
















RED BAG CHECKLIST

TO FOLLOW RED BAG AND CARE HOME RESIDENT

Red Bag Serial Number:		Care Home Name:	
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	<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"/>
 Other Documentation (If Applicable) 			
DNAR/CPR Certificate	<input type="checkbox"/>	DNAR/CPR Certificate	<input type="checkbox"/>
This is me Leaflet	<input type="checkbox"/>	This is me Leaflet	<input type="checkbox"/>
Yellow Book INR - (Diabetes Passport)	<input type="checkbox"/>	Yellow Book INR - (Diabetes Passport)	<input type="checkbox"/>
Catheter passport	<input type="checkbox"/>	Catheter passport	<input type="checkbox"/>
Purple Folder (Purple disability pack)	<input type="checkbox"/>	Purple Folder (Purple disability pack)	<input type="checkbox"/>
Advanced Care Plan/End of Life Plan	<input type="checkbox"/>	Advanced Care Plan/End of Life Plan	<input type="checkbox"/>
 Resident's Belongings 			
Personal belongings (If applicable)		Personal belongings (If applicable)	
Glasses <input type="checkbox"/>	Dentures <input type="checkbox"/>	Hearing Aids <input type="checkbox"/>	Glasses <input type="checkbox"/>
Clothes <input type="checkbox"/>		Clothes <input type="checkbox"/>	
Any other valuables (please list)		Any other valuables (please list)	
 Medications 			
Inhalers	<input type="checkbox"/>	Inhalers	<input type="checkbox"/>
Insulin - pen in use (not in fridge)	<input type="checkbox"/>	Insulin - pen in use (not in fridge)	<input type="checkbox"/>
Prescribed creams (Not Barrier)	<input type="checkbox"/>	Prescribed creams (Not Barrier)	<input type="checkbox"/>
Eye Drops - In use	<input type="checkbox"/>	Eye Drops - In use	<input type="checkbox"/>
Liquid Medication - In use	<input type="checkbox"/>	Liquid Medication - In use	<input type="checkbox"/>
No Tablets	<input type="checkbox"/>	No Tablets	<input type="checkbox"/>
			Discharge Letter  <input type="checkbox"/>