

IBSC TACTICAL PARAMEDIC CERTIFICATION (TP-C) 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 a common early physiologic sign of hypothermia?**
 - A. Tachycardia
 - B. Hypertension
 - C. Vasodilation
 - D. Fever

- 2. Which color indicates a hand-powered IO suitable for Sternal IO?**
 - A. Blue - Tibial and Humeral IO
 - B. Purple - Femoral IO
 - C. Green - Sternal IO
 - D. Red - Tibial IO

- 3. Which is the most preventable cause of combat death?**
 - A. Tension Pneumothorax
 - B. Airway Compromise
 - C. Extremity Hemorrhage
 - D. Hypothermia

- 4. Which conditions are exceptions where cardiac arrest may not be considered death?**
 - A. Hypothermia
 - B. Crush Injuries
 - C. Electrocution Injuries
 - D. All of the above

- 5. Conscious casualty airway management: which action is considered the initial step?**
 - A. Get in position of comfort
 - B. Place NPA early if possible
 - C. Keep mouth closed
 - D. Check pulse

- 6. Which vein is used for IV access in the rear leg?**
- A. Cephalic Vein
 - B. Saphenous Vein
 - C. Jugular Vein
 - D. Femoral Vein
- 7. How far above the wound should a tourniquet typically be placed?**
- A. 1 inch
 - B. 5 inches
 - C. 2 inches above the wound
 - D. 2-3 inches above the wound
- 8. Which blood product is useful for clotting factors, has antibodies, and does not contain platelets?**
- A. Plasma
 - B. Cryoprecipitate
 - C. Platelets
 - D. Red Blood Cells
- 9. Which of the following is listed as an in-extremis extraction method?**
- A. At the point of death
 - B. DO NOT Run out to casualty
 - C. Throw retrieval lines
 - D. None of the above
- 10. Which medication is commonly used as a first-line benzodiazepine for seizure control in EMS protocols?**
- A. Diazepam
 - B. Lorazepam
 - C. Midazolam
 - D. Clonazepam

Answers

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

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Explanations

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1. What is a common early physiologic sign of hypothermia?

- A. Tachycardia
- B. Hypertension
- C. Vasodilation**
- D. Fever

When the body is exposed to cold, the first instinct is to conserve heat by narrowing blood vessels in the skin (vasoconstriction). But you can also see a phenomenon called cold-induced vasodilation, or the hunting reaction, where the skin temporarily opens up and blood flow increases. These brief bursts of vasodilation can appear early as warm, flushed patches in exposed areas and are a recognizable early sign of hypothermia. That's why this option is the best pick among the choices. Tachycardia can occur as a general compensatory response, fever cannot occur with hypothermia, and hypertension is not a typical early sign, whereas vasodilation specifically reflects that early, periodical increase in skin blood flow.

2. Which color indicates a hand-powered IO suitable for Sternal IO?

- A. Blue - Tibial and Humeral IO
- B. Purple - Femoral IO
- C. Green - Sternal IO**
- D. Red - Tibial IO

Intraosseous access uses color-coded equipment to help you quickly pick the right device and insertion site. Hand-powered (manual) IO kits are chosen for rapid access when IV is hard to obtain, and the sternum is a central site that some systems designate with a specific color. Here, green is the color for sternum access, indicating a hand-powered IO setup intended for Sternal IO. This mapping keeps you from mixing up sites like tibial, humeral, or femoral with a sternum approach, since those other colors correspond to different bones and, in some systems, different powering methods. So green points to the hand-powered device used for Sternal IO.

3. Which is the most preventable cause of combat death?

- A. Tension Pneumothorax
- B. Airway Compromise
- C. Extremity Hemorrhage**
- D. Hypothermia

The key idea is that uncontrolled bleeding, especially from an extremity, is the most preventable cause of death on the battlefield. Bleeding from an extremity can be stopped quickly with simple, proven measures like tourniquets and hemostatic dressings. When these are applied promptly, many deaths from exsanguination are avoided, which is why extremity hemorrhage is considered the most preventable battlefield death. Airway problems and tension pneumothorax are serious and require rapid intervention, but they are not as consistently preventable in the field as hemorrhage control. Hypothermia is dangerous and preventable, but it typically compounds other injuries and is not the leading preventable cause by itself.

4. Which conditions are exceptions where cardiac arrest may not be considered death?

- A. Hypothermia
- B. Crush Injuries
- C. Electrocution Injuries
- D. All of the above**

Certain conditions can make what looks like cardiac arrest not automatically mean the person is dead. In hypothermia, the body's metabolism slows dramatically, so the heart can stop but still be capable of restarting with proper rewarming and continuous CPR. The cold conditions also slow brain injury, giving a window where resuscitation may succeed even after extended downtime. In crush injuries, prolonged pressure can cause severe metabolic and electrolyte disturbances once the pressure is relieved, but with rapid stabilization, management of toxins and fluids, and careful resuscitation, the heart can sometimes regain function. In electrocution injuries, the current can disrupt heart rhythm or cause brief arrest, yet once the electrical issue is addressed and life support and resuscitation are provided, circulation can return. Because each of these scenarios allows for possible recovery despite an initial cardiac arrest, they are considered exceptions where cardiac arrest is not automatically death.

5. Conscious casualty airway management: which action is considered the initial step?

- A. Get in position of comfort
- B. Place NPA early if possible**
- C. Keep mouth closed
- D. Check pulse

When a casualty is conscious or semi-conscious, the first priority is to keep the airway open. A nasopharyngeal airway is a quick, well-tolerated adjunct that directly prevents airway collapse caused by the tongue and soft tissues, which can sag and obstruct breathing when protective reflexes are reduced. Inserting it early creates a stable airway channel without requiring full cooperation or causing gagging like an oropharyngeal airway might in a awake patient. This allows easier ventilation and suctioning as you continue assessment and treatment. Positioning can help and should be done, but it doesn't guarantee an open airway if the tongue or soft tissues still obstruct. Checking for a pulse is critical for overall assessment, but it doesn't secure the airway itself, and keeping the mouth closed doesn't address airway patency. So, placing the nasopharyngeal airway early, when there aren't nasal or facial trauma contraindications, is the best initial action to maintain airway in a conscious casualty.

6. Which vein is used for IV access in the rear leg?

- A. Cephalic Vein
- B. Saphenous Vein**
- C. Jugular Vein
- D. Femoral Vein

For IV access in the rear leg, you want a superficial vein that's easy to locate and cannulate. The saphenous vein runs along the leg and is readily palpable under the skin, making it a quick, practical choice for peripheral IV access in the hind limb. The other veins aren't in the rear leg or are less suitable: the cephalic vein is in the forelimb, the jugular vein is in the neck, and the femoral vein lies deeper in the thigh, making it harder to access quickly from the rear leg. So the saphenous vein is the best option for hind limb IV access.

7. How far above the wound should a tourniquet typically be placed?

- A. 1 inch
- B. 5 inches
- C. 2 inches above the wound
- D. 2-3 inches above the wound**

The goal is to stop arterial inflow by placing the tourniquet on the limb proximal to the wound, with enough distance to ensure the device compresses the artery rather than just surrounding tissue. The typical distance is about 2-3 inches above the wound (roughly 5–7.5 cm). This placement keeps the tourniquet over firm tissue and away from the injury, maximizing occlusion effectiveness. Placing it too close, like around 1 inch, may not reliably stop bleeding, while placing it much farther away, such as 5 inches, isn't necessary and can prolong ischemia. 2-3 inches above the wound strikes a balance for effective arterial control.

8. Which blood product is useful for clotting factors, has antibodies, and does not contain platelets?

- A. Plasma**
- B. Cryoprecipitate
- C. Platelets
- D. Red Blood Cells

Understanding which blood product contains clotting factors and antibodies but no platelets. Plasma is the liquid portion of blood that remains after red cells, white cells, and platelets are removed. It carries a broad array of clotting factors needed for coagulation and also contains antibodies (immunoglobulins) for immune defense, all without any platelets. In contrast, cryoprecipitate focuses on specific factors (like fibrinogen and factor VIII) and is derived from plasma but doesn't deliver antibodies in the same way; platelet products specifically provide platelets, not the broad mix of clotting factors and antibodies; and red blood cells carry oxygen but aren't providers of clotting factors or antibodies. Therefore, plasma best matches clotting factors, antibodies, and the absence of platelets.

9. Which of the following is listed as an in-extremis extraction method?

- A. At the point of death
- B. DO NOT Run out to casualty
- C. Throw retrieval lines**
- D. None of the above

In-extremis extraction focuses on rapidly removing a casualty from immediate danger while keeping the rescuer's exposure to risk as low as possible. A throw retrieval line fits this approach because you can reach the casualty from a distance and control or pull them to safety without having to enter the hazardous area. This method is chosen when time is critical or conditions make direct approach unsafe. The other options don't describe an actual extraction technique: "at the point of death" isn't a method, it's a situation; "DO NOT Run out to casualty" is a directive rather than a technique; and "None of the above" would be incorrect because a valid method is listed.

10. Which medication is commonly used as a first-line benzodiazepine for seizure control in EMS protocols?

- A. Diazepam
- B. Lorazepam
- C. Midazolam**
- D. Clonazepam

Rapid seizure control in the field hinges on a benzodiazepine that acts quickly, is easy to give without IV access, and has a manageable safety profile for prehospital care. Midazolam fits because it delivers a very fast onset when administered intramuscularly or intranasally, so seizures can be stopped promptly even if IV access isn't immediately available. It also has a relatively short duration of action compared with some other benzodiazepines, which helps reduce the risk of prolonged oversedation and respiratory depression once the patient is under care in the ambulance. Diazepam can cause tissue irritation with IM use and may have slower onset without IV access, while lorazepam lasts longer and increases the chance of extended sedation and breathing suppression; clonazepam is not suitable for acute, out-of-hospital seizures due to slower onset and limited practicality in EMS. For these reasons, midazolam is the preferred first-line benzodiazepine for seizure control in EMS protocols.

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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://ibsctpc.examzify.com>

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

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