

Navy Tactical Combat Casualty Care (TCCC) Practice Test (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

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- 1. Which condition is associated with a poor prognosis for casualties with blunt or penetrating wounds to the head?**
 - A. Unconsciousness with massive brain damage**
 - B. Conscious with minor head injuries**
 - C. Normal vital signs**
 - D. Difficulty breathing**

- 2. Where should the needle decompressor be inserted for a tension pneumothorax?**
 - A. First intercostal space midclavicular line**
 - B. Second intercostal space midclavicular line**
 - C. Fourth intercostal space at the anterior axillary line**
 - D. A and C only**

- 3. What should be done after the patient has been removed from the "X"?**
 - A. Perform a secondary sweep**
 - B. Perform blood sweep**
 - C. Check for breathing**
 - D. Administer medications**

- 4. A casualty with a heart rate above 140 bpm indicates what level of blood loss?**
 - A. Less than 1500 cc**
 - B. About 2000 cc**
 - C. Approximately 2500 cc**
 - D. More than 3000 cc**

- 5. Which medication is the alternative to OTFC for severe pain management?**
 - A. Ketamine**
 - B. Mobic**
 - C. Morphine**
 - D. Avelox**

- 6. Meloxicam should not be used in patients with which condition?**
- A. Acute pain**
 - B. NSAID hypersensitivity**
 - C. Hypertension**
 - D. Diabetes**
- 7. Which of the following is a "red flag" sign indicating urgent evacuation for a casualty with TBI?**
- A. Witnessed loss of consciousness**
 - B. Stable vital signs**
 - C. Minor confusion**
 - D. Headache without other symptoms**
- 8. Which of the following indicates that fluid resuscitation is necessary?**
- A. Low blood pressure**
 - B. Stable heart rate**
 - C. Normal breathing**
 - D. Normal consciousness**
- 9. What crucial information is required at the pickup site during an evacuation request?**
- A. Casualty's vitals**
 - B. Security at pickup site**
 - C. Weather conditions**
 - D. Casualty's medical history**
- 10. If the tourniquet is not controlling bleeding from an amputated extremity, what recommendation is advised?**
- A. Keeping the tourniquet applied longer**
 - B. Transition to hemostatic dressing**
 - C. Immediate transport to hospital**
 - D. Monitoring only**

Answers

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

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Explanations

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1. Which condition is associated with a poor prognosis for casualties with blunt or penetrating wounds to the head?

- A. Unconsciousness with massive brain damage**
- B. Conscious with minor head injuries**
- C. Normal vital signs**
- D. Difficulty breathing**

The prognosis for casualties with blunt or penetrating wounds to the head is significantly influenced by the extent of brain injury and the level of consciousness. Unconsciousness with massive brain damage indicates severe impairment of brain function, often resulting in a higher likelihood of poor outcomes. This condition typically reflects extensive neurological damage, which can lead to complications such as increased intracranial pressure, loss of vital functions, and ultimately death, or long-term disability if survival occurs. In contrast, individuals who are conscious with minor head injuries generally have a better prognosis, as their cognitive functions remain intact and they are less likely to have sustained critical brain damage. Likewise, normal vital signs suggest stability and a lower likelihood of severe trauma. Difficulty breathing could indicate a separate life-threatening issue, but it does not in itself directly correlate with the prognosis of brain damage as significantly as the level of consciousness combined with the extent of brain injury does. Thus, unconsciousness with massive brain damage is the clear choice associated with a poor prognosis in these scenarios.

2. Where should the needle decompressor be inserted for a tension pneumothorax?

- A. First intercostal space midclavicular line**
- B. Second intercostal space midclavicular line**
- C. Fourth intercostal space at the anterior axillary line**
- D. A and C only**

In the case of a tension pneumothorax, the priority is to relieve pressure build-up in the pleural space to restore normal respiratory function. The recommended sites for needle decompression are both the second intercostal space at the midclavicular line and the fourth intercostal space at the anterior axillary line. Inserting the needle in the second intercostal space at the midclavicular line is particularly effective because this area provides easy access to the pleural space, and it is away from major blood vessels. This insertion point is often emphasized in TCCC protocols due to its anatomical suitability for quick decompression. The fourth intercostal space at the anterior axillary line is also an acceptable site for needle decompression. This location provides another effective entry point to access the pleural cavity, although it is less commonly used than the second intercostal space. Both sites are correct, making the option of A and C together valid. Therefore, the correct answer encompasses both sites, acknowledging that both can be utilized for decompressing tension pneumothorax based on the situation and the provider's training.

3. What should be done after the patient has been removed from the "X"?

- A. Perform a secondary sweep**
- B. Perform blood sweep**
- C. Check for breathing**
- D. Administer medications**

After a patient has been removed from the "X," which typically refers to a scene of danger or an incident where tactical considerations are paramount, it is crucial to assess the patient's condition thoroughly. In this context, performing a blood sweep is vital. This procedure involves visually and physically checking the patient's body for signs of bleeding, which is critical in a tactical setting where traumatic injuries are likely. Identifying and controlling sources of hemorrhage is one of the top priorities in Tactical Combat Casualty Care, as time-sensitive interventions can significantly impact survival. In this scenario, the initiation of a blood sweep helps to ensure that any uncontrolled bleeding is located and managed quickly, potentially before any advanced measures or treatments can be implemented. Understanding the severity and location of bleeding can also inform subsequent care decisions, such as the need for tourniquets or hemostatic dressings. While assessing breathing and administering medications are important aspects of patient care, they typically follow more immediate assessments for life-threatening conditions, including massive hemorrhage. Thus, a blood sweep is a critical first step in the ongoing assessment and management of a casualty after evacuation from an operational environment.

4. A casualty with a heart rate above 140 bpm indicates what level of blood loss?

- A. Less than 1500 cc**
- B. About 2000 cc**
- C. Approximately 2500 cc**
- D. More than 3000 cc**

A heart rate above 140 beats per minute in a casualty typically indicates significant hemodynamic instability, often associated with considerable blood loss. Generally, physiological parameters help gauge the degree of blood loss a patient has sustained. When a person loses blood, the body initially compensates by increasing the heart rate to maintain adequate perfusion to vital organs. A heart rate over 140 bpm suggests that the body is experiencing substantial stress from blood volume depletion, often indicating a loss of approximately 2000 cc of blood, which is about 40% of total blood volume in an average adult. This level of blood loss may lead to symptoms such as weakness, confusion, or even altered consciousness as vital organs struggle to receive enough oxygenated blood. In trauma care, recognizing these vital signs is essential for determining the urgency of interventions needed, including fluid resuscitation and possible surgical interventions. The other options suggest differing levels of blood loss; however, a heart rate exceeding 140 bpm is not typically observed in casualty scenarios with less than 2000 cc lost. Understanding these physiological responses is critical for effective assessment and management during tactical combat casualty care.

5. Which medication is the alternative to OTFC for severe pain management?

- A. Ketamine**
- B. Mobic**
- C. Morphine**
- D. Avelox**

The correct choice for an alternative to Oral Transmucosal Fentanyl Citrate (OTFC) for managing severe pain is morphine. Morphine is a strong opioid analgesic that is widely used in both civilian and military medical settings for the treatment of severe pain. It acts on the central nervous system to relieve pain by binding to specific receptors in the brain, effectively altering the perception of pain and emotional response to it. In the context of Tactical Combat Casualty Care, morphine is often utilized because of its effectiveness, quick onset of action, and familiarity among healthcare providers. Unlike OTFC, which is administered transmucosally, morphine can be given in various forms such as intramuscularly or intravenously, providing flexibility in administration based on the needs of the patient and the situation. Other medications listed, like ketamine, while sometimes used for pain management and sedation, serve different pharmacological roles and may not be the first-line alternative to OTFC. Non-steroidal anti-inflammatory drugs such as Mobic are more suited for mild to moderate pain and do not provide the same level of pain relief as morphine. Avelox, an antibiotic, is not indicated for pain management.

6. Meloxicam should not be used in patients with which condition?

- A. Acute pain**
- B. NSAID hypersensitivity**
- C. Hypertension**
- D. Diabetes**

Meloxicam, a nonsteroidal anti-inflammatory drug (NSAID), should not be used in patients with NSAID hypersensitivity due to the risk of serious allergic reactions. Individuals who have a known hypersensitivity to NSAIDs may experience anaphylaxis, urticaria, or other types of allergic responses when exposed to meloxicam. This reaction can be life-threatening, making it crucial that such patients avoid meloxicam and other NSAIDs altogether. In contrast, while acute pain, hypertension, and diabetes are relevant medical conditions, they do not outright contraindicate the use of meloxicam. Patients with acute pain often benefit from NSAIDs like meloxicam, and while caution may be warranted in those with hypertension or diabetes due to potential cardiovascular effects, these conditions do not equate to the same level of risk as NSAID hypersensitivity. Therefore, ensuring the safety of a patient with an established allergy to NSAIDs is paramount in clinical practice.

7. Which of the following is a "red flag" sign indicating urgent evacuation for a casualty with TBI?

A. Witnessed loss of consciousness

B. Stable vital signs

C. Minor confusion

D. Headache without other symptoms

The presence of a witnessed loss of consciousness serves as a significant indicator that a casualty may have sustained a more severe traumatic brain injury (TBI). This symptom elevates the urgency for medical evaluation and evacuation because it suggests a potential disruption in brain function that can lead to further complications, including intracranial bleeding or swelling. Witnessed loss of consciousness can often signify that the brain has been seriously affected, and timely medical intervention is crucial to mitigate any possible long-term damage. In trauma scenarios, prompt assessment and treatment are essential in managing TBIs, and the presence of this symptom usually prompts immediate action. In contrast, stable vital signs might indicate that the casualty is currently stable but do not provide enough information about the potential severity of the TBI. Minor confusion or a headache without other symptoms may not necessarily indicate an urgent need for evacuation. These conditions can vary widely in severity and may not reflect immediate, critical danger, particularly in the absence of more alarming symptoms such as loss of consciousness. Therefore, the witnessed loss of consciousness is the key symptom that marks the need for urgent action.

8. Which of the following indicates that fluid resuscitation is necessary?

A. Low blood pressure

B. Stable heart rate

C. Normal breathing

D. Normal consciousness

Fluid resuscitation is critical in managing patients who show signs of hypovolemia or shock, and low blood pressure is one of the key indicators of this condition. When a patient's blood pressure drops, it often signifies that there is inadequate blood volume or that the body's vascular system is compromised, preventing effective circulation. In the context of TCCC, maintaining adequate perfusion of vital organs is essential. Low blood pressure can lead to inadequate oxygen delivery to tissues, which may result in organ failure if not promptly addressed. By initiating fluid resuscitation, medical personnel aim to restore blood volume, improve circulation, and ultimately stabilize the patient's hemodynamic status, making it a fundamental reason to begin immediate treatment. The other factors, such as a stable heart rate, normal breathing, and normal consciousness, do not directly indicate the need for fluid resuscitation in the same acute manner that low blood pressure does. While they represent aspects of a patient's overall stability, they do not highlight a clear deficiency in blood volume or circulation that would necessitate urgent fluid replacement.

9. What crucial information is required at the pickup site during an evacuation request?

- A. Casualty's vitals**
- B. Security at pickup site**
- C. Weather conditions**
- D. Casualty's medical history**

The crucial information required at the pickup site during an evacuation request is the security at the pickup site. Understanding the security situation is essential for ensuring the safety of both the casualty and the extraction team. If the area is under threat or compromised, this may necessitate additional planning for both the timing and manner of the evacuation, ensuring that the extraction is done safely and without further risk to personnel involved. While other information such as the casualty's vitals, weather conditions, and medical history is certainly relevant to the care and treatment of the casualty, the immediate concern at the pickup site revolves around the security of the area. Secure environments allow for a smoother evacuation process, while unsecured locations might lead to increased risks of further injury or complications during the retrieval.

10. If the tourniquet is not controlling bleeding from an amputated extremity, what recommendation is advised?

- A. Keeping the tourniquet applied longer**
- B. Transition to hemostatic dressing**
- C. Immediate transport to hospital**
- D. Monitoring only**

When a tourniquet is not effectively controlling bleeding from an amputated extremity, transitioning to a hemostatic dressing is recommended. Hemostatic dressings contain agents that promote clotting and can be particularly effective in managing severe bleeding. These dressings are designed to be applied directly to the bleeding wound, and they can help to control hemorrhage by facilitating the body's natural clotting processes. In the case of a traumatic amputation where conventional methods of bleeding control are insufficient, utilizing a hemostatic agent can provide an additional layer of care, especially if the injury is severe and the patient is experiencing life-threatening blood loss. The other options do not provide the immediate, effective intervention that a hemostatic dressing offers. Maintaining a tourniquet without additional measures may not resolve the issue of uncontrolled bleeding. Immediate transport to a hospital is important, but it should not replace direct bleeding control measures; without managing the bleeding first, transport might not be possible. Monitoring the injury alone is inadequate in the face of active hemorrhage and poses significant risk to the patient's condition.

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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