

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:** | |
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| **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