

FIELD MEDICAL TRAINING BATTALION (FMTB) WEST DHA TCCC PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 thawed shelf life of plasma?**
 - A. 5 days thawed
 - B. 40 days thawed
 - C. 15 days thawed
 - D. 60 days thawed
- 2. What is essential at a CCP to facilitate casualty movement?**
 - A. Access to evacuation routes
 - B. No evacuation planned
 - C. Evacuation only by air
 - D. Evacuation by foot long distances
- 3. Among the TXA criteria, which is a contraindication?**
 - A. Hypertension
 - B. Diabetes
 - C. Prior allergy to TXA
 - D. Recent aspirin use
- 4. In field care, antibiotics are indicated for which type of wounds?**
 - A. All wounds
 - B. Open combat wounds
 - C. Closed wounds
 - D. Infected wounds only
- 5. In which scenario is the recovery position indicated?**
 - A. An unconscious casualty not in shock
 - B. An unconscious casualty in shock
 - C. A conscious casualty who is actively vomiting
 - D. A conscious casualty who requires immediate airway management
- 6. What is the standard dosing of Acetaminophen for mild to moderate pain?**
 - A. 500 mg every 8 hours
 - B. 500 mg every 6 hours
 - C. 1000 mg every 6 hours
 - D. 250 mg every 8 hours

- 7. Which set of findings constitutes the lethal triad in trauma?**
- A. Hypothermia, Coagulopathy, Acidosis
 - B. Hypoxia, Pain, Anemia
 - C. Hyperthermia, Hypertension, Alkalosis
 - D. Hypoglycemia, Infection, Dehydration
- 8. In an improvised tourniquet, what is the purpose of the windlass?**
- A. To tighten the tourniquet and maintain pressure
 - B. To decorate the tourniquet
 - C. To clean the wound
 - D. To cut through clothing
- 9. In the Rules of Nines, what percentage is assigned to the front and back of the torso?**
- A. 18%
 - B. 9%
 - C. 4.5%
 - D. 36%
- 10. Which intramuscular site is described as the center of the upper outer quadrant of the gluteal region?**
- A. Deltoid
 - B. Thigh
 - C. Buttock
 - D. Abdomen

Answers

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

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Explanations

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1. What is the thawed shelf life of plasma?

- A. 5 days thawed
- B. 40 days thawed
- C. 15 days thawed
- D. 60 days thawed

Thawed plasma has a short, defined window of effectiveness when stored properly. Once plasma is thawed and kept at cold temperatures (about 1–6°C), the coagulation factors remain functional for up to five days. After that, the activity of those factors declines and the risk of bacterial growth increases, making it less reliable for hemostatic resuscitation. Therefore the practical shelf life after thawing is five days. Longer durations listed would reflect frozen or unthawed states and aren't used for thawed plasma. Always discard after day five and keep the product refrigerated, without refreezing once thawed.

2. What is essential at a CCP to facilitate casualty movement?

- A. Access to evacuation routes
- B. No evacuation planned
- C. Evacuation only by air
- D. Evacuation by foot long distances

Access to evacuation routes is essential at a casualty collection point because it provides the clear, coordinated paths needed to move wounded beyond the CCP to higher medical care. These routes allow the team to use the fastest and safest transport available—whether ground vehicles, litter bearers, or evac helicopters—without causing bottlenecks or delays. Routes must be mapped, unobstructed, and synchronized with evacuation assets so that triage, initial care, and transport flow smoothly together. Without defined routes, casualties can back up at the CCP and vital care is delayed. While different terrains may require air, ground, or mixed movement, having reliable evacuation routes ensures flexibility and efficiency in getting patients to the next level of treatment.

3. Among the TXA criteria, which is a contraindication?

- A. Hypertension
- B. Diabetes
- C. Prior allergy to TXA
- D. Recent aspirin use

The main idea is identifying contraindications to tranexamic acid. A known allergy to tranexamic acid is an absolute contraindication because giving it to someone who is allergic could trigger a dangerous hypersensitivity reaction. Hypertension and diabetes by themselves don't prevent TXA use, and recent aspirin use isn't an absolute contraindication either—though bleeding risk must still be considered and managed as part of the overall clinical picture. The key takeaway is that an allergy to TXA means you should not administer it.

4. In field care, antibiotics are indicated for which type of wounds?

- A. All wounds
- B. Open combat wounds**
- C. Closed wounds
- D. Infected wounds only

Antibiotics are used in field care to prevent infection in wounds that are open and contaminated. When the skin is broken and the wound is exposed to dirt, debris, or battlefield contaminants, bacteria can enter quickly and multiply. Starting antibiotics for open combat wounds helps reduce the risk of infection and complications from contamination. Closed wounds have intact skin, so the natural barrier reduces infection risk; antibiotics are not routinely given unless signs of infection appear or there are specific risk factors. Infected wounds do require antibiotic treatment, but the field standard aims to prevent this scenario by treating open wounds early. Therefore, open combat wounds are the situation where antibiotics are indicated.

5. In which scenario is the recovery position indicated?

- A. An unconscious casualty not in shock**
- B. An unconscious casualty in shock
- C. A conscious casualty who is actively vomiting
- D. A conscious casualty who requires immediate airway management

The recovery position is used for an unconscious casualty who is breathing and does not have signs of shock, to keep the airway open and reduce the risk of aspiration. When a person is unconscious, the tongue can relax back and partially block the airway; lying them on their side with the head supported helps prevent that, and allows any secretions or vomit to drain away from the airway. It also stabilizes the person so you can monitor breathing and consciousness while help is on the way. If the casualty were in shock, the focus would be on supporting circulation and treating the shock first, and turning them for a side-lying recovery position might not be appropriate as a standing priority. A conscious person who is actively vomiting should be placed on their side to drain, but they are not in the unconscious recovery-position scenario. A conscious casualty who requires immediate airway management needs airway procedures rather than simply being placed in the recovery position.

6. What is the standard dosing of Acetaminophen for mild to moderate pain?

- A. 500 mg every 8 hours**
- B. 500 mg every 6 hours
- C. 1000 mg every 6 hours
- D. 250 mg every 8 hours

In managing mild to moderate pain, a practical and safe approach is to use a fixed per-dose amount that fits into a regular interval. A common adult regimen is 500 mg per dose taken every 8 hours as needed. This provides reliable analgesia while keeping the total daily acetaminophen exposure within safe limits (roughly up to 4,000 mg per day for adults, depending on guidelines). Why this fits best: the 500 mg dose uses a standard, simple tablet size and spacing that offers effective pain relief with a lower risk of exceeding daily limits. The alternative of a higher per-dose amount (1000 mg) and shorter interval (every 6 hours) increases daily exposure and potential toxic risk. A smaller dose (250 mg) every 8 hours might be subtherapeutic for many adults, and 500 mg every 6 hours would raise the total daily dose without necessarily improving efficacy for mild pain.

7. Which set of findings constitutes the lethal triad in trauma?

- A. Hypothermia, Coagulopathy, Acidosis
- B. Hypoxia, Pain, Anemia
- C. Hyperthermia, Hypertension, Alkalosis
- D. Hypoglycemia, Infection, Dehydration

The lethal triad in trauma is hypothermia, coagulopathy, and acidosis. Each of these worsens the others, creating a vicious cycle that drives ongoing bleeding and poor outcomes. Hypothermia slows enzymatic reactions and impairs platelet function, making clot formation less effective. Coagulopathy means the body's ability to clot is diminished, so bleeding continues and tissue hypoperfusion worsens. Acidosis, from poor perfusion and anaerobic metabolism, further impairs coagulation pathways and platelet function, and it can also depress cardiac performance. In a bleeding trauma patient, you often see these three together: heat is lost or diluted during resuscitation, the patient bleeds and loses clotting factors, and poor perfusion pushes lactic acid up, reinforcing the cycle. The other sets don't fit this pattern because they don't capture the self-perpetuating interaction that makes the trauma lethal triad particularly dangerous. Understanding this triad helps explain why rapid hemorrhage control, preserving body temperature, and balanced resuscitation are crucial to interrupt the cycle.

8. In an improvised tourniquet, what is the purpose of the windlass?

- A. To tighten the tourniquet and maintain pressure
- B. To decorate the tourniquet
- C. To clean the wound
- D. To cut through clothing

The windlass is the twisting rod that converts turning action into tightening force on the band, allowing you to cinch the tourniquet around the limb and maintain consistent pressure. By twisting the windlass, you increase the tension of the strap so arterial blood flow is occluded and hemorrhage is controlled. Keeping the windlass twisted and secured helps preserve that pressure even with movement, which is essential for ongoing bleeding control. It isn't decorative, it isn't used to clean the wound, and it isn't meant to cut through clothing.

9. In the Rules of Nines, what percentage is assigned to the front and back of the torso?

- A. 18%
- B. 9%
- C. 4.5%
- D. 36%

In the Rule of Nines, the trunk is split into two equal halves: the front (anterior trunk) and the back (posterior trunk). Each half accounts for 18% of total body surface area. So the front of the torso is 18%, and the back of the torso is also 18%. If both were burned, the entire torso would be 36%. The other numbers don't match the division of the trunk: 9% is for a single limb or the head, and 4.5% isn't used in this scheme.

10. Which intramuscular site is described as the center of the upper outer quadrant of the gluteal region?

- A. Deltoid
- B. Thigh
- C. Buttock**
- D. Abdomen

The key idea is identifying the dorsogluteal intramuscular injection site. This site is in the buttock, specifically at the center of the upper outer quadrant of the gluteal region. Targeting this area places the needle into the gluteus maximus for IM delivery while avoiding the sciatic nerve that runs more medially and inferiorly. While historically common, some guidelines now prefer safer alternatives like the ventrogluteal region or the deltoid due to anatomical variability. The other options aren't in the gluteal region: the deltoid is in the shoulder, the thigh is in the anterior thigh, and the abdomen is the abdominal wall.

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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!

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