CARE CONNECTIONS - RED BAG CHECKLIST

TO BE RETAINED WITH THE RED BAG

Red Bag Serial Number:	Care Home Name:
Resident Name (full details):	
Please check if the following items are in the red bag:	
 **Care Home Items sent with resident to Hospital**	 **Care Home Items returned with resident from Hospital**
Name: (person checking the list and putting in the bag – print name)	**Name:** (person checking the list and putting in the bag – print name)
Date:	Date:
Items in Red Bag	**Items in Red Bag**
Documentation To be Included	
Care Home Resident's Assessment Form ☐	Care Home Resident's Assessment Form ☐
Medication Administration Record (MAR Sheet) ☐	Medication Administration Record (MAR Sheet) ☐
letter from Referrer / GP ☐	Immediate Discharge Letter (IDL) ☐
Other Documentation (if applicable)	
DNAR / CPR Certificate (original) ☐	DNAR / CPR Certificate (original, copy to notes) ☐
AWI Certificate (photocopy) ☐	AWI Certificate(original, copy to notes) ☐
POA / Guardianship (photocopy acceptable) ☐	POA / Guardianship (photocopy acceptable) ☐
Advanced Care Plan / End of Life Plan ☐	Advanced Care Plan / End of Life Plan ☐
This is me Leaflet ☐	This is me Leaflet ☐
Travelling Care Plan ☐	Part 2 Discharge Letter/ Transfer Plan ☐ **(Include wound care products and catheter pack to be included in bag on discharge)**
Other - Specify ☐	Other - Specify ☐
Resident Belongings	
Personal (If applicable) Glasses ☐ Dentures ☐ Hearing Aids ☐	Personal (If applicable) Glasses ☐ Dentures ☐ Hearing Aids ☐
Clothes ☐	Clothes ☐
Any other valuables (please list) – This may include therapy devices as agreed in the "This is Me" Leaflet or a supply of personal items such as spare colostomy bags. **Please do not send continence products**	Any other valuables (please list)
Medications	
On Admission – No Medication to be sent apart from the following ☐	On discharge – Pharmacy will contact the care home to confirm what medicines require to be supplied on discharge Discharge Medicines Required and Included ☐
Clozapine ☐	Clozapine ☐
Medicines issued from a haematology and/or oncology clinic ☐	Medicines issued from a haematology and/or Oncology clinic ☐
DO NOT SEND ANY OTHER MEDICATION ON ADMISSION	

CARE CONNECTIONS - RED BAG CHECKLIST

TO BE RETAINED WITH THE RED BAG

To be completed by Care Home staff only

Residents Name _____

Date Completed _____

Question	Answer	Comments - Including any suggestions for improvement
Date of discharge		
Hospital		
Discharged from - AAU/ Emergency Department or Ward		
Mode of transport - Ambulance / Red Cross / Other Transport		
Did Red Bag return with resident?		
Did resident arrive in nightclothes or day clothes		
Was the clothing they arrived in appropriate for their discharge?		
What time of day did the resident arrive back home?		
Was documentation returned that you sent in with resident?		
Did you receive an Immediate Discharge Letter (IDL)		
Did you receive a part 2 discharge letter noting changes to medication / plan of care		
Did you receive appropriate medication - original sent in and also discharge medication		
Did all property / valuables return as planned with the resident?		
Any other comments regarding the resident's discharge or issues around the admission - if known?		