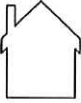
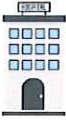












# CARE CONNECTIONS - RED BAG CHECKLIST

## 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:	
 <span style="font-size: 2em; margin: 0 10px;">→</span>  <p style="text-align: center;"><b>Care Home Items sent with resident to Hospital</b></p>	 <span style="font-size: 2em; margin: 0 10px;">→</span>  <p style="text-align: center;"><b>Care Home Items returned with resident from Hospital</b></p>
Name: (person checking the list and putting in the bag – <u>print name</u> )	Name: (person checking the list and putting in the bag – <u>print name</u> )
Date:	Date:
Items in Red Bag	Items in Red Bag
 <b>Documentation To be Included</b> 	
Care Home Resident's Assessment Form <input type="checkbox"/>	Care Home Resident's Assessment Form <input type="checkbox"/>
Medication Administration Record (MAR Sheet) <input type="checkbox"/>	Medication Administration Record (MAR Sheet) <input type="checkbox"/>
letter from Referrer / GP <input type="checkbox"/>	Immediate Discharge Letter (IDL) <input type="checkbox"/>
 <b>Other Documentation (if applicable)</b> 	
DNAR / CPR Certificate (original) <input type="checkbox"/>	DNAR / CPR Certificate (original, copy to notes) <input type="checkbox"/>
AWI Certificate (photocopy) <input type="checkbox"/>	AWI Certificate(original, copy to notes) <input type="checkbox"/>
POA / Guardianship (photocopy acceptable) <input type="checkbox"/>	POA / Guardianship (photocopy acceptable) <input type="checkbox"/>
Advanced Care Plan / End of Life Plan <input type="checkbox"/>	Advanced Care Plan / End of Life Plan <input type="checkbox"/>
This is me Leaflet <input type="checkbox"/>	This is me Leaflet <input type="checkbox"/>
Travelling Care Plan <input type="checkbox"/>	Part 2 Discharge Letter/ Transfer Plan <input type="checkbox"/> <small>(Include wound care products and catheter pack to be included in bag on discharge)</small>
Other - Specify <input type="checkbox"/>	Other - Specify <input type="checkbox"/>
 <b>Resident Belongings</b> 	
Personal (If applicable) Glasses <input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Clothes <input type="checkbox"/>	Personal (If applicable) Glasses <input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Clothes <input type="checkbox"/>
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.  <b>Please do not send continence products</b>	Any other valuables (please list)
 <b>Medications</b> 	
<b>On Admission – No Medication to be sent apart from the following</b> <input type="checkbox"/>	On discharge – Pharmacy will contact the care home to confirm what medicines require to be supplied on discharge Discharge Medicines Required and Included <input type="checkbox"/>
Clozapine <input type="checkbox"/>	Clozapine <input type="checkbox"/>
Medicines issued from a haematology and/or oncology clinic <input type="checkbox"/>	Medicines issued from a haematology and/or Oncology clinic <input type="checkbox"/>
<b>DO NOT SEND ANY OTHER MEDICATION ON ADMISSION</b>	

# 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?		