

The Red Bag Scheme

**For Norfolk &
Waveney Care
Providers**



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Introduction

The **'Red Bag' Scheme** helps provide a **prompt, safe and efficient** transfer of clinical care, when a resident moves between a care home and other clinical settings, such as hospitals or 'step up' and 'step down' beds.



The red bag contains standardised paperwork, medication and personal belongings. It stays with the care home resident from the time they leave the home to go into hospital until the time they return to their Care Home at the end of their Hospital stay.

The **Digital Care Homes & Social Care Team** at the NHS Norfolk & Waveney Integrated Care Board have created this pack for Care Providers to use when a resident is transferred or admitted into Hospital.



What should be in the Red Bag?

For a Care Home resident **going into Hospital**

PERSONAL BELONGINGS

- Change of clothes & toiletries
- Outdoor clothes for discharge
- Well fitting slippers or shoes
- Glasses
- Hearing aids
- Dentures
- Mobility aids



MEDICATION

- Do not include** MDS/oral medication *unless it is time specific*
- Include** all inhalers, eye drops, creams & injections *including insulin*



STANDARDISED PAPERWORK

- This is Me/Patient Passport
- MAR sheet *if available*
- Catheter passport
- Health Power of Attorney *copy*
- DNAR/ReSPECT form
- Redbag Checklist



Red Bag Content Checklist Template

For the **Care Home** to complete prior to a resident going into Hospital



Red Bag Content Checklist

Checklist/procedure to follow: Red Bag contents for Care Home Resident going into Hospital

Resident / Patient Name:		Red Bag Serial Number:	
Care Home Name:		Red Bag Tracker ID:	
Completed by:			
Date:			

Please tick if you have sent/received the following:	Care Home	Hospital Ward	Transferred Hospital Ward
Documentation:			
This is Me/Patient Passport			
MAR sheet (if available)			
Catheter Passport			
Health Power of Attorney (copy)			
DNAR/ReSPECT (Care Home)			
Personal effects:			
Change of clothes & toiletries:			
Outdoor clothes for discharge			
Well-fitting slippers or shoes			
Glasses			
Hearing aids			
Dentures			
Mobility aids			
Medications:			
Do not include: MDS/oral medication unless it is time specific.			
Include: all inhalers, eye drops, creams & injections (including insulin)			
Any other valuables (list):			
Signature:			

Red Bag Content Checklist Version 2 - 2024

Full version available in Appendices

The word version of the Red Bag Checklist is also available on Knowledge NoW: <https://nwknowledgenow.nhs.uk/care-providers/digital-care-providers/red-bag-scheme/>

For the **Hospital** to complete prior to a resident being discharged from Hospital



Red Bag Content Checklist

Checklist/procedure to follow: Red Bag contents for Care Home Resident **discharged from Hospital**

Resident / Patient Name:		Red Bag Serial Number:	
Care Home Name:		Red Bag Tracker ID:	
Date:			

Please tick if you have sent/received the following:	Ward	Discharge Lounge	Care Home
Documentation:			
Discharge Summary			
This is Me/Patient Passport			
MAR sheet (if available)			
Catheter Passport			
Health Power of Attorney (copy)			
DNAR/ReSPECT (Care Home)			
Personal effects:			
Change of clothes & toiletries:			
Outdoor clothes for discharge			
Well Fitting slippers or shoes			
Glasses			
Hearing aids			
Dentures			
Mobility aids			
Medications:			
TTO medication provided with instructions			
Any other valuables (List):			
Signature:			

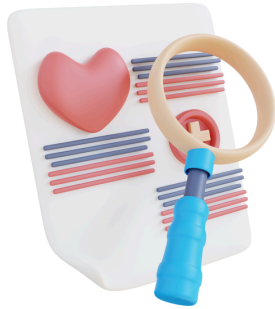
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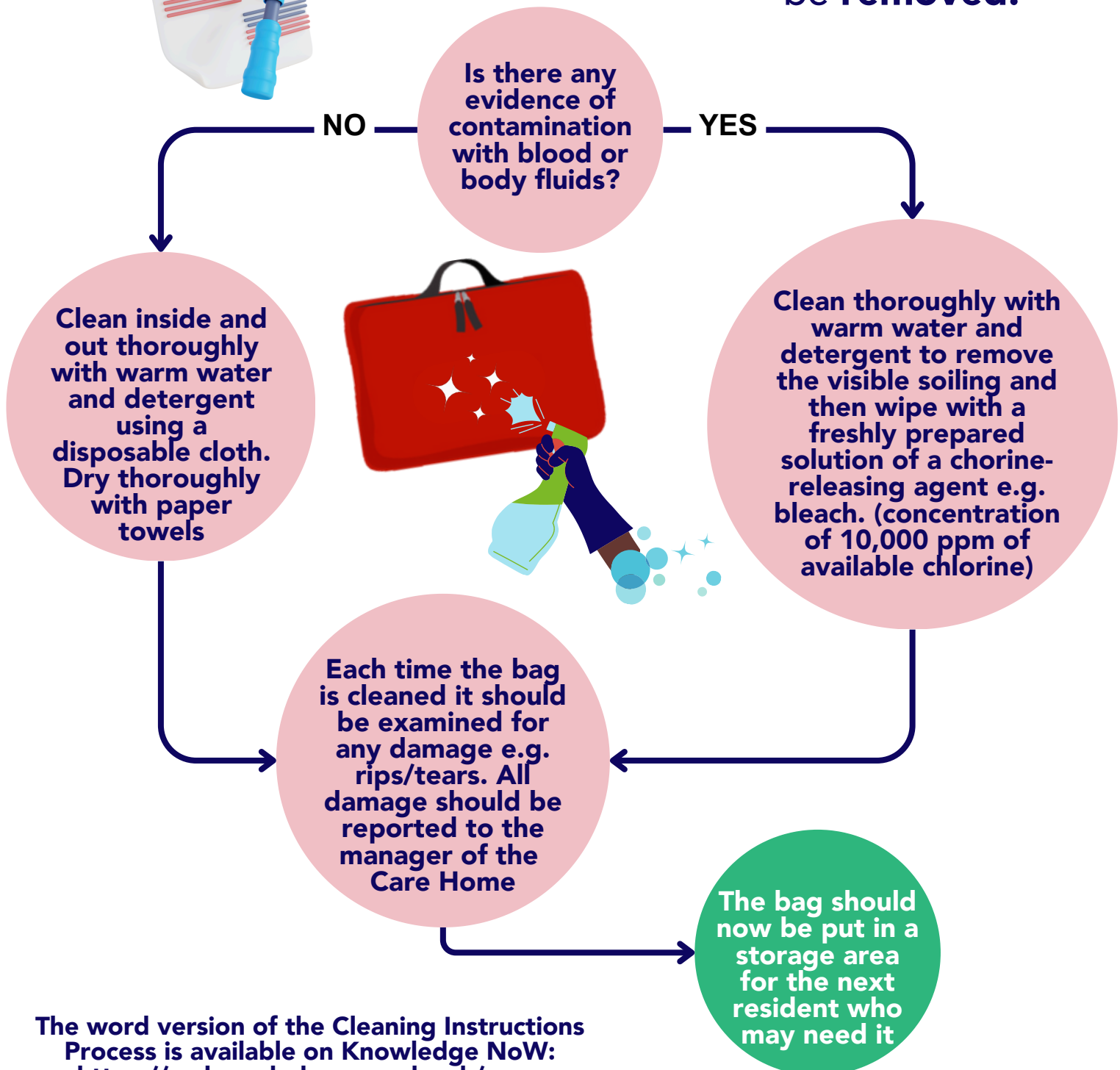
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Cleaning Instructions

For the red bag, upon return to the **Care Home**



On arrival, the bag should be unpacked and all documents should be **removed**.



The word version of the Cleaning Instructions Process is available on Knowledge NoW: <https://nwknowledgenow.nhs.uk/care-providers/digital-care-providers/red-bag-scheme/>

Post-Hospital Discharge Feedback

Please scan the **QR code** below when a resident returns from the James Paget University Hospital

Red Bag Scheme - Post-Hospital
Discharge Feedback



The form can be found on Knowledge NoW:
<https://nwknowledgenow.nhs.uk/care-providers/digital-care-providers/red-bag-scheme/>

Red Bag Content Checklist

Checklist/procedure to follow: Red Bag contents for Care Home Resident going into Hospital

Resident / Patient Name:		Red Bag Serial Number:	
Care Home Name:		Red Bag Tracker ID:	
Completed by:			
Date:			

	Care Home	Hospital Ward	Transferred Hospital Ward
Please tick if you have sent/received the following:			
Documentation:			
This is Me/Patient Passport			
MAR sheet (if available)			
Catheter Passport			
Health Power of Attorney (copy)			
DNAR/ReSPECT (Care Home)			
Personal effects:			
Change of clothes & toiletries:			
Outdoor clothes for discharge			
Well-fitting slippers or shoes			
Glasses			
Hearing aids			
Dentures			
Mobility aids			
Medications:			
Do not include: MDS/oral medication unless it is time specific.			
Include: all inhalers, eye drops, creams & injections (including insulin)			
Any other valuables (list):			
Signature:			

Red Bag Content Checklist

Checklist/procedure to follow: Red Bag contents for Care Home Resident discharged from Hospital

Resident / Patient Name:	Red Bag Serial Number:
Care Home Name:	Red Bag Tracker ID:
Date:	

	Ward	Discharge Lounge	Care Home
Please tick if you have sent/received the following:			
Documentation:			
Discharge Summary			
This is Me/Patient Passport			
MAR sheet (<i>if available</i>)			
Catheter Passport			
Health Power of Attorney (<i>copy</i>)			
DNAR/ReSPECT (<i>Care Home</i>)			
Personal effects:			
Change of clothes & toiletries:			
Outdoor clothes for discharge			
Well Fitting slippers or shoes			
Glasses			
Hearing aids			
Dentures			
Mobility aids			
Medications:			
TTO medication provided with instructions			
Any other valuables (List):			
Signature:			

HOSPITAL ADMISSION FORM - RED BAG

This form is to provide information to the hospital regarding a service user being transferred into hospital

Please take a photocopy of this form when completed for your records and as evidence that you have sent it in with the service user with the Red Bag

Name and address of Care Home:		
Telephone number /email:	Phone:	Email:

Service users official name / preferred to be called:	/	
Date of birth / religion <i>please state if known:</i>	/	
Next of Kin or person with Power of Attorney for health:		
Registered GP Practice:		
Does service user have a DNAR / ReSPECT form in place? <i>If yes, please send in original and keep photocopy at home</i>	YES / NO	has original been sent? YES / NO
Has service user given permission to have information shared about their admission with Care Home?	YES / NO	

If there is a YELLOW FOLDER in place for the service user, please include in the Red Bag

MEDICATION	
<i>photocopy medication chart (MAR) and send with the service user's medication as per hospital guidance on which medication(s) to send in e.g. insulin.</i>	
Medication sent:	
Does medication require crushing before administration? <i>Please provide copy of crushing proforma</i>	YES / NO
Does the resident require oxygen?	YES / NO
Allergies <i>(state if not known):</i>	
Infections <i>(c-diff, MRSA):</i>	

BEHAVIORS AND DEMENTIA	
Is there a diagnosis of Dementia?	YES / NO
Stage /type of dementia <i>if known</i> :	
Under the Mental Health Team?	YES / NO
Any known behaviors:	

COMMUNICATION	
Can the service user verbally communicate?	YES / NO
Does the service user wear a hearing aid(s)? If yes, which side and how many?	YES / NO
Does the service user verbally wear glasses?	YES / NO
If yes, have they been sent with the service user?	YES / NO

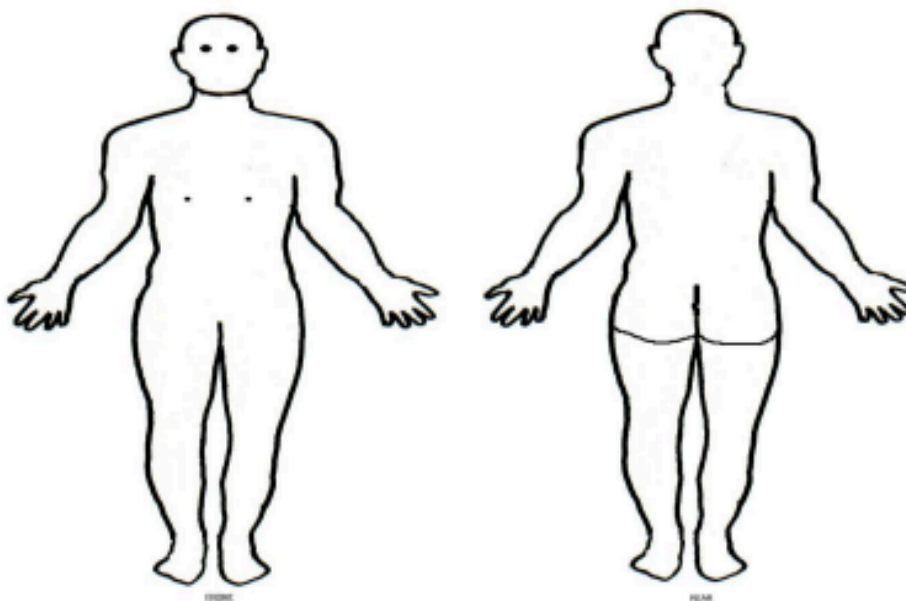
MOBILITY OF SERVICE USER	
Can service user walk un-aided?	YES / NO
If answered no, please give further details:	YES / NO
Please enter details of the equipment sent with service user:	

NUTRITION			
Last recorded weight:			
Date weight recorded:			
Under dietitian?	YES / NO		
Latest MUST score <i>if known (circle as applicable)</i> :	0 Low Risk	1 Medium Risk	2 or more High Risk
Swallowing difficulties?	YES / NO		
If yes, please give provide further detail:			
Have they been assessed by SALT team?	YES / NO		
Diet required (<i>e.g. soft food only, liquid only</i>)			
Prescribed a thickener?	YES / NO		
If yes, please give details of number of scoops:			
Is service user able to eat and drink unaided or do they require assistance?	YES / NO		
If yes, please provide details:			

CONTINENCE/CATHETER	
Continent / Incontinent? <i>E.g., uses a pad / how many a day / can toilet themselves - please provide further details:</i>	
Do they have a long-term catheter in place?	YES / NO
If yes, please provide details:	
Do they have a Catheter Passport?	YES / NO
If yes, please send in with service user:	

GENERAL INFORMATION:	
Does the service user wear dentures?	YES / NO
If yes, have they been sent with service user?	YES / NO
Any other information relevant to service user around their general well-being and care?	

SKIN CONDITION:
Please mark on the body chart using the key code below all known skin conditions, bruises, pressure sores etc. that are present at time of leaving the care home.
Key code: 1 = bruise 2=pressure sore 3= ulcer 4= undefined (give details)



Name of Duty Manager, Nurse or Senior Carer filling out this form:		Date:	
		Time:	