

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

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. When reassessing wounds, which of the following factors should be considered?**
 - A. Location of the wound**
 - B. Bleeding is controlled**
 - C. Level of consciousness**
 - D. Time since injury**

- 2. 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**

- 3. 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**

- 4. What are the recommended actions for a casualty exhibiting signs of shock?**
 - A. Position the casualty upright and provide oral fluids**
 - B. Position the casualty flat, raise their legs, and ensure rapid transport**
 - C. Keep the casualty actively engaged in conversation**
 - D. Apply cold packs to the casualty's extremities**

- 5. Why is it necessary to inspect medical supplies regularly?**
 - A. To increase inventory levels**
 - B. To prevent medical malpractice**
 - C. To check for expired, missing, or damaged supplies**
 - D. To remove obsolete equipment from usage**

- 6. What specific type of fluid should be avoided in the case of traumatic brain injury?**
- A. Hypertonic solutions like 3% Saline**
 - B. Isotonic solutions like Normal Saline**
 - C. Hypotonic solutions like 0.45% Normal Saline**
 - D. Colloids**
- 7. What should be prioritized in the Care Under Fire phase?**
- A. Administering IV fluids**
 - B. Providing cover and calling for extraction**
 - C. Control of life-threatening hemorrhage**
 - D. Performing detailed assessments**
- 8. In treating a casualty with a penetrating leg injury and a stick protruding from the wound, what is the appropriate action?**
- A. Remove the stick immediately**
 - B. Control the bleeding and apply bulky dressing materials around the stick**
 - C. Apply ice to reduce swelling**
 - D. Position the leg above heart level**
- 9. Why is high-flow oxygen important for trauma patients?**
- A. To enhance recovery time**
 - B. To prevent hypoxia and support adequate oxygen delivery**
 - C. To prevent infection**
 - D. To lower blood pressure**
- 10. 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**

Answers

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

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Explanations

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1. When reassessing wounds, which of the following factors should be considered?

- A. Location of the wound**
- B. Bleeding is controlled**
- C. Level of consciousness**
- D. Time since injury**

When reassessing wounds, it's essential to consider whether bleeding is controlled as this directly impacts the patient's stability and overall management of their injuries. Effective bleeding control is crucial in trauma care because uncontrolled hemorrhage can lead to rapid deterioration in a patient's condition and even death. By determining if the bleeding is controlled, medical personnel can prioritize further treatment steps and assess the need for additional interventions such as re-dressing the wound or providing more advanced care. In the context of wound reassessment, factors like the location of the wound, level of consciousness, and time since injury are also important, but they do not specifically address the immediate concern of life-threatening hemorrhage. The priority is to ensure that bleeding, a critical and preventable cause of mortality, is managed effectively during treatment, making the status of bleeding control a central focus in this reassessment process.

2. 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.

3. 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.

4. What are the recommended actions for a casualty exhibiting signs of shock?

- A. Position the casualty upright and provide oral fluids
- B. Position the casualty flat, raise their legs, and ensure rapid transport**
- C. Keep the casualty actively engaged in conversation
- D. Apply cold packs to the casualty's extremities

The recommended actions for a casualty exhibiting signs of shock include positioning them flat and raising their legs, along with ensuring rapid transport to a definitive care facility. This approach is based on principles to improve venous return to the heart, thereby enhancing cardiac output and helping to restore blood pressure, which is critical in the management of shock. By laying the casualty flat and elevating the legs, it facilitates better blood flow to vital organs, which is fundamental when dealing with shock conditions. Rapid transport is also crucial, as shock can rapidly deteriorate a casualty's condition, requiring immediate advanced medical intervention. Waiting for oral fluid intake can lead to complications, especially if the casualty is unable to swallow or ultimately requires intravenous fluids. Engaging the casualty in conversation may not be advisable, as it could lead to exhaustion or distract from managing their physical needs. The application of cold packs is not indicated in this situation, as cold can worsen shock by constricting blood vessels and reducing blood flow to essential areas.

5. Why is it necessary to inspect medical supplies regularly?

- A. To increase inventory levels**
- B. To prevent medical malpractice**
- C. To check for expired, missing, or damaged supplies**
- D. To remove obsolete equipment from usage**

Regular inspection of medical supplies is crucial primarily to check for expired, missing, or damaged supplies. This practice ensures that all medical materials available for use are safe, effective, and suitable for patient care. Expired supplies can compromise treatment and pose significant risks to patients. Missing items may lead to delays in care or unnecessary complications during medical procedures, while damaged supplies may not function as intended and can potentially lead to adverse outcomes. Maintaining a systematic approach to inspecting these supplies helps healthcare providers ensure the readiness of the medical facility to respond effectively to emergencies and routine patient needs. This proactive measure is an essential component of safe medical practice and operational efficiency. In contrast, while inventory levels and eliminating obsolete equipment are important considerations, they do not encompass the comprehensive significance of maintaining the integrity and safety of the medical supplies that directly affect patient health and quality of care.

6. What specific type of fluid should be avoided in the case of traumatic brain injury?

- A. Hypertonic solutions like 3% Saline**
- B. Isotonic solutions like Normal Saline**
- C. Hypotonic solutions like 0.45% Normal Saline**
- D. Colloids**

Hypotonic solutions, such as 0.45% Normal Saline, should be avoided in cases of traumatic brain injury due to their potential to decrease serum osmolality. When hypotonic fluids are administered, they can lead to a decrease in the osmotic gradient between the bloodstream and brain tissue. This can contribute to the development of cerebral edema, or swelling in the brain, which is particularly detrimental in a patient with a traumatic brain injury. Maintaining an appropriate osmotic balance is crucial in such cases to prevent exacerbation of brain swelling and to protect neurological function. Therefore, isotonic and hypertonic solutions are often preferred because they help maintain intravascular volume and can assist in controlling intracranial pressure. Understanding this mechanism is vital for managing traumatic brain injuries effectively, as appropriate fluid management plays a critical role in patient outcomes.

7. What should be prioritized in the Care Under Fire phase?

- A. Administering IV fluids
- B. Providing cover and calling for extraction
- C. Control of life-threatening hemorrhage**
- D. Performing detailed assessments

During the Care Under Fire phase, the primary focus is on immediate interventions that can prevent death from life-threatening injuries. Controlling life-threatening hemorrhage is critical because uncontrolled bleeding is one of the leading causes of preventable death in trauma situations. Quick and effective hemorrhage control can stabilize the patient until more advanced care can be provided. The prioritization of controlling hemorrhage over other interventions is grounded in the principles of Tactical Combat Casualty Care (TCCC), which emphasize the importance of doing what is necessary to save a life in high-risk situations. While providing cover and calling for extraction are also important components, they serve to enhance safety and facilitate evacuation rather than directly address immediate life threats. Administering IV fluids and performing detailed assessments are crucial steps in the later phases of care but are not the immediate priorities during Care Under Fire. This phase demands rapid decision-making with a focus on stopping bleeding and ensuring the patient's survival amidst ongoing threats.

8. In treating a casualty with a penetrating leg injury and a stick protruding from the wound, what is the appropriate action?

- A. Remove the stick immediately
- B. Control the bleeding and apply bulky dressing materials around the stick**
- C. Apply ice to reduce swelling
- D. Position the leg above heart level

In the case of a penetrating leg injury with a foreign object such as a stick protruding from the wound, the correct action is to control the bleeding and apply bulky dressing materials around the stick. This approach minimizes further damage to the surrounding tissue and prevents additional bleeding that could occur if the stick is removed. Removing the stick immediately can lead to increased bleeding and potentially worsen the injury, as it may be acting as a plug in the wound. It is essential to avoid manipulating the object until medical professionals can perform a full assessment, as they have the tools and expertise necessary to manage such injuries safely. Applying ice to reduce swelling is not appropriate in this scenario, as the immediate priority is to stabilize the injury rather than to manage swelling. Additionally, positioning the leg above heart level may not be effective or indicated, particularly since it could cause further complications if the injury is not managed correctly. By controlling the bleeding and securing the object in place, you reduce the risk of further damage and prepare the casualty for appropriate medical intervention. This practice is aligned with TCCC guidelines, which focus on preventing life-threatening injuries and stabilizing the patient until they can be transported for advanced care.

9. Why is high-flow oxygen important for trauma patients?

- A. To enhance recovery time
- B. To prevent hypoxia and support adequate oxygen delivery**
- C. To prevent infection
- D. To lower blood pressure

High-flow oxygen is crucial for trauma patients primarily to prevent hypoxia and support adequate oxygen delivery. Trauma can lead to various physiological stresses, including hemorrhagic shock or respiratory distress, which can significantly compromise a patient's ability to oxygenate their blood effectively. When oxygen saturation levels drop, the body's organs and tissues do not receive enough oxygen to function optimally, leading to potential organ failure and increased morbidity. By administering high-flow oxygen, medical responders can quickly increase the amount of oxygen available in the bloodstream, thus enhancing oxygen delivery to vital organs and tissues. This intervention is particularly important in trauma cases where there may be significant blood loss or impaired respiratory function. The rapid provision of supplemental oxygen can stabilize the patient, improve their overall condition, and enhance chances of recovery during the critical phases of treatment. Other options, while they may touch on aspects of patient care, do not directly address the critical role that oxygen plays in preventing hypoxia and supporting necessary physiological responses in trauma situations.

10. 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.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://dhatccrole3mtf.examzify.com>

We wish you the very best on your exam journey. You've got this!

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