

Navy Tactical Combat Casualty Care (TCCC) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which of the following is NOT a method to treat a tension pneumothorax?**
 - A. Needle decompression**
 - B. Chest tube insertion**
 - C. Fluid infusion**
 - D. Burping**
- 2. What type of shock can lead to cellular dysfunction and potentially cause death?**
 - A. Cardiogenic shock**
 - B. Hemorrhagic shock**
 - C. Septic shock**
 - D. Anaphylactic shock**
- 3. What is the primary action for casualties who are in shock, according to TACEVAC Rule 3?**
 - A. Monitor closely**
 - B. Evacuate ASAP**
 - C. Provide fluids**
 - D. Prepare for immediate surgery**
- 4. What is the standard size of a needle decompression catheter?**
 - A. 12-gauge, 2 inches**
 - B. 14-gauge, 3.25 inches**
 - C. 16-gauge, 4 inches**
 - D. 14-gauge, 2.5 inches**
- 5. What dosing range is recommended for Meloxicam?**
 - A. 5-10 mg daily**
 - B. 7.5-15 mg daily**
 - C. 10-20 mg daily**
 - D. 1-5 mg as needed**

6. True or False: Ertapenem (Ivanz) can be administered to a patient with a hypersensitivity to lidocaine.

- A. True**
- B. False**
- C. It varies by patient**
- D. Always based on physician recommendation**

7. What is an indicator that a casualty might need a tourniquet?

- A. Minimal bleeding from the injury**
- B. Initial signs of shock**
- C. Severe bleeding that cannot be controlled**
- D. Minor injuries**

8. Chitosan is categorized as what type of compound?

- A. A pain reliever**
- B. A hemostatic agent**
- C. An infection control agent**
- D. A wound care product**

9. What is the primary purpose of utilizing anticoagulation in managing extremity injuries?

- A. Prevent infection**
- B. Control bleeding**
- C. Enhance mobility**
- D. Increase shock risk**

10. What is the maximum dose of Tylenol (Acetaminophen) that can be administered?

- A. 2-3g per day**
- B. 3-4g per day**
- C. 4-5g per day**
- D. 1-2g per day**

Answers

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

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Explanations

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1. Which of the following is NOT a method to treat a tension pneumothorax?

- A. Needle decompression**
- B. Chest tube insertion**
- C. Fluid infusion**
- D. Burping**

In the management of tension pneumothorax, the primary goal is to rapidly relieve pressure within the pleural cavity to restore normal respiratory function and prevent cardiovascular collapse. Needle decompression and chest tube insertion are both established methods for achieving this. Needle decompression involves using a large bore needle to puncture the pleura and allow trapped air to escape, while chest tube insertion provides a more long-term solution by allowing continuous drainage of air or fluid from the pleural space. Fluid infusion, on the other hand, does not directly address the issue of air accumulation in the pleural space and is not a method for treating tension pneumothorax. While fluid resuscitation may be necessary for other types of trauma or shock, it does not provide the urgent intervention needed to relieve the pressure from a tension pneumothorax. "Burping" may refer to the technique of partially withdrawing air from a chest tube, but it does not serve as an initial treatment for a tension pneumothorax and is not a formal method employed in emergency settings. Thus, fluid infusion stands out as an option that does not align with the immediate treatment protocols for managing a tension pneumothorax.

2. What type of shock can lead to cellular dysfunction and potentially cause death?

- A. Cardiogenic shock**
- B. Hemorrhagic shock**
- C. Septic shock**
- D. Anaphylactic shock**

Hemorrhagic shock is characterized by significant blood loss, leading to inadequate perfusion of organs and tissues. When blood volume drops substantially, the body struggles to maintain adequate blood flow and oxygen delivery to vital organs. This inadequate perfusion can result in cellular dysfunction as cells do not receive the necessary oxygen and nutrients to carry out their metabolic processes. If hemorrhagic shock is not promptly recognized and treated, it can progress to multiple organ failure and potentially cause death. The critical nature of hemorrhagic shock lies in its ability to rapidly deplete the body's circulatory volume, making it a dire medical emergency requiring immediate intervention.

3. What is the primary action for casualties who are in shock, according to TACEVAC Rule 3?

- A. Monitor closely**
- B. Evacuate ASAP**
- C. Provide fluids**
- D. Prepare for immediate surgery**

The primary action for casualties who are in shock, according to TACEVAC Rule 3, is to evacuate them as soon as possible. This is critical because shock represents a state of inadequate blood flow and oxygen delivery to tissues, which can rapidly lead to organ failure and increase mortality risk. In a combat or tactical environment, timely evacuation allows for advanced medical interventions that may not be available in the field, such as definitive care and the ability to administer life-saving fluids and medications more effectively. While continuous monitoring of a casualty in shock and providing fluids are important components of care, they do not take precedence over the need for rapid evacuation. Immediate surgery may be necessary for some casualties, but shock management focuses first on getting the casualty to a facility equipped to handle their critical needs. Thus, TACEVAC Rule 3 emphasizes the urgency of evacuation for those experiencing shock to enhance their chances of survival and recovery.

4. What is the standard size of a needle decompression catheter?

- A. 12-gauge, 2 inches**
- B. 14-gauge, 3.25 inches**
- C. 16-gauge, 4 inches**
- D. 14-gauge, 2.5 inches**

The standard size for a needle decompression catheter used in emergency management of tension pneumothorax is a 14-gauge, 3.25 inches long catheter. This size is optimal as it strikes a balance between being large enough to allow effective needle decompression while also being sufficiently long to reach the pleural space in various patients, including those with significant chest wall thickness. In cases of tension pneumothorax, rapid intervention is crucial to prevent respiratory and circulatory compromise. The 14-gauge size is commonly recommended because it facilitates the swift evacuation of air from the pleural space, helping to relieve pressure. The length of 3.25 inches is particularly effective as it typically penetrates deep enough to ensure access to the pleural cavity without difficulty. The other sizes would not be as effective due to their dimensions, making them less ideal for use in emergency situations. For instance, while a 12-gauge may be readily available, it is often considered insufficient for optimal airflow and decompression. Longer or narrower catheters may not effectively decompress the pleural space or may present challenges in terms of insertion, particularly in patients with larger body habitus. Overall, the chosen size of 14-gauge, 3.25

5. What dosing range is recommended for Meloxicam?

- A. 5-10 mg daily
- B. 7.5-15 mg daily**
- C. 10-20 mg daily
- D. 1-5 mg as needed

Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) commonly used for its analgesic and anti-inflammatory properties. The recommended dosing range for Meloxicam in adults is generally between 7.5 mg to 15 mg taken once daily. This particular dosing range is effective for managing pain and inflammation associated with various conditions, such as osteoarthritis and rheumatoid arthritis. The lower dosage of 7.5 mg is often prescribed for managing milder symptoms or for patients who may require lower doses due to sensitivity or potential side effects, while the higher dose of 15 mg is utilized to provide more potent relief for more severe symptoms. Adhering to this dosing range is crucial as it helps patients achieve optimal therapeutic outcomes while minimizing the risk of adverse effects that can be associated with higher doses of NSAIDs. Using Meloxicam above or below this recommended range may diminish its effectiveness or increase the likelihood of side effects, which is why this specific range has been established. Hence, recognizing 7.5-15 mg as the correct answer reflects a proper understanding of Meloxicam's dosing guidelines in clinical practice.

6. True or False: Ertapenem (Ivanz) can be administered to a patient with a hypersensitivity to lidocaine.

- A. True
- B. False**
- C. It varies by patient
- D. Always based on physician recommendation

Ertapenem (Ivanz) is a carbapenem antibiotic used to treat a variety of bacterial infections. It is not chemically related to lidocaine, which is a local anesthetic. Therefore, a hypersensitivity to lidocaine does not directly indicate a risk of hypersensitivity to ertapenem. The mechanisms of action and the structures of these two drugs are different, and typically, an allergy to one does not imply an allergy to another unless there is a known cross-reactivity. In a clinical scenario, it is important to evaluate a patient's allergies comprehensively. However, in general practice, the presence of a lidocaine allergy would not preclude the use of ertapenem. This understanding makes the statement false regarding the administration of ertapenem to a patient with a hypersensitivity to lidocaine.

7. What is an indicator that a casualty might need a tourniquet?

- A. Minimal bleeding from the injury**
- B. Initial signs of shock**
- C. Severe bleeding that cannot be controlled**
- D. Minor injuries**

When assessing a casualty for the potential need for a tourniquet, the presence of severe bleeding that cannot be controlled is a critical indicator. Tourniquets are specifically designed to stop life-threatening extremity hemorrhage in situations where other methods of hemorrhage control, such as direct pressure, are ineffective. Severe bleeding may manifest as a steady stream or a pulsatile spurt from a wound, and it poses a high risk of rapid blood loss, which can lead to shock or death if not managed promptly. In scenarios where bleeding is profuse and direct pressure fails to achieve hemostasis, the application of a tourniquet becomes necessary to restrict blood flow and stabilize the patient. Recognizing the need for a tourniquet is a vital skill in Tactical Combat Casualty Care, as timely intervention can significantly impact survival rates. The use of a tourniquet can often be the decisive factor in preventing further physiological deterioration from blood loss.

8. Chitosan is categorized as what type of compound?

- A. A pain reliever**
- B. A hemostatic agent**
- C. An infection control agent**
- D. A wound care product**

Chitosan is categorized as a hemostatic agent because it plays a critical role in promoting blood clotting and controlling bleeding. Hemostatic agents are essential in tactical combat casualty care as they help stabilize patients who are experiencing traumatic hemorrhage. Chitosan works by interacting with blood and tissue, enhancing platelet aggregation and assisting in the formation of stable clots. This property makes it particularly valuable in emergencies where rapid hemorrhage control is necessary to prevent death from blood loss. While it may have some applications in infection control and wound care due to its biocompatibility and ability to form a protective barrier, its primary use in a tactical context is as a hemostatic agent aimed at stopping bleeding.

9. What is the primary purpose of utilizing anticoagulation in managing extremity injuries?

- A. Prevent infection**
- B. Control bleeding**
- C. Enhance mobility**
- D. Increase shock risk**

The primary purpose of utilizing anticoagulation in managing extremity injuries is to control bleeding. In trauma scenarios, particularly with extremity injuries, the risk of significant hemorrhage is a major concern. Anticoagulants can help by preventing the formation of clots, which ensures that blood flow is not obstructed, particularly in certain situations where blood flow needs to be maintained to preserve limb viability. While controlling bleeding is critical, this choice is focused on the immediate management of wounds encountered in tactical environments. The use of anticoagulation is seen in certain medical protocols, particularly in managing injuries like traumatic amputations or severe limb fractures where the potential for rapid and severe blood loss is high. Effective control of bleeding is essential to stabilize the patient and improve outcomes, especially in emergency settings. Preventing infection and enhancing mobility are important considerations but are not the direct primary intentions behind the application of anticoagulants in the acute management of extremity injuries. Similarly, increasing shock risk is contrary to the goals of trauma management, as the priority is to stabilize the patient and prevent shock from blood loss.

10. What is the maximum dose of Tylenol (Acetaminophen) that can be administered?

- A. 2-3g per day**
- B. 3-4g per day**
- C. 4-5g per day**
- D. 1-2g per day**

The maximum dose of Tylenol (Acetaminophen) recommended for adults is typically 3-4 grams per day, which aligns with the chosen answer. This dosage is considered safe for managing pain and fever while minimizing the risk of potential hepatotoxicity, which can occur with excessive use. Healthcare providers emphasize adhering to these guidelines to prevent overdose, as the liver metabolizes acetaminophen, and high doses can lead to acute liver failure. It's crucial for users to be aware of other medications containing acetaminophen to prevent cumulative dosing that exceeds the daily limit. The other dose options provided are either below or above the commonly accepted maximum. Doses exceeding 4 grams daily significantly increase the risk of liver damage, while the lower options may not provide adequate relief for those requiring pain management. This understanding is key in both military and civilian medicine to ensure safe and effective use of acetaminophen.

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://navytccc.examzify.com>

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

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