



Red Bag Checklist

Red Bag ID number: WARW

Care Home:

Please mark whether the following contents are included in the bag:

Care Home	Ambulance Service	Hospital admission			Hospital discharge	Care Home	
Name: Date:	Name: Date:	Name: Date:	Ward			Name: Date:	Name: Date:
Red Bag	Red Bag	Red Bag	1	2	3	Red Bag	Red Bag
Standardised documentation	Please check standardised documentation is included	Standardised documentation				Standardised documentation	Standardised documentation
- Resident Assessment Form & SBAR		- Resident Assessment Form & SBAR				- Resident Assessment Form & SBAR	- Resident Assessment Form & SBAR
- This is Me leaflet		- This is Me leaflet				- This is Me leaflet	- This is Me leaflet
- MAR Sheet		- MAR Sheet				- Discharge summary	- Discharge summary
- ADRT		- ADRT				- ADRT	- ADRT
- DNACPR / ReSPECT form		- DNACPR / ReSPECT form				- DNACPR / ReSPECT form	- DNACPR / ReSPECT form
- Advanced Care Plan / End of Life Plan		- Advanced Care Plan / End of Life Plan				- Advanced Care Plan / End of Life Plan	- Advanced Care Plan / End of Life Plan
Change of clothes and toiletries	Please check personal belongings are included	Change of clothes and toiletries				Change of clothes and toiletries	Change of clothes and toiletries
Personal aids (list):		Personal aids (list):				Personal aids (list):	Personal aids (list):
Any other valuables (list):		Any other valuables (list):				Any other valuables (list):	Any other valuables (list):
					TTOs:	TTOs:	
Comments:	Comments:	Comments:			Comments:	Comments:	