXYGEN THERAPY (LTOT)

Prescribe LTOT for patient needing oxygen **continuously** (usually at least 15 hours a day, including at night). **Assessment recommended before LTOT. Complete boxes 5 and 6 if order is paediatric. Important: LTOT order does not include equipment to support supply outside the home; if needed, also complete Box 6. Infants on LTOT will usually need ambulatory oxygen.**

- 5.1 **Important: Must insert correct flow rate in litres per minute.**
- 5.2 **Important: Must insert correct number of hours of use for every 24 hours.**
- 5.3 Please indicate if mask or cannulae required.
Masks: Supply will be at appropriate flow rate to % prescribed. If unsure, contact supplier.
Humidification not usually recommended for flow rates below 4 litres per minute.

6 AMBULATORY SERVICE (PORTABLE)

Assessment needed prior to ordering.

- 6.1 Flow rate may be same as LTOT but hours of use will be different.
- 6.3 Confirm supply of mask (%) or cannulae. If conserving device is requested, cannulae will be supplied. If conserving device is contra-indicated, tick box.
Lightweight equipment: Standard ambulatory equipment will be provided unless patient assessment states a specific need for lightweight equipment. The 'lightweight' option is indicated for patients who are mobile and need to leave the home on a regular basis but find that the weight of the standard ambulatory oxygen cylinder affects their breathing and/or mobility.

7 SHORT BURST OXYGEN THERAPY (SBOT)

Prescribe SBOT for patient needing oxygen intermittently for up to two hours in a day.

- 7.3 Confirm supply of mask (%) or cannulae.

8 DELIVERY DETAILS

Supplier	Tel	Fax	Service Regions
Air Products	0800 373 580	0800 214 709	North West, Yorks & Humberside, East Midlands, West Midlands, North London, Wales
Air Liquide	0500 823 773	0800 7814 610	South London, South Central, South East Coast
Air Liquide	0808 202 2229	0191 4974 340	North East, South West
BOC Healthcare	0800 136 603	0800 1699 989	East of England

Home Oxygen Consent Form (HOCF)
Patient agreement to sharing information (to enable the supply of home oxygen)



Form issued by: Unit / Surgery (Name, address and contact telephone number)	
Person obtaining consent:	
Print	Signature
Title	
Patient name & HOME address:	
D.O.B.: __ __ / __ __ / __ __ __ __	
NHS number: _____ / _____ / _____	
Patients Telephone Number: _____	

I am the patient* named above / I have parental responsibility for the child* named above. My doctor or member of my care team has explained the arrangements for supplying oxygen at home. I understand these arrangements.

I understand that my doctor or member of my care team will give the Oxygen Supplier information about my diagnosis and physical condition* / the diagnosis and physical condition for my child*. This is to enable the Supplier to deliver a system, which will match the need for oxygen. I also understand that information will be exchanged between my hospital care team, my GP or home care team.

Information: I agree to the exchange of information between my doctor or member of my care team and the Oxygen Supplier about my* / my child's* diagnosis and physical condition. I understand that the Oxygen Supplier will keep information confidential. The Supplier will not give information to anyone else without my consent, except relevant information provided to check payments to the supplier (see below). I also agree to the exchange of information between my hospital care team, my GP or home care team.

Access: I also agree to give the supplier reasonable access to my home, so that the supplier can install, service and remove the oxygen system as required.

NHS payments to the supplier: To enable the NHS to prevent and detect any fraud or incorrectness, I consent to the disclosure of relevant information to and by the Oxygen Supplier, my doctor or member of my care team, my Primary Care Trust/Local Health Board, Health Trust, the Prescription Pricing Authority and the NHS Counter Fraud and Security Management Service.

I understand that I may, if I wish, withdraw my consent at any time.

Patients Signature: _____ Date: _____ or,

I confirm that I have 'parental responsibility' for the above named child*.

Parent's Signature: _____ Date: _____

Name (PRINT): _____ Relationship to child: _____

Original to parents
Photocopy and place in notes

Guidance notes:

Please complete all areas

Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well.

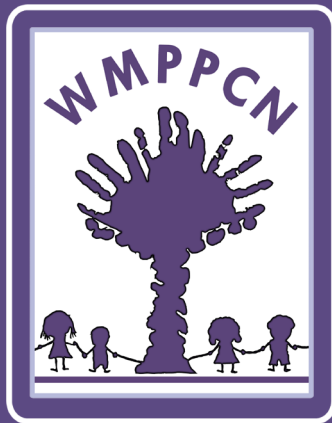
If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so.

If a patient is mentally competent to give consent but is physically unable to sign a form, complete this form and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

Adult patient (18 or over) lacks capacity to give or withhold consent. Please follow local procedures.

Guidance on the law on consent

See the Department of Health publications Reference guide to consent for examination or treatment and Seeking consent: working with children for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).



West Midlands Paediatric
Palliative Care Network



www.bch.nhs.uk