

TCCC PERFORMANCE IMPROVEMENT (PI) DATA WORKSHEET- TRAINING

Part of the DD 1380 Tactical Combat Casualty Care (TCCC) Card Series, Joint Trauma System (JTS), Ver. 2.0, 10 Dec 2021

Last Name First Name DoD ID/SSN DoD # SSN Unit # BR# Date

Documentation

Standard form not used (DD 1380)

Evacuation category not appropriate

Patient identification not completed

Mechanism

Mechanism of injury not completed

Injury

Location of injury not annotated on diagram

Tourniquet time not recorded

Vital Signs

Vital signs not documented

Time not documented

Blood pressure SaO2

Heart rate AVPU

Respiratory rate Pain scale

C: Massive Hemorrhage

Tourniquet not placed when indicated

Tourniquet conversion not attempted when indicated

Junctional tourniquet not placed when indicated

Hemostatic/pressure dressing not placed or improperly placed

A: Airway

Deviation from airway management protocol

NPA not performed when indicated

Cricothyroidotomy

Indicated and successfully performed

Performed when not indicated

Not performed when indicated

Attempted unsuccessfully

B: Respirations

Needle decompression

Indicated and successfully performed

Performed but respiratory distress unresolved

Performed when not indicated

Not performed when indicated

Two or more on the same side

Site not recorded

Thoracostomy - finger or tube

Indicated and successfully performed

Performed when not indicated

Not performed when indicated

Attempted unsuccessfully

Two or more on the same side

Chest Seal not performed when indicated

Chest Seal performed when not indicated

C: Circulation

Deviation from fluid administration protocol

Blood product transfusion protocol

Indicated and successfully performed

Performed when not indicated

Not performed when indicated

Capability not available

IV/IO not inserted when indicated

IV/IO insertion unsuccessful

Tube or line dislodged enroute

JTS request for assistance or feedback from the field, or other opportunities for improvement

Medications

Pain medication not given per protocol

Pain medication given, outcome undocumented

Inappropriate pain medication given

TXA not given <3 hrs after injury when indicated

Antibiotic not given per protocol

Other medication delay or complication (specify below)

Calcium not given with red blood cell product

Notes

Additional Interventions

Immobilization not performed when indicated

C-collar SAM splint for extremity

Pelvic binder Spinal motion restriction

Rigid eye shield

Hypothermia prevention not initiated when indicated

Documentation completed by non-medical provider

Delayed evacuation

Equipment problem, unable to be resolved

Environmental issues affecting patient outcome

Death or CPR

Missing needed gear or medications

Events en route precluding adequate patient monitoring / assessment / treatment

Other (please specify below)

Notes

Purpose: The JTS PI Data Worksheet will allow for individual care improvement and serve as a tool to capture patient care documentation. Form data will enable process improvement and quality assurance for medical providers rendering trauma care at point of injury. Form is to be completed by medical providers.

Instructions

1. This PI review should be completed by the Unit Medical Officer or the Senior Enlisted Medical Advisor.
2. Tactical combat casualty care should be assessed for compliance with standard guidelines to include: TCCC guidelines, JTS Clinical Practice Guidelines, or Unit Specific Protocols.
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. Other-incomplete hand off to the next echelon of care: Review narrative for comments relating to incomplete or inadequate hand off.
6. Send completed worksheets to dha.jbsa.healthcare-ops.list.jts-training@health.mil

Additional Treatment Comments

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Grading Scale

Score

Addressed: Element is legible and complete, or is lined through or marked N/A **1**

NOT Addressed: Element is illegible, incomplete, or NOT lined through or marked N/A **0**

Items with multiple parameters MUST have ALL items included to be CORRECTLY documented. For instance, a drug, without dose, route or time, is incomplete

TCCC Card Elements (Side 1)

Casualty Identification

Battle Roster number Evac category Name Last 4 Gender Date Time Service Unit Allergies

MIST Information

Mechanism of Injury (check box or something written in) Injuries (any marked on diagram)

Signs and Symptoms

Time Pulse Blood Pressure Respiratory Rate Pulse Ox % O2 Sat AVPU Pain Scale

TCCC Card Elements (Side 2)

Casualty Identification

Battle Roster number Evacuation category

Treatments

C: (circulation) TQ Dressing A: Airway treatment B: Breathing C: (circulation) Fluid/Blood Other Notes
(MUST have name, volume, route, time)

First Responder Identification

Name Last 4

Number of items (out of 30 possible completed on the TCCC) Total Record Score for entire record (100%) %

First Responder Name Class #