

DHA Tactical Combat Casualty Care (TCCC) - Role 3 Medical Treatment Facility (MTF) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. In the context of TCCC, what does the acronym NPA stand for?**
 - A. Nasal Pharyngeal Airway**
 - B. Nasal Passage Assessment**
 - C. Negative Pressure Airflow**
 - D. Non-Pneumatic Aid**
- 2. How should a casualty with a suspected spinal injury be transported?**
 - A. Using a regular stretcher**
 - B. Using a backboard or litter**
 - C. Carrying the casualty in a seated position**
 - D. Transporting without any device**
- 3. Who is responsible for the transition of care from Tactical Field Care to the receiving evacuation team as the casualty enters the Tactical Evacuation Care phase?**
 - A. Combat Medic/Corpsman**
 - B. Field Surgeon**
 - C. Emergency Medical Technician (EMT)**
 - D. Commanding Officer**
- 4. What role does a combat medic play during Tactical Evacuation Care?**
 - A. Stabilizing casualties for transport**
 - B. Performing surgical procedures**
 - C. Conducting primary assessments only**
 - D. Providing psychological support**
- 5. In cases of suspected spinal injuries, which maneuver is crucial to prevent further complications?**
 - A. Head lift maneuver**
 - B. Jaw thrust maneuver**
 - C. Logroll technique**
 - D. Neutral alignment**

- 6. What is the common error made during a cricothyroidotomy?**
- A. Incising at the wrong angle**
 - B. Making the initial incision too small**
 - C. Using improper tools**
 - D. Not using sufficient pressure**
- 7. What is the primary purpose of a briefing during handover of care in TCCC?**
- A. To update on military operations**
 - B. To communicate critical information about the patient's condition and treatment**
 - C. To document personnel changes**
 - D. To address any facility issues**
- 8. What is the primary rationale behind using indirect pressure to control bleeding?**
- A. Reduces pain for the casualty**
 - B. Prevents further bleeding from the injury site**
 - C. Promotes quicker evacuation**
 - D. Allows the casualty to move**
- 9. Which of the following is an essential step in managing hemorrhagic shock?**
- A. Immediate surgical intervention**
 - B. Administering oral fluids**
 - C. Rapid identification of bleeding sources**
 - D. Waiting for vital signs to stabilize**
- 10. What is the role of a Combat Medical Coordinator (CMC) in monitoring vital signs?**
- A. To provide legal documentation**
 - B. To accurately monitor VS trends for multiple casualties**
 - C. To manage the inventory of medical supplies**
 - D. To administer medications during treatment**

Answers

SAMPLE

1. A
2. B
3. A
4. A
5. B
6. B
7. B
8. B
9. C
10. B

SAMPLE

Explanations

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1. In the context of TCCC, what does the acronym NPA stand for?

- A. Nasal Pharyngeal Airway**
- B. Nasal Passage Assessment**
- C. Negative Pressure Airflow**
- D. Non-Pneumatic Aid**

The acronym NPA stands for Nasal Pharyngeal Airway. This is a critical device used in Tactical Combat Casualty Care to secure and maintain an open airway in a patient who is unconscious or has diminished consciousness and is unable to maintain their own airway. The NPA is designed to fit into the nasal passage and extends into the pharynx, allowing for the passage of air and facilitating ventilation. By using an NPA, medical personnel can reduce the risk of airway obstruction due to the tongue or other factors, which is especially important in the chaotic and dynamic environment of tactical medicine. The design of the NPA minimizes stimulation of the gag reflex, making it suitable for use in a wider range of patients compared to other airway adjuncts like oropharyngeal airways. In contrast, the other choices do not represent established terminology or devices utilized in TCCC. Nasal Passage Assessment, Negative Pressure Airflow, and Non-Pneumatic Aid do not have a recognized role or application within the context of airway management in tactical scenarios, further solidifying Nasal Pharyngeal Airway as the correct and relevant acronym for this situation.

2. How should a casualty with a suspected spinal injury be transported?

- A. Using a regular stretcher**
- B. Using a backboard or litter**
- C. Carrying the casualty in a seated position**
- D. Transporting without any device**

Transporting a casualty with a suspected spinal injury using a backboard or litter is the correct approach because it helps to stabilize the spine and prevent further injury during the transport process. A backboard provides rigid support, which limits the movement of the spine and helps maintain alignment. This is crucial in preventing potential damage to the spinal cord, which could lead to paralysis or other serious complications. Using a regular stretcher might not offer the necessary stability, as it may allow for more movement and bending of the torso. Carrying a casualty in a seated position can increase the risk of exacerbating any spinal injury due to movement and gravitational forces acting on the body. Transporting without any device is unsafe, as it offers no support for the spine and could lead to significant harm. Therefore, employing a backboard or litter is essential for the safe movement of a patient with a suspected spinal injury, ensuring proper spinal alignment and minimizing risk during evacuation or transport.

3. Who is responsible for the transition of care from Tactical Field Care to the receiving evacuation team as the casualty enters the Tactical Evacuation Care phase?

A. Combat Medic/Corpsman

B. Field Surgeon

C. Emergency Medical Technician (EMT)

D. Commanding Officer

The responsibility for the transition of care from Tactical Field Care to the receiving evacuation team falls on the Combat Medic or Corpsman. This individual plays a critical role in ensuring that the casualty's medical information and status are clearly communicated to the evacuation team, facilitating a smooth handoff. The Combat Medic or Corpsman is specifically trained to manage patient care in pre-hospital settings, gathering essential data such as vital signs, injury assessments, and treatment administered before evacuation. This transfer of information is vital for continuity of care, as it allows the receiving medical team to be fully informed and prepared to continue necessary interventions. While the Field Surgeon and EMTs have their specific roles and expertise, they are not typically responsible for the direct handoff during evacuation. The Commanding Officer oversees broader operations and mission outcomes but is not directly involved with individual patient transitions. Thus, the Combat Medic or Corpsman is the quintessential link in this critical phase of casualty management, ensuring that the transition of care is effective and efficient.

4. What role does a combat medic play during Tactical Evacuation Care?

A. Stabilizing casualties for transport

B. Performing surgical procedures

C. Conducting primary assessments only

D. Providing psychological support

The role of a combat medic during Tactical Evacuation Care is primarily focused on stabilizing casualties for transport. This is crucial as the medic must ensure that the patient is in a condition that allows for safe movement from the point of injury to a higher level of care. The stabilization process includes controlling bleeding, maintaining airway patency, and ensuring proper positioning to prevent further injury during evacuation. The medic's responsibilities also encompass making rapid assessments of the patient's condition to identify any immediate life threats that need to be addressed prior to transport. This can involve administering medications, providing fluids, and other interventions to optimize the casualty's condition. While the other roles mentioned, such as performing surgical procedures and providing psychological support, are important in certain contexts, they fall outside the primary responsibilities during Tactical Evacuation Care. The medic's main focus during this phase is to ensure that the casualty can be moved safely and effectively, which requires a high level of clinical acumen and situational awareness.

5. In cases of suspected spinal injuries, which maneuver is crucial to prevent further complications?

- A. Head lift maneuver**
- B. Jaw thrust maneuver**
- C. Logroll technique**
- D. Neutral alignment**

In cases of suspected spinal injuries, maintaining the integrity of the spine during assessment and transport is critical to prevent any further damage. The jaw thrust maneuver is significant as it allows for airway management while minimizing movement of the head and neck, thus protecting potential spinal injuries. This technique specifically focuses on opening the airway without extending the neck, which could exacerbate any existing spinal compromise. The jaw thrust is utilized when there is a need to ensure an unobstructed airway, particularly in trauma situations where spinal injury is a concern. This method helps to keep the cervical spine in a neutral position, thereby reducing the risk of exacerbating a spinal cord injury. While other techniques may have their own applications in patient management, they do not directly address the need to maintain spinal alignment while securing the airway as effectively as the jaw thrust maneuver in cases of suspected spinal trauma.

6. What is the common error made during a cricothyroidotomy?

- A. Incising at the wrong angle**
- B. Making the initial incision too small**
- C. Using improper tools**
- D. Not using sufficient pressure**

Making the initial incision too small during a cricothyroidotomy is a common error because it can impede or complicate the emergency airway access that this procedure aims to achieve. A cricothyroidotomy is typically performed in situations of severe airway obstruction or when intubation is not possible, and the need for quick and effective access to the airway is crucial. An incision that is inadequately sized may make it difficult for the clinician to properly insert the endotracheal tube or to manipulate the tissue around the membrane to secure a clear airway. This can lead to unnecessary delays in providing vital oxygen to a patient in distress. In delicate procedures such as this, ensuring the incision is large enough to allow for the necessary instrumentation and placement is essential for success. Moreover, during such a high-stakes situation, when every second counts, ensuring that the incision is sufficient in size allows for efficient and effective treatment, minimizing the risk of additional complications and ensuring patient safety. Having an adequately sized incision is a key part of the skill set necessary for safely performing a cricothyroidotomy successfully.

7. What is the primary purpose of a briefing during handover of care in TCCC?

- A. To update on military operations**
- B. To communicate critical information about the patient's condition and treatment**
- C. To document personnel changes**
- D. To address any facility issues**

The primary purpose of a briefing during the handover of care in Tactical Combat Casualty Care (TCCC) is to communicate critical information about the patient's condition and treatment. This ensures that the next healthcare provider is fully aware of the specifics of the patient's status, any ongoing treatments, and potential complications that may arise. Effective communication is vital in a high-stakes environment where patient outcomes can change rapidly, making it essential for providers to be on the same page regarding the care provided. This type of briefing allows for a smooth transition between care providers, minimizing the risk of errors or omissions that could negatively impact the patient's health. Thoroughly conveying information such as vital signs, interventions performed, and the patient's response to treatment helps ensure continuity of care and enhances overall operational effectiveness in managing injuries in a combat setting. While updating on military operations, documenting personnel changes, or addressing facility issues are important aspects of operational readiness, they do not take precedence over the immediate and critical need for clear and concise patient information exchange during handoff.

8. What is the primary rationale behind using indirect pressure to control bleeding?

- A. Reduces pain for the casualty**
- B. Prevents further bleeding from the injury site**
- C. Promotes quicker evacuation**
- D. Allows the casualty to move**

Using indirect pressure to control bleeding is primarily effective because it targets the blood vessels supplying the injury site without directly compressing the wound itself. When pressure is applied to the arteries located proximal to the site of bleeding, it helps to reduce blood flow to the injury, thereby preventing further blood loss. This method is particularly useful in situations where direct pressure may not be feasible or sufficient due to the nature of the injury or if there are multiple injuries causing significant blood loss. While reducing pain for the casualty may occur as a secondary benefit, the primary goal of applying indirect pressure is focused on controlling hemorrhage. Although promoting quicker evacuation and allowing the casualty to move are important aspects of effective casualty care, they are not the primary rationale behind the practice of using indirect pressure specifically for bleeding control. The effectiveness in managing blood loss through controlling vascular flow demonstrates the significance of indirect pressure in trauma care.

9. Which of the following is an essential step in managing hemorrhagic shock?

- A. Immediate surgical intervention**
- B. Administering oral fluids**
- C. Rapid identification of bleeding sources**
- D. Waiting for vital signs to stabilize**

Rapid identification of bleeding sources is a crucial step in managing hemorrhagic shock because it allows medical personnel to understand the extent and cause of blood loss. Identifying the source of bleeding early is vital for initiating appropriate interventions, which can include surgical or other emergency measures to control the hemorrhage. In cases of hemorrhagic shock, time is of the essence, as significant blood loss can lead to irreversible shock and organ failure. In contrast, immediate surgical intervention may not always be feasible without first identifying the source of bleeding. Administering oral fluids is not appropriate in a setting of hemorrhagic shock, as patients often require rapid volume resuscitation that cannot be achieved adequately with oral fluids. Waiting for vital signs to stabilize is counterproductive in a situation where the patient is experiencing acute hemorrhagic shock, as early action is necessary to prevent deterioration of the patient's condition.

10. What is the role of a Combat Medical Coordinator (CMC) in monitoring vital signs?

- A. To provide legal documentation**
- B. To accurately monitor VS trends for multiple casualties**
- C. To manage the inventory of medical supplies**
- D. To administer medications during treatment**

The role of a Combat Medical Coordinator (CMC) in monitoring vital signs is fundamentally centered around accurately tracking vital sign trends for multiple casualties. This responsibility is critical in a combat or emergency environment, where medical personnel must be able to quickly assess the status of each patient to provide timely and effective care. Monitoring vital signs, such as heart rate, blood pressure, respiratory rate, and temperature, allows the CMC to recognize patterns or changes that may indicate a deterioration in a casualty's condition. By identifying these trends, the CMC can prioritize resources and direct medical treatment appropriately, which is vital for managing multiple patients effectively, especially in high-stress situations where casualties may present with varying degrees of severity. The CMC's role extends beyond simply watching vital signs; it involves synthesizing the information gathered to make informed decisions about treatment and transport. This oversight ensures that no patient's condition is overlooked and allows for better outcomes through timely interventions. Additionally, it enhances communication among medical staff regarding the status of each casualty, which is crucial in chaotic conditions. The other roles mentioned in the other options are important within the general context of medical care but do not directly pertain to the critical task of monitoring vital signs.