

The Red Bags – Checklist (please complete in CAPITAL LETTERS)

Resident Name _____	Date _____
Care Home Name _____	

Care home items sent to hospital with resident	Items returned with resident from hospital
Name of person checking completing documents including personal belongings and putting them in the bag:	Name of person checking completing documents including personal belongings and putting them in the bag:
Date -	Date -
Items in the bag: please tick boxes or fill details	Items in the bag: please tick boxes or fill details
Documentation to be included	
Care home residents Assessment form / Health and Care Summary Record <input type="checkbox"/>	Care Home Resident's assessment form <input type="checkbox"/>
Medication Administration Record (MAR sheet) photo-copy only <input type="checkbox"/>	Transfer Letter / Discharge Letter/ Copy of referral to community provider where relevant <input type="checkbox"/>
All medications in bag (Please provide patient medication that is not likely to be readily accessible (for example drugs / eye drops / insulin) <input type="checkbox"/>	TTO <input type="checkbox"/>
	Discharge Letter <input type="checkbox"/>
Other Documentation (If applicable)	
DNACPR form – original only <input type="checkbox"/>	DNACPR form – original only <input type="checkbox"/>
I.A.M form/This Is Me/pen portrait <input type="checkbox"/>	I.A.M form/This Is Me/pen portrait <input type="checkbox"/>
Catheter passport <input type="checkbox"/>	Catheter passport <input type="checkbox"/>
Special record book (such as Yellow Warfarin book/Diabetes passport) – give number..... <input type="checkbox"/>	Special record book (such as Yellow Warfarin book/Diabetes passport) – give number..... <input type="checkbox"/>
Advanced Care Plan/End of Life Plan <input type="checkbox"/>	Advanced Care Plan/End of Life Plan <input type="checkbox"/>
CARES Escalation Record <input type="checkbox"/>	
Weight Chart <input type="checkbox"/>	
Resident's belongings	
Personal belongings (tick if appropriate)	Personal belongings (tick if appropriate)
Dentures <input type="checkbox"/>	Dentures <input type="checkbox"/>
Glasses <input type="checkbox"/>	Glasses <input type="checkbox"/>
Hearing Aid <input type="checkbox"/>	Hearing Aid <input type="checkbox"/>
Clothes (please list)	Clothes (please list)
Any other valuables	Any other valuables
Watch <input type="checkbox"/>	Watch <input type="checkbox"/>
Wedding ring <input type="checkbox"/>	Wedding ring <input type="checkbox"/>
Mobile phone <input type="checkbox"/>	Mobile phone <input type="checkbox"/>
Other items (please list):	Other items (please list):