Field Medical Training Battalion (FMTB) West DHA TCCC 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

1. What is the common length listed for Needle-D sizes?

A. 3.25 inches

B. 3.0 inches

C. 3.5 inches

D. 4.0 inches

2. What percentage of total body area corresponds to the groin and buttocks in the Rules of Nines?

A. 9%

B. 4.5%

C. 1%

D. 18%

3. Refractory shock should be addressed with which technique?

A. Double dart. 2 needle D's

B. Single needle IV access

C. Oral rehydration

D. Tourniquet application only

4. In Phase 3 (TACEVAC), which activity is performed?

A. Reassessing the scene

B. Establishing evacuation point security

C. Document care

D. Return fire

5. Which statement about nasopharyngeal airway (NPA) is true?

A. Can be used on both unconscious or semiconscious casualties with NO airway obstruction

B. Should only be used on conscious patients

C. Should be inserted without lubrication

D. Must be inflated after placement

6. Best treatment for hypothermia according to the material is which?

- **A. Prevention/education**
- **B. Active warming measures**
- **C. Pharmacologic therapy**
- **D. Rapid transport only**

7. Casualties with altered mental status should immediately have which action performed?

- **A. Weapons cleared and secured**
- **B. Reassure casualty**
- **C. Begin IV fluids**
- **D. Move casualty to shade**

8. What does the term 'Double dart' refer to in refractory shock management?

- **A. Two needles placed simultaneously for vascular access**
- **B. Two darts used for hemostasis**
- **C. Two IV lines inserted sequentially**
- **D. Double dose TXA administration**

9. If casualty is unconscious, place in what position?

- **A. Recovery position with injured side down**
- **B. Supine on their back**
- **C. Prone position**
- **D. Trendelenburg**

10. Which finding is a late sign of tension pneumothorax?

- **A. Tracheal deviation**
- **B. Respiratory distress**
- **C. Tachypnea**
- **D. Absent breath sounds**

Answers

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

Explanations

1. What is the common length listed for Needle-D sizes?

A. 3.25 inches

B. 3.0 inches

C. 3.5 inches

D. 4.0 inches

Needle-D sizes are chosen to reliably reach the pleural space in most adults with a single, quickly deployed device. The common length listed is 3.25 inches because it provides enough depth to traverse the chest wall and enter the intrapleural space for the majority of patients, while staying within a practical range that avoids unnecessary over-penetration. Shorter lengths may not reach the target in people with thicker chest walls, and longer lengths are less commonly listed as standard options. So, 3.25 inches represents the typical, widely used size for Needle-D in field settings.

2. What percentage of total body area corresponds to the groin and buttocks in the Rules of Nines?

A. 9%

B. 4.5%

C. 1%

D. 18%

The main idea is how the Rules of Nines assigns fixed percentages to body regions to quickly estimate burn surface area. The groin area (genitalia) is a single region that accounts for 1% of total body surface area. The buttocks aren't assigned a separate 1% value; they're part of the posterior trunk, which is 18% in total. So there isn't a combined "groin plus buttocks" 1% figure to memorize. If a burn involves the groin, you use 1% for that region; if it involves the buttocks, that contribution falls under the posterior trunk's 18%. Therefore, the best match among the options for the groin area itself is 1%.

3. Refractory shock should be addressed with which technique?

A. Double dart. 2 needle D's

B. Single needle IV access

C. Oral rehydration

D. Tourniquet application only

When a patient remains in shock despite initial resuscitation, the priority is fast, reliable access to deliver fluids and medications. If IV access proves difficult or slow, using two intraosseous lines (the double-dart approach) provides two parallel, rapid routes for infusion. This redundancy and higher flow capacity lets you push fluids quickly and administer time-critical meds, which is essential to reverse refractory shock in the field. Relying on oral rehydration won't address the severe hypoperfusion seen in refractory shock, and a tourniquet alone doesn't restore circulating volume or tissue perfusion. The double-dart technique directly tackles the need for swift, dependable access to resuscitate.

4. In Phase 3 (TACEVAC), which activity is performed?

A. Reassessing the scene

B. Establishing evacuation point security

C. Document care

D. Return fire

Phase III of Tactical Casualty Care centers on moving casualties out to higher care while keeping the extraction area protected. The key action is establishing evacuation point security, creating a secure perimeter so medevac assets can approach safely and casualties can be loaded without interference or exposure to threats. Reassessing the scene is something that happens earlier as you transition from under-fire care to tactical field care. Documenting care and handing off information occurs as part of care processes, not the defining task of the evacuation phase. Returning fire belongs to dealing with threats during earlier phases; once you've reached the evacuation point, the priority is safety and a smooth extraction. Establishing evacuation point security directly enables a safe, orderly evacuation, which is why it's the best answer.

5. Which statement about nasopharyngeal airway (NPA) is true?

A. Can be used on both unconscious or semiconscious casualties with NO airway obstruction

B. Should only be used on conscious patients

C. Should be inserted without lubrication

D. Must be inflated after placement

A nasopharyngeal airway is used to keep the airway open in patients who are unconscious or only partially conscious and cannot protect their airway, as long as the nasal passage is clear and there's no skull or nasal fracture risk. It works by sitting in the nasal passage and backing the tongue away from the airway to prevent obstruction, which is why lubrication is essential—without lubrication the insertion can cause trauma and failure. Correct sizing is important, typically measured from the nostril to the earlobe, to ensure the device sits properly without irritating the posterior pharynx. This makes the statement that it can be used in unconscious or semiconscious casualties with no nasal obstruction the best choice. In contrast, it's not appropriate for conscious patients who may gag, it should not be inserted without lubrication, and there is no cuff to inflate after placement.

6. Best treatment for hypothermia according to the material is which?

A. Prevention/education

B. Active warming measures

C. Pharmacologic therapy

D. Rapid transport only

The most impactful idea is that preventing cold exposure through education and proactive protection is the best approach to hypothermia in field care. By teaching at-risk individuals to stay dry, layer properly, seek shelter from wind, and recognize early signs, you stop the problem before it starts and reduce both its incidence and severity. In austere settings, this prevention mindset yields the biggest improvement in outcomes because once hypothermia develops, even with rewarming efforts, the patient is already compromised. So, while active warming is still necessary if hypothermia occurs, the material emphasizes prevention and education as the primary strategy.

7. Casualties with altered mental status should immediately have which action performed?

A. Weapons cleared and secured

B. Reassure casualty

C. Begin IV fluids

D. Move casualty to shade

Safety at the scene comes first. A casualty with altered mental status may be disoriented, unresponsive, or unable to follow commands, and there could be a weapon within reach. Clearing and securing the weapon right away removes a major risk to you and others and lets you safely approach to assess and care for the casualty. Once safety is established, you can proceed with the necessary medical tasks. Reassurance isn't reliable when someone is AMS, and starting IV fluids or moving to shade are important steps but not the immediate action you take before ensuring the environment is safe.

8. What does the term 'Double dart' refer to in refractory shock management?

A. Two needles placed simultaneously for vascular access

B. Two darts used for hemostasis

C. Two IV lines inserted sequentially

D. Double dose TXA administration

The key idea here is speed and reliability of venous access in a patient in refractory shock. The term "double dart" refers to placing two IV needles/catheters at the same time to establish dual venous access quickly. Having two simultaneous access points lets you start two infusions immediately, provides redundancy if one line is difficult or fails, and speeds up delivering fluids, blood products, or medications when every moment counts. This approach is focused on rapid resuscitation through vascular access rather than on hemostasis tools, sequential line attempts, or pharmacologic dosing strategies like TXA. In practice, securing two ready-to-use IV routes minimizes delays in critical resuscitation and helps achieve the needed volume and medication delivery more efficiently in the field.

9. If casualty is unconscious, place in what position?

A. Recovery position with injured side down

B. Supine on their back

C. Prone position

D. Trendelenburg

Maintaining an open airway is the priority when a casualty is unconscious but breathing. The recovery position puts the person on their side so gravity helps keep the airway clear and allows any secretions or vomit to drain away from the lungs, reducing the risk of aspiration. Placing the casualty on the side with the injured side down supports the head and stabilizes the body, and helps fluids drain away from the airway in the presence of injuries on that side. Lying on the back can allow the tongue to occlude the airway, and the prone or Trendelenburg positions don't protect the airway in an unconscious patient. So the best choice is the recovery position with the injured side down.

10. Which finding is a late sign of tension pneumothorax?

A. Tracheal deviation

B. Respiratory distress

C. Tachypnea

D. Absent breath sounds

Tracheal deviation is a late sign because as air accumulates under pressure in a tension pneumothorax, the mediastinum shifts away from the affected side. That mediastinal shift pulls the trachea off the midline, signaling that intrathoracic pressure has become severely high and venous return to the heart is being compromised. Early indicators are things like respiratory distress and rapid breathing as the body tries to compensate, and diminished breath sounds on the affected side can occur, but they don't necessarily indicate the severe progression that tracheal deviation does. When tracheal deviation appears, it points to a dangerous, advanced stage that requires immediate intervention.

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://fmtbwestdhatccc.examzify.com

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