

Red Bag Hospital Transfer Pathway – Assessment and SBAR Form

White boxes to be completed by care home staff as part of assessment
Yellow boxes to be completed prior to calling GP / Telemeds / Gold Line / 111 / 999

Person's name	DOB / /	NHS №
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Care home Phone	Please indicate COVID HOME STATUS:
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Next of kin's name Relationship Contact details	Legal power of attorney? YES / NO finance YES / NO health & wellbeing YES / NO Contact details
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GP surgery and phone number

SITUATION

Current concerns regarding this person

BACKGROUND

Last seen by GP on / / for

New medication / treatment

Allergies

Past medical history – *Include hospital admissions, diagnosis etc*

Does the person require time critical medication? YES / NO details...

Is the person on oxygen therapy? YES / NO details...

Contenance	Full continence	Urinary incontinence	Faecal incontinence	Suprapubic Catheter	Stoma
Please tick <input checked="" type="checkbox"/>				(size?)	

Is the person taking a supply of continence products to hospital? YES / NO Date catheter changed

Is the person an infection risk of **MRSA** YES / NO **C. diff.** YES / NO
Other...

On a palliative care / end of life pathway? YES / NO	Is the person registered with Gold Line? YES / NO
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Is a DNACPR in place? YES / NO	Is there an Advance Care Plan? YES / NO
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Is there a preferred place of care? YES / NO details...

Any personal wishes or religious beliefs?

ASSESSMENT – complete as appropriate

Cognitive status as appropriate

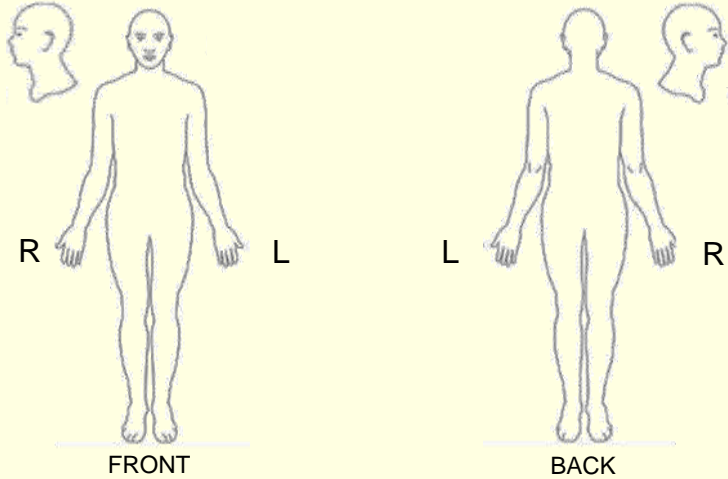
no confusion occasional confusion long term confusion diagnosed dementia

Any recent changes in behaviour in last 72 hours? YES / NO if Yes describe...

	normal	current		normal	current
Blood Pressure	/	/	Respiration Rate		



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Pulse (bpm)			Blood Glucose		
Temperature (°C)			Oxygen Saturation		
Is there an outbreak within the home? YES / NO Diarrhoea? YES / NO Vomiting? YES / NO Other YES / NO					
Level of Response Alert (responding normally) / Drowsy / Confused / Unresponsive					
Pain no pain / occasional pain / constant pain					
Is the skin intact? YES / NO					
Pressure Ulcer? YES / NO Reported? YES / NO Category 1 / 2 / 3 / 4 / unstageable / moisture lesion					
Waterlow score:					
Indicate any injury on the diagrams below and describe the type, size etc					
					

RECOMMENDATION & OUTCOME	
Record who you spoke to and what the outcome was of the phone call made. Including any actions to take whilst waiting for a GP/ambulance eg repeat observations.	
Time of call	Time call returned (if applicable)
Ambulance arrival time	Are the family aware? YES / NO

Staff name (print)

Signature

Date

Time

Care home discharge plan (patient's condition to facilitate early discharge - nursing requirements, mobility/transfers etc)

Please see *This is me* document for my consent to share information with the care home