

DHA TACTICAL COMBAT CASUALTY CARE (TCCC) – ROLE 3 MEDICAL TREATMENT FACILITY (MTF) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. What is the maximum duration a tourniquet should be left on, and why?**
 - A. Ideally, no longer than 2 hours to reduce tissue necrosis
 - B. Up to 4 hours for complete safety
 - C. Indefinitely, as long as bleeding is controlled
 - D. No more than 1 hour to ensure effectiveness
- 2. What is the major benefit of using cold stored low-titer O whole blood in emergencies?**
 - A. It is readily available and can be given without typing
 - B. It has a longer shelf life than other blood products
 - C. It is less likely to cause transfusion reactions
 - D. It requires no special storage conditions
- 3. In TCCC, what does the acronym MARCH stand for?**
 - A. Mechanism of injury, Airway, Respiration, Circulation, Head injuries
 - B. Massive hemorrhage, Airway, Respiration, Circulation, Hypothermia
 - C. Mental status, Airway, Rhythm, Circulation, Head injuries
 - D. Management, Action, Reassessment, Care, Hospitalization
- 4. What action should be taken if a casualty's condition deteriorates after initial treatment?**
 - A. Wait for improvement before reassessing
 - B. Administer additional pain medication only
 - C. Reassess and adjust treatment as necessary
 - D. Escalate to surgical intervention immediately
- 5. In a conscious casualty experiencing moderate pain, what is the preferred administration route for Fentanyl?**
 - A. Intravenous injection
 - B. Transmucosal
 - C. Intramuscular injection
 - D. Oral ingestion

- 6. What method is effective for controlling bleeding until a tourniquet can be applied?**
- A. Applying a dressing
 - B. Direct pressure
 - C. Elevation of the injury
 - D. Cold compress application
- 7. Which of the following diagnosis/treatment strategies should be implemented as soon as possible for a suspected head injury?**
- A. Provide supplemental oxygen if available and monitor with pulse oximetry
 - B. Elevate the legs to increase blood flow
 - C. Administer analgesics for pain relief
 - D. Restrict all movement to prevent further injury
- 8. In the HEADS injury portion of the IED checklist, what does the "H" indicate?**
- A. Head trauma
 - B. Hematoma
 - C. Headaches
 - D. Hyperventilation
- 9. When reviewing your equipment and supplies, you realize some of the items have expired. What should you do?**
- A. Continue to use them until replacements arrive
 - B. Request replacements through official channels
 - C. Dispose of them without further action
 - D. Notify your supervisor and continue with the mission
- 10. Which medication should be given to a casualty in shock who has just received one unit of blood?**
- A. Calcium
 - B. Vitamin K
 - C. Magnesium
 - D. Sodium

Answers

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

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Explanations

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1. What is the maximum duration a tourniquet should be left on, and why?

- A. Ideally, no longer than 2 hours to reduce tissue necrosis**
- B. Up to 4 hours for complete safety
- C. Indefinitely, as long as bleeding is controlled
- D. No more than 1 hour to ensure effectiveness

The maximum duration a tourniquet should be left on is ideally no longer than 2 hours to reduce the risk of tissue necrosis. Prolonged application of a tourniquet can lead to irreversible damage to nerves and muscles due to ischemia—a lack of blood flow that results in the death of tissue. After about 2 hours, the likelihood of permanent damage increases significantly because the tissues beyond the tourniquet begin to suffer from the absence of oxygen and nutrients supplied by blood. Research and clinical guidelines emphasize that timely removal of tourniquets is essential to mitigate these risks. It is important to note that, while a tourniquet is an effective life-saving tool for severe hemorrhagic scenarios, there are significant considerations regarding the duration it can safely remain in place. The two-hour mark represents a critical balance between controlling severe bleeding and preserving limb viability, thus ensuring the best potential outcomes for patients when they receive further medical care.

2. What is the major benefit of using cold stored low-titer O whole blood in emergencies?

- A. It is readily available and can be given without typing**
- B. It has a longer shelf life than other blood products
- C. It is less likely to cause transfusion reactions
- D. It requires no special storage conditions

The primary advantage of using cold stored low-titer O whole blood in emergencies is its availability and the ability to administer it without the need for blood typing. This can be critical in situations where time is of the essence, such as in trauma cases where rapid resuscitation is necessary. In such urgent scenarios, the logistics of matching blood types can introduce delays that could endanger a patient's life. Low-titer O whole blood is considered a universal donor type, making it compatible with most patients, and therefore, it can be given quickly to stabilize individuals in need of immediate care. The other options highlight various characteristics of blood products, but they do not encapsulate the key benefit of cold stored low-titer O whole blood during emergencies as effectively as the option focusing on readiness and typing. While factors like shelf life and the risk of transfusion reactions are important considerations in blood product selection, the most critical element in emergency contexts is the ability to deliver life-saving treatment swiftly without the complications of blood type compatibility.

3. In TCCC, what does the acronym MARCH stand for?

- A. Mechanism of injury, Airway, Respiration, Circulation, Head injuries
- B. Massive hemorrhage, Airway, Respiration, Circulation, Hypothermia**
- C. Mental status, Airway, Rhythm, Circulation, Head injuries
- D. Management, Action, Reassessment, Care, Hospitalization

The acronym MARCH in TCCC stands for Massive Hemorrhage, Airway, Respiration, Circulation, and Hypothermia. This sequence is critical in the management of trauma patients, reflecting the priorities in battlefield medicine. Starting with Massive Hemorrhage, this aspect highlights the urgent need to control life-threatening bleeding, as it is the most immediate threat to survival in traumatic injuries. Control or cessation of blood loss significantly enhances a casualty's chance of survival. Next is Airway management. After ensuring that hemorrhage is controlled, it is vital to secure the airway to prevent asphyxia and ensure that the casualty can breathe effectively. Following this, Respiration focuses on assessing the effectiveness of the casualty's breathing and managing any potential pneumothorax or other injuries affecting respiration. This is essential to maintain adequate oxygenation and prevent respiratory failure. Circulation is then assessed to identify and manage shock states or any cardiovascular compromise. Maintaining circulation is essential for organ perfusion and survival. Finally, Hypothermia is addressed, as traumatic injuries and the environment can lead to a drop in body temperature, further complicating the clinical picture and adversely affecting outcomes. This structured approach provided by the MARCH acronym helps medical providers systematically address life-threatening injuries in

4. What action should be taken if a casualty's condition deteriorates after initial treatment?

- A. Wait for improvement before reassessing
- B. Administer additional pain medication only
- C. Reassess and adjust treatment as necessary**
- D. Escalate to surgical intervention immediately

When a casualty's condition deteriorates after initial treatment, it is crucial to reassess and adjust treatment as necessary. This approach ensures that medical personnel can identify any changes in the casualty's condition and respond effectively to their evolving needs. Continuous reassessment allows for the recognition of new or worsening symptoms that may require modifications to the treatment plan. For instance, vital signs may reveal a worsening of vital functions such as blood pressure or heart rate, indicating complications that were not initially apparent. Adjusting treatment could involve providing additional interventions, modifying existing therapy, or initiating further diagnostics to get a clearer picture of the casualty's condition. This systematic approach to evaluating changes in a patient's status ensures that treatment is both responsive and appropriate, significantly improving the chances of a positive outcome. Being proactive in reassessment rather than waiting for improvement allows for timely interventions that can address deteriorating conditions before they lead to more serious complications.

5. In a conscious casualty experiencing moderate pain, what is the preferred administration route for Fentanyl?

- A. Intravenous injection
- B. Transmucosal**
- C. Intramuscular injection
- D. Oral ingestion

The preferred administration route for Fentanyl in a conscious casualty experiencing moderate pain is transmucosal. This route is effective because it allows for rapid absorption through the mucous membranes, leading to quicker onset of pain relief. The transmucosal method bypasses the need for intravenous access and is generally easier to administer, especially in situations where immediate relief is necessary and IV access may be challenging due to tactical or environmental constraints. Transmucosal administration also allows for controlled dosing, reducing the risk of complications that can arise with intravenous or intramuscular injections. Additionally, it avoids potential discomfort or trauma associated with needles. This makes it particularly valuable in a tactical combat scenario, where stress and chaos can complicate traditional routes of drug administration. In comparison, other routes such as intravenous injection, intramuscular injection, or oral ingestion may be less desirable in a timely response scenario, primarily due to the time it takes to achieve effective analgesia and the challenges associated with those methods in an operational setting.

6. What method is effective for controlling bleeding until a tourniquet can be applied?

- A. Applying a dressing
- B. Direct pressure**
- C. Elevation of the injury
- D. Cold compress application

Direct pressure is an effective method for controlling bleeding until a tourniquet can be applied. When a person experiences a bleeding injury, especially from a limb, applying direct pressure to the wound helps to compress the blood vessels and facilitate clotting. This method allows for immediate control of the bleeding, which is critical in preventing further blood loss and potential shock. Using direct pressure is a fundamental step in first aid practices and is often the first response taught to manage bleeding. This technique can significantly reduce the rate of bleeding and can be maintained until more definitive measures, such as the application of a tourniquet, can be taken if needed. Other methods like applying a dressing or elevating the injury may be beneficial, but they are typically secondary to the initial application of direct pressure. While cold compresses can assist in reducing swelling and controlling pain, they do not effectively control bleeding in an emergency situation. Hence, direct pressure remains the most reliable and immediate way to stabilize a bleeding wound until further treatment is available.

7. Which of the following diagnosis/treatment strategies should be implemented as soon as possible for a suspected head injury?

- A. Provide supplemental oxygen if available and monitor with pulse oximetry**
- B. Elevate the legs to increase blood flow
- C. Administer analgesics for pain relief
- D. Restrict all movement to prevent further injury

Providing supplemental oxygen and initiating pulse oximetry monitoring are crucial measures for a patient with a suspected head injury. Oxygen is essential in maintaining adequate cerebral perfusion and preventing further hypoxia, which can exacerbate secondary brain injury. The brain's need for oxygen increases when it is injured, and ensuring the patient receives sufficient oxygen can be vital for minimizing long-term effects. Pulse oximetry allows for continuous monitoring of the patient's oxygen saturation levels, helping healthcare providers to quickly identify and respond to any deterioration in the patient's condition. While other interventions may also be important in managing a head injury, they are not as immediate or vital as ensuring adequate oxygenation. For instance, elevating the legs might be beneficial in cases of hypotension, but it does not address the critical need for oxygen. Administering analgesics is important for pain management but should not be prioritized over ensuring the patient's oxygen supply. Restricting all movement can be necessary to prevent further injury but does not directly address immediate physiological needs, such as oxygen delivery. Therefore, the most appropriate and urgent strategy for a suspected head injury is to provide supplemental oxygen and monitor with pulse oximetry.

8. In the HEADS injury portion of the IED checklist, what does the "H" indicate?

- A. Head trauma
- B. Hematoma
- C. Headaches**
- D. Hyperventilation

The "H" in the HEADS injury portion of the IED checklist stands for "Headaches." This portion of the checklist is designed to help medical personnel systematically monitor and assess patients for potential signs and symptoms following a blast or traumatic event. In the context of traumatic brain injury (TBI) or concussive injuries from an improvised explosive device (IED), headaches are a common presenting symptom. Patients may experience headaches as a result of cerebral trauma, increased intracranial pressure, or other related complications. By identifying the presence of headaches, medical personnel can further evaluate and monitor the patient's condition, ensuring appropriate interventions are taken when necessary. Recognizing this symptom early is crucial in the management of trauma patients, as it can have implications for the patient's ongoing treatment and recovery. In contrast, while head trauma, hematoma, and hyperventilation can be significant factors in a patient's overall assessment, they do not directly correlate with the specific focus of what the "H" represents in this checklist. The emphasis on headaches highlights the importance of understanding and addressing a range of symptoms associated with head injuries.

9. When reviewing your equipment and supplies, you realize some of the items have expired. What should you do?

- A. Continue to use them until replacements arrive
- B. Request replacements through official channels**
- C. Dispose of them without further action
- D. Notify your supervisor and continue with the mission

Requesting replacements through official channels is the correct approach when you find that some of your equipment and supplies have expired. Using expired items can pose significant risks, as their efficacy and safety cannot be guaranteed. In a tactical or medical environment, relying on outdated supplies can lead to ineffective treatment interventions, potentially compromising patient care and overall mission outcomes. By requesting replacements, you are taking the necessary steps to ensure that your team is properly equipped with effective and safe supplies. This action demonstrates responsibility and adherence to protocols that prioritize the safety and effectiveness of care provided in a Role 3 Medical Treatment Facility. Proper inventory management and communication within the logistics chain are essential components of maintaining operational readiness and ensuring optimal patient outcomes in a tactical setting. In situations where expired supplies are discovered, it is important to follow established protocols rather than using outdated items, disposing of them without further action, or simply notifying a supervisor without addressing the issue of having adequate replacements. Ensuring that all equipment is current is vital to maintaining high standards of care and operational effectiveness.

10. Which medication should be given to a casualty in shock who has just received one unit of blood?

- A. Calcium**
- B. Vitamin K
- C. Magnesium
- D. Sodium

In the context of managing a casualty in shock who has just received one unit of blood, administering calcium is important due to its role in the clotting process and in stabilizing cardiac function. When blood products are transfused, especially in situations involving massive transfusion, there is a risk of hypocalcemia due to the citrate anticoagulant used during blood storage. Citrate binds calcium, potentially leading to a decrease in ionized calcium levels which can result in complications such as cardiac arrhythmias, impaired contractility, and coagulopathy. By administering calcium, healthcare providers can help mitigate these risks, ensuring that the casualty's heart functions optimally and that the coagulation cascade remains effective. This becomes especially critical in a trauma setting where maintaining hemostatic function is crucial to patient outcomes. In contrast, the other options—Vitamin K, Magnesium, and Sodium—are not indicated for immediate treatment in this specific scenario. Vitamin K may be used in the context of managing vitamin K antagonist overdoses or in certain bleeding situations but is not typically a first-line response to shock or blood transfusion. Magnesium does play roles in various physiological processes, but is not directly related to the urgent care required for a casualty in shock post-transfusion. Sodium is

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:

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

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