



Military Enroute Care Registry (MERCuRY)

Performance Improvement Event(s) Data

Joint Trauma System, Version 1.1, 28 Oct 2021

Last Name <input style="width:150px;" type="text"/> First Name <input style="width:100px;" type="text"/> Date <input style="width:50px;" type="text"/> PSSN/SSN <input style="width:80px;" type="text"/> <input type="checkbox"/> PSSN <input type="checkbox"/> SSN Mission # <input style="width:80px;" type="text"/> Mission Leg # <input style="width:50px;" type="text"/>	Airway <input type="checkbox"/> Deviation from airway management protocol <input type="checkbox"/> Advanced non-surgical airway placement <input type="checkbox"/> Indicated and successfully performed <input type="checkbox"/> Performed when not indicated <input type="checkbox"/> Not performed when not indicated <input type="checkbox"/> Attempted unsuccessfully <input type="checkbox"/> Cricothyroidotomy <input type="checkbox"/> Indicated and successfully performed <input type="checkbox"/> Performed when not indicated <input type="checkbox"/> Not performed when indicated <input type="checkbox"/> Attempted unsuccessfully	Circulation <input type="checkbox"/> Rhythm not recorded <input type="checkbox"/> Blood product transfusion protocol <input type="checkbox"/> Indicated and successfully performed <input type="checkbox"/> Performed when not indicated <input type="checkbox"/> Not performed when indicated <input type="checkbox"/> Capability not available <input type="checkbox"/> IV/IO not inserted enroute when indicated <input type="checkbox"/> IV/IO insertion unsuccessful <input type="checkbox"/> Tube or line dislodged enroute	Additional Interventions <input type="checkbox"/> Immobilization not performed when indicated <input type="checkbox"/> C-collar <input type="checkbox"/> Pelvic binder <input type="checkbox"/> Spinal motion restriction <input type="checkbox"/> SAM splint for extremity <input type="checkbox"/> Rigid eye shield <input type="checkbox"/> Hypothermia prevention not initiated when indicated
Documentation <input type="checkbox"/> Standard form not used <input type="checkbox"/> Patient identification not completed <input type="checkbox"/> Dispatched versus assessed category differ <input type="checkbox"/> Dispatched category higher than assessed <input type="checkbox"/> Dispatched category lower than assessed <input type="checkbox"/> MIST report mechanism not correct <input type="checkbox"/> MIST report injuries not correct <input type="checkbox"/> Mission times not recorded <input type="checkbox"/> Pick up time not recorded <input type="checkbox"/> Drop off time not recorded <input type="checkbox"/> Both times not recorded <input type="checkbox"/> Role of care not documented <input type="checkbox"/> Pick up not recorded <input type="checkbox"/> POI mission <input type="checkbox"/> Drop off not recorded <input type="checkbox"/> Transfer mission <input type="checkbox"/> Both not recorded	Breathing <input type="checkbox"/> Needle decompression <input type="checkbox"/> Indicated and successfully performed <input type="checkbox"/> Performed but respiratory distress not resolved <input type="checkbox"/> Performed when not indicated <input type="checkbox"/> Two or more on the same side <input type="checkbox"/> Site not recorded <input type="checkbox"/> Thoracostomy - finger or tube <input type="checkbox"/> Indicated and successfully performed <input type="checkbox"/> Performed when not indicated <input type="checkbox"/> Not performed when indicated <input type="checkbox"/> Attempted unsuccessfully <input type="checkbox"/> Two or more on the same side <input type="checkbox"/> Ventilator management, no ETCO2 recorded <input type="checkbox"/> Deviation from ventilator management protocol <input type="checkbox"/> Vent setting changed but no outcome recorded <input type="checkbox"/> Unplanned extubation enroute	Vitals <input type="checkbox"/> Appropriate level of monitoring not utilized <input type="checkbox"/> Vital signs not documented <input type="checkbox"/> Blood pressure <input type="checkbox"/> Heart rate <input type="checkbox"/> Respiratory rate <input type="checkbox"/> SaO2 <input type="checkbox"/> Temperature <input type="checkbox"/> Hypoxia (SaO2<88%) <input type="checkbox"/> Indicated intervention for hypoxia not performed <input type="checkbox"/> Hypotension (SBP<90 mmHg) <input type="checkbox"/> Indicated intervention for hypotension not performed <input type="checkbox"/> GCS or AVPU not documented <input type="checkbox"/> GCS or AVPU changes not documented <input type="checkbox"/> Pain assessment not completed	Medications <input type="checkbox"/> Pain medication not given per protocol <input type="checkbox"/> Pain medication given, outcome undocumented <input type="checkbox"/> TXA not given <3 hrs after injury when indicated <input type="checkbox"/> Antibiotic not given per protocol <input type="checkbox"/> Other medication delay or complication (please specify) Notes <input style="width:150px;" type="text"/>
Circulation /Hemorrhage Control <input type="checkbox"/> Tourniquet not placed when indicated <input type="checkbox"/> Tourniquet not reassessed <input type="checkbox"/> Tourniquet conversion not attempted when indicated <input type="checkbox"/> Tourniquet time not recorded <input type="checkbox"/> Tourniquet indicated and successfully performed <input type="checkbox"/> Type of tourniquet <input type="checkbox"/> Limb <input type="checkbox"/> Junctional	Other <input type="checkbox"/> Documentation from sending provider did not accompany patient (TCCC card or patient chart) <input type="checkbox"/> Absent documentation from ground team <input type="checkbox"/> Diversion of flight or unplanned destination <input type="checkbox"/> Incomplete hand off from ground team <input type="checkbox"/> Equipment problem, unable to be resolved enroute <input type="checkbox"/> Environmental issues affecting patient outcome <input type="checkbox"/> Death or CPR enroute <input type="checkbox"/> Missing needed gear or medications <input type="checkbox"/> Events enroute precluding adequate patient monitoring/assessment/treatment <input type="checkbox"/> Other (please specify in Notes)	Instructions 1. Complete the Mercury in conjunction with the 4700 before submitting to the Joint Trauma System. 2. Enroute care should be assessed for compliance with standard guidelines to include: Tactical Combat Casualty Care guidelines, Standard Medical Operating Guidelines, JTS Intratheater transport clinical practice guide. 3. At least two unique patient identifiers are needed for documenting patient identification. 4. One identifier must be last name, BR#, or SSN. The second identifier can be first name, BR#, SSN, DOB, or unit. 5. Hemorrhage control, Airway, Breathing, Circulation, Vitals, Additional Interventions, Medications: Evaluate enroute interventions only. Do not evaluate interventions performed prior to MEDEVAC. 6. Other-incomplete handoff from ground team: Review narrative for comments relating to incomplete or inadequate handoff.	
Notes & Comments <input style="width:100%; height:100px;" type="text"/>			