

Checklist for Red bag transfer process (please tick or list)

**Care Home Name: Resident Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Care Home** | **A&E FEAU AMU CDU (circle)** | **Hospital specify ward/dept……………** | **Hospital specify ward/dept……………** |
| **Bag identifier No:****Date:**  | **Bag identifier No:****Date:** | **Bag identifier No:****Date:** | **Bag identifier No:****Date:** |
| **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet |  | **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet |  | **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet |  | **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet |  |
| **Additional documentation (list)** |  | **Additional documentation (list)** |  | **Additional documentation (list)** |  | **Additional documentation (list)** |  |
|  **Clothes and toiletries** |  | **Clothes and toiletries** |  |  **Clothes and toiletries** |  | **Clothes and toiletries** |  |
| **Personal Aids**-Glasses-Hearing Aids-Dentures |  | **Personal Aids**-Glasses-Hearing Aids-Dentures |  | **Personal Aids**-Glasses-Hearing Aids-Dentures |  | **Personal Aids**-Glasses-Hearing Aids-Dentures |  |
| **Any Other personal items /Valuables (list)** |  | **Any Other personal items /Valuables (list)** |  | **Any Other personal items /Valuables (list)** |  | **Any Other personal items /Valuables (list)** |  |
| **Essential Medication (list those sent)** |  | **Medication (check correct)** |  | **Medication/TTOs transferred (list)** |  | **Medication/TTOs transferred (list)** |  |
| **Red bag handed over to ambulance staff** |  | **Red bag received from ambulance staff** |  | **Red bag received from Emergency area** |  | **Red bag received from …………..** |  |
| **Completed Checklist (sign)** |  | **Completed Checklist (sign)** |  | **Completed Checklist (sign)** |  | **Completed Checklist (sign)** |  |
| **Comments:** | **Comments:** | **Comments:** | **Comments:** |
| **Hospital specify ward/dept……………** | **Hospital specify ward/dept……………** | **Discharging ward……………………..** | **Care Home** |
| **Bag identifier No:****Date:** | **Bag identifier No:****Date:** | **Bag identifier No:****Date:** | **Bag identifier No:****Date:** |
| **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet |  | **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet |  | **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet- Home to Hospital form- Discharge letter |  | **Standardised Documentation**-Transfer of Care form-This is me leaflet-MARS Sheet-Home to Hospital form- Discharge letter |  |
| **Additional documentation (list)** |  | **Additional documentation (list)** |  | **Additional documentation (list)** |  | **Additional documentation (list)** |  |
| **Clothes and toiletries** |  | **Clothes and toiletries** |  | **Clothes and toiletries** |  | **Clothes and toiletries** |  |
| **Personal Aids**-Glasses-Hearing Aids-Dentures |  | **Personal Aids**-Glasses-Hearing Aids-Dentures |  | **Personal Aids**-Glasses-Hearing Aids-Dentures |  | **Personal Aids**-Glasses-Hearing Aids-Dentures |  |
| **Any Other personal items /Valuables (list)** |  | **Any Other personal items /Valuables (list)** |  | **Any Other personal items /Valuables (list)** |  | **Any Other personal items /Valuables (list)** |  |
| **Medication/TTOs transferred (list)** |  | **Medication/TTOs transferred (list)** |  | **Medication/TTOs supplied (list)** |  | **Medication/TTOs received (list)** |  |
| **Red bag received from …………..** |  | **Red bag received from……………** |  | **Red bag handed over to ambulance staff** |  | **Red bag received from ambulance staff** |  |
| **Completed Checklist (sign)** |  | **Completed Checklist (sign)** |  | **Completed Checklist (sign)** |  | **Completed Checklist (sign)** |  |
| **Comments:** | **Comments:** | **Comments:** | **Comments:** |

 Please discourage Residents from bringing valuables to Hospital

 Ensure the red bag and contents remain with the resident at all times