IBSC Tactical Paramedic Certification (TP-C) 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. Which major preventable cause accounts for about 33% of combat deaths?

A. Extremity Hemorrhage

B. Tension Pneumothorax

C. Airway Compromise

D. Hypothermia

2. Non-compressible hemorrhage is typically managed with which intervention?

A. Wound Packing

B. Direct Pressure

C. Surgical Intervention

D. Elevation

3. Which factor is listed as an issue that can degrade medical mission function in austere environments?

A. Inadequate Hygiene facilities

B. Poor Nutrition and food handling

C. Lack of rest

D. Barricade medicine

4. An anaphylactic transfusion reaction typically presents with which characteristic?

A. Uticaria, pruritus, hypotension, tachycardia

B. Caused by Anti-igA antibodies

C. Rapid onset (30 mins)

D. Stop the transfusion

5. Which IED is carried by a person wearing a vest?

A. Suicide Vest

B. House Borne IED (HBIED)

C. Vehicle Borne IED (VBIED)

D. Command Detonated IED

6. Which burn fluid resuscitation formulas use Body Surface Area (BSA) in their calculations?

A. Brooke Formula and Parkland Formula

B. Brooke Formula Only

C. Parkland Formula Only

D. ISR Rule of Tens

7. Tertiary blast injuries occur when the casualty does what?

A. Casualty strikes objects after being thrown

B. Flying debris hits the casualty

C. Hits by shrapnel from the explosion

D. A chemical inhalation injury

8. The T10 dermatome corresponds to which landmark?

A. Umbilicus

B. Nipples

C. Xiphoid process

D. Inguinal ligaments

9. Which statement about Canine Care during examinations is NOT recommended?

A. Have Handler present during exam and RX

B. Ensure handler safety

C. Never muzzle the dog

D. Always muzzle the dog

10. Which area is most commonly associated with junctional hemorrhage?

A. Axilla and inguinal fold

B. Forearm

C. Calf

D. Neck

Answers

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

Explanations

1. Which major preventable cause accounts for about 33% of combat deaths?

A. Extremity Hemorrhage

B. Tension Pneumothorax

C. Airway Compromise

D. Hypothermia

The key idea here is that tension pneumothorax from chest trauma is a major preventable battlefield death that can be stopped with rapid, in-field treatment. When air collects under pressure in the pleural space, the lung on the affected side collapses and the mediastinum shifts, choking off venous return to the heart and severely impairing both breathing and circulation. In combat medicine, chest injuries can progress to this point very quickly, but it's something medics can intervene on immediately with chest seal management and, if signs of deterioration appear, needle decompression to relieve the pressure. That combination—recognizing the problem early and treating it fast—has a substantial impact on survival, which is why it's cited as accounting for a notable portion of preventable combat deaths.

2. Non-compressible hemorrhage is typically managed with which intervention?

A. Wound Packing

B. Direct Pressure

C. Surgical Intervention

D. Elevation

Non-compressible hemorrhage is bleeding that cannot be controlled by local measures like direct pressure or elevation because the source is inside the body, such as a chest or abdominal bleed. In these cases, trying to stop the flow from the outside won't work, since the bleeding is from a deep vessel or within a cavity. The only reliable way to halt this kind of bleed is surgical intervention to access the injury, control the hemorrhage (often with damage-control techniques), and stabilize the patient. In the field, this means rapid transport to definitive operative care while continuing supportive resuscitation and any feasible external hemorrhage control.

3. Which factor is listed as an issue that can degrade medical mission function in austere environments?

A. Inadequate Hygiene facilities

B. Poor Nutrition and food handling

C. Lack of rest

D. Barricade medicine

In austere medical missions, infection prevention and control is foundational to safe, effective care. Inadequate hygiene facilities undermine hand hygiene, surfaces and instrument cleaning, waste management, and clean water access. When these controls are weak, the risk of wound infection, sepsis, and cross-contamination rises dramatically, which can overwhelm limited resources and stall patient care. Cleanliness and sanitation enable reliable procedures, reduce secondary infections, and keep both patients and responders safer, making this factor the most impactful on mission function. While factors like fatigue or nutrition also affect performance, the direct, systemic threat posed by poor hygiene facilities makes it the critical issue in these settings.

4. An anaphylactic transfusion reaction typically presents with which characteristic?

A. Uticaria, pruritus, hypotension, tachycardia

B. Caused by Anti-igA antibodies

C. Rapid onset (30 mins)

D. Stop the transfusion

Anaphylactic transfusion reactions are acute, IgA-antibody–mediated responses that occur very soon after exposure to the transfused product. The key feature that makes this reaction stand out is how quickly it develops—typically within minutes of starting the transfusion, often within about 30 minutes. This rapid onset is what clinicians watch for to differentiate it from slower immune or febrile reactions and to trigger urgent actions (stop the transfusion, support airway and hemodynamics, administer epinephrine as indicated). Skin signs like hives can occur but are not required; some patients may present with bronchospasm and hypotension without prominent skin findings. The anti-IgA antibody mechanism explains why these reactions happen in certain recipients, but the most identifying presentation is the rapid onset after transfusion begins.

5. Which IED is carried by a person wearing a vest?

A. Suicide Vest

B. House Borne IED (HBIED)

C. Vehicle Borne IED (VBIED)

D. Command Detonated IED

This item is testing the ability to identify IEDs by how they're carried. A suicide vest is designed to be worn on the body by the attacker—strapped to the torso and detonated by the wearer. The wearer becomes the delivery mechanism for the blast, which is why this type is described as "suicide" in nature. In contrast, a vehicle-borne IED is concealed in or on a vehicle, a house or structure-borne IED is placed inside a building, and a command detonated IED is triggered remotely by someone else. So when the device is worn as a vest, it points to a suicide vest rather than the other forms.

6. Which burn fluid resuscitation formulas use Body Surface Area (BSA) in their calculations?

A. Brooke Formula and Parkland Formula

B. Brooke Formula Only

C. Parkland Formula Only

D. ISR Rule of Tens

In burn resuscitation, fluid needs are guided by how big the person is and how much of the body surface is burned. The amount you give depends on weight and the extent of burn expressed as percent TBSA. That percent TBSA ties directly to body surface area, so these formulas use body surface area in their calculations. The Parkland formula prescribes 4 mL per kg per percentTBSA burned, given over the first 24 hours with half in the first 8 hours. The Brooke formula uses 2 mL per kg per percentTBSA burned, also over 24 hours with half in the first 8 hours. Since both require the percent TBSA burned, they incorporate the body surface area aspect of the patient's burn. The ISR Rule of Tens is a different, simpler heuristic and does not rely on the same weight × TBSA × 24-hour structure.

7. Tertiary blast injuries occur when the casualty does what?

A. Casualty strikes objects after being thrown

B. Flying debris hits the casualty

C. Hits by shrapnel from the explosion

D. A chemical inhalation injury

Tertiary blast injuries come from the force of the blast wind propelling the person away from the explosion, causing them to collide with fixed objects or the ground. The trauma results from the body's blunt impact and the injuries that follow, such as fractures or internal organ damage from striking surfaces. This is why being thrown and then striking objects best describes tertiary injuries. For contrast, injuries from flying debris or shrapnel are secondary injuries, caused by fragments striking the body. Chemical inhalation injuries are a different category (often considered quaternary) related to non-blast mechanisms like inhalation of toxic substances or burns.

8. The T10 dermatome corresponds to which landmark?

A. Umbilicus

B. Nipples

C. Xiphoid process

D. Inguinal ligaments

Dermatomes map skin areas to specific spinal nerve roots, and on the trunk these mappings follow a predictable ladder: the nipple line is around T4, the area near the xiphoid process around T6, and the umbilicus around T10. So the T10 dermatome corresponds to the umbilicus. This link helps clinicians assess sensory levels after spinal injury or plan regional anesthesia. The other landmarks align with different levels: nipples with T4, the xiphoid region with T6, and the inguinal area with L1.

9. Which statement about Canine Care during examinations is NOT recommended?

A. Have Handler present during exam and RX

B. Ensure handler safety

C. Never muzzle the dog

D. Always muzzle the dog

In canine care during examinations, safety and control are core priorities. Having the handler present during the exam and any radiographs helps keep the dog calm, gives cues to reduce movement, and protects both the dog and staff by facilitating coordinated handling. The muzzle is a standard safety tool that allows the clinician to proceed with the exam, restraint, injections, or imaging without risk of bites, especially when the dog is in pain, stressed, or uncooperative. Therefore, the idea of never muzzling the dog is not recommended. You should use a muzzle when indicated to minimize risk and enable a smoother, safer examination. While some calm dogs may not need a muzzle, applying it indiscriminately or insisting on always muzzling is too rigid; the best practice is to assess the situation and use restraint and safety tools like a muzzle when they improve safety for everyone involved.

10. Which area is most commonly associated with junctional hemorrhage?

A. Axilla and inguinal fold

B. Forearm

C. Calf

D. Neck

Junctional hemorrhage happens at the transition between the trunk and a limb, where conventional tourniquets often can’t apply effectively. The armpit (axilla) and groin (inguinal fold) are classic junctional regions because they sit right at that transition and contain large vessels (axillary and femoral) that can bleed severely and rapidly. These sites are also difficult to compress with a standard limb tourniquet, so rapid control often relies on junctional techniques or devices targeted at these areas. The forearm and calf are distal limb segments where a tourniquet can usually be placed above the injury, so they’re not typically classified as junctional. The neck is another junctional area, but it’s less commonly involved in typical trauma patterns and carries different management challenges, making axilla and inguinal fold the most commonly associated sites.

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://ibsctpc.examzify.com

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