

**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