PERFORMANCE IMPROVEMENT (PI) DATA WORKSHEET

Part of the DD 1380 Tactical Combat Casualty Care (TCCC) Card Series, Joint Trauma System (JTS), Ver. 1.0, 02 Dec 2019

Last Name F	irst 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 diagra Tourniquet time not recorded Vital Signs Vital signs not documented Time not documented Blood pressure Blood pressure AVPU Respiratory rate Pain scale C: Massive Hemorrhage Tourniquet conversion not attempted when indicated	Performed when not indicated Not performed when indicated Two or more on the same side Site not recorded	adde decompression Pain medication not given per protocol Pain medication given, outcome undocumented Inappropriate pain medication given Pain medication given, outcome undocumented Inappropriate pain medication given TXA not given <3 hrs after injury when indicated Antibiotic not given per protocol Dther medication delay or complication (specify below) Notes TXA to given <3 hrs after injury when indicated Additional Interventions This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be completed by medical Advisor. This P1 review should be complete of normotal when indicated Immobilization not performed when indicated Immobilization not performed when indicated Hypothermia prevention not initiated when indicated<	 This PI review should be completed by the Unit Medical Officer or the Senior Enlisted Medical Advisor. Tactical combat casualty care should be assessed for compliance with standard guidelines to include: TCCC guidelines, JTS Clinical Practice Guidelines, or Unit Specific Protocols. At least two unique patient identifiers are needed for documenting patient identification. One identifier must be last name, BR#, or SSN. The second identifier can be first name, BR#, SSN, DOB, or unit. Other-incomplete handoff to the next echelon of care: Review narrative for comments relating to incomplete or inadequate handoff. Send completed PI forms to dha.jbsa.healthcare-ops.list.jts-
 Junctional tourniquet not placed when ind Hemostatic/pressure dressing not placed of improperly placed A: Airway Deviation from airway management proto NPA not performed when indicated Cricothyroidotomy Indicated and successfully performed Performed when not indicated Not performed when indicated Mot performed when indicated Attempted unsuccessfully 	Performed when not indicated Not performed when indicated Capability not available		