Suggested Electronic Clinical Template Elements
for a Home Oxygen Order Template

DRAFT v1.0 (07/28/2016)

A. Patient and Medical Provider Information
   A1. Patient’s first and last name.
   A2. Patient’s date of birth.
   A3. Name of the Medicare Physician or the Medicare allowed Non-Physician Practitioner (NPP)
   A4. The Medicare Physician or NPP’s NPI#.

B. Face to Face Encounter Date and Patient Diagnosis
   B1. Date that the patient had a face to face encounter with a Medicare Physician, or NPP
       regarding Home Oxygen Therapy.
   B2. Patient’s current Diagnose(s).

C. Required Oxygen Order Elements
   C1. Date of Order
   C2. Start Date of Order
   C3. Length of Need (99 = Lifetime)

D. Oxygen Equipment
   D1. Document type: Stationary (Concentrator) or Portable.
   D2. Document Modality: Gaseous or Liquid
   D3. Document Flow Rate in either Liters Per Minute (LPM) or percentage of Oxygen. (e.g. 60% O2)

E. Means of Oxygen Delivery
   E1. Choose and document from the following list of Oxygen means of delivery:
       E2a. Nasal Cannula
       E2b. Mask
       E2c. Non-Rebreather
       E2d. Ventilator
       E2e. Other

F. Frequency of Use
   F1. Document all that apply:
       F1a. With exertion
       F1b. During Sleep
       F1c. At Rest

G. Physician/NPP Signature Elements
   G1. Physician/NPP Signature
   G2. Physician/NPP Printed Name
   G3. Date of Signature