

NAVY TACTICAL COMBAT CASUALTY CARE (TCCC) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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. How long should a definitive airway be established in tactical care?**
 - A. 3:30
 - B. 4:30
 - C. 5:30
 - D. 6:30
- 2. What physiological change can result from treating a casualty with too much fluid?**
 - A. Decreased heart rate
 - B. Increased clotting
 - C. Elevated blood pressure
 - D. Worsened internal bleeding
- 3. According to TACEVAC Rule 1, what is true regarding soft tissue injuries?**
 - A. They are often fatal
 - B. They usually aren't fatal unless associated with shock
 - C. They require immediate surgical intervention
 - D. They are always non-critical
- 4. What is the key difference between CASEVAC and MEDEVAC?**
 - A. CASEVAC requires medical personnel
 - B. CASEVAC uses nonmedical platforms
 - C. CASEVAC is slower than MEDEVAC
 - D. CASEVAC is only for urgent cases
- 5. Casualties with moderate/severe TBI should receive supplemental oxygen to maintain an oxygen saturation of what level?**
 - A. 70%
 - B. 80%
 - C. 90%
 - D. Greater than 90%

- 6. Which of the following is a contraindication for morphine?**
- A. Respiratory depression
 - B. Chronic pain
 - C. Hypersensitivity
 - D. Acute bronchitis
- 7. What should not be used to cover a penetrating eye injury?**
- A. Pressure patch
 - B. Rag
 - C. Plastic wrap
 - D. Medical tape
- 8. What is the primary indication for Naloxone in the management of casualties?**
- A. For managing minor respiratory issues
 - B. For narcotic opiate overdose and reversal of effects
 - C. To enhance opioid pain management
 - D. For combating mild allergic reactions
- 9. What information about the casualty must be included in an evacuation request?**
- A. Casualty's last meal
 - B. Casualty's nationality and status
 - C. Details of injury
 - D. Casualty's preferred treatment
- 10. What is a primary cause of shock in casualties?**
- A. Electrical injuries
 - B. Severe blood loss
 - C. Septic infections
 - D. Heart failure

Answers

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

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Explanations

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1. How long should a definitive airway be established in tactical care?

- A. 3:30
- B. 4:30
- C. 5:30
- D. 6:30**

Establishing a definitive airway in tactical care is critical for ensuring that a casualty can adequately breathe and is able to receive sufficient oxygen. In a tactical environment, quick action is necessary to secure the airway to prevent complications associated with hypoxia and to stabilize the patient for transport. The time frame of 6:30, or six minutes and thirty seconds, is recommended as it allows sufficient time for personnel to assess the situation, perform necessary interventions, and secure the airway effectively while adhering to the principles of TCCC. This duration reflects the urgency of the situation and the need for immediate medical intervention, particularly in a combat scenario where casualties can deteriorate rapidly. This specified time aligns with emergency protocols, emphasizing the importance of prompt airway management during tactical operations, making it the preferred duration for establishing a definitive airway in such environments.

2. What physiological change can result from treating a casualty with too much fluid?

- A. Decreased heart rate
- B. Increased clotting
- C. Elevated blood pressure
- D. Worsened internal bleeding**

Treating a casualty with excessive fluid can lead to worsened internal bleeding due to a phenomenon known as volume overload. This occurs when too much fluid increases the blood volume, potentially raising blood pressure and disrupting the body's ability to manage bleeding effectively. High blood pressure can cause fragile blood vessels at the site of injury to rupture further, aggravating internal bleeding. Additionally, excessive fluid can dilute clotting factors in the blood, compromising the body's natural hemostatic processes. Thus, while fluid resuscitation is vital for a patient with hemorrhagic shock, it's crucial to monitor the volume carefully to avoid exacerbating internal bleeding and other complications.

3. According to TACEVAC Rule 1, what is true regarding soft tissue injuries?

- A. They are often fatal
- B. They usually aren't fatal unless associated with shock**
- C. They require immediate surgical intervention
- D. They are always non-critical

The assertion that soft tissue injuries usually aren't fatal unless associated with shock accurately reflects the principles laid out in TACEVAC Rule 1. Soft tissue injuries encompass a wide range of conditions, such as lacerations, abrasions, and contusions. While these injuries can be serious and require appropriate medical attention, they do not typically lead to mortality on their own unless they result in significant blood loss or complications that lead to shock. In cases where soft tissue injuries are associated with significant vascular damage or where they occur in conjunction with other trauma, there may be a higher risk of shock, which can be life-threatening. This understanding positions soft tissue injuries as generally non-fatal unless they are severe enough to compromise hemodynamics or are part of a more complex injury scenario that includes life-threatening conditions. Recognizing that soft tissue injuries alone are unlikely to be acutely life-threatening helps prioritize medical resources effectively in tactical combat scenarios.

4. What is the key difference between CASEVAC and MEDEVAC?

- A. CASEVAC requires medical personnel
- B. CASEVAC uses nonmedical platforms**
- C. CASEVAC is slower than MEDEVAC
- D. CASEVAC is only for urgent cases

The key difference highlighted in the correct choice is that CASEVAC utilizes nonmedical platforms for the evacuation of casualties. CASEVAC refers to the movement of casualties on non-dedicated vehicles or aircraft, which may not be equipped with advanced medical equipment or staffed by trained medical personnel. This method is often used in situations where speed is critical, and there may be a lack of availability of aircraft or vehicles specifically designed for medical evacuation. In contrast, MEDEVAC typically involves the use of dedicated medical evacuation assets, which are equipped with the necessary medical equipment and staffed by trained medical personnel capable of providing care during transport. The distinction emphasizes the level of medical capability and the type of transportation used in transporting patients from the point of injury to a medical treatment facility. Understanding this difference is crucial for tactical planning in combat situations, ensuring that the appropriate resources are utilized based on the urgency and nature of the casualties being transported.

5. Casualties with moderate/severe TBI should receive supplemental oxygen to maintain an oxygen saturation of what level?

- A. 70%
- B. 80%
- C. 90%
- D. Greater than 90%**

For casualties with moderate to severe traumatic brain injury (TBI), maintaining adequate oxygenation is crucial for preventing secondary brain injury and ensuring optimal recovery. Supplemental oxygen should be administered with the goal of maintaining oxygen saturation levels greater than 90%. This target is important because low oxygen levels (hypoxia) can exacerbate brain injury and decrease the brain's ability to recover. By ensuring that oxygen saturation is above 90%, medical personnel can help improve tissue perfusion and minimize the risk of complications associated with low oxygen levels in the brain. It is critical for maintaining cognitive function and cellular metabolism following a TBI. In the context of TCCC, a focus on high standards of care, especially in a tactical or combat setting, emphasizes the need to act quickly and effectively to protect the brain and promote recovery strategies.

6. Which of the following is a contraindication for morphine?

A. Respiratory depression

B. Chronic pain

C. Hypersensitivity

D. Acute bronchitis

Respiratory depression is a contraindication for the use of morphine because morphine is an opioid that can significantly depress the respiratory system. In situations where a patient is already experiencing respiratory issues, administering morphine could exacerbate this condition, potentially leading to severe respiratory failure. This is particularly crucial in pre-hospital settings, such as in tactical combat casualty care, where maintaining adequate ventilation is vital for survival. In contrast, chronic pain and acute bronchitis do not inherently disqualify a patient from receiving morphine. Chronic pain may actually require opioid management, and while acute bronchitis may complicate the situation, it does not strictly contraindicate opioid use unless the bronchitis contributes to significant respiratory depression. Hypersensitivity is indeed a concern but is a more specific condition that could apply to certain individuals and is not as universally applicable as respiratory depression. Hence, the presence of respiratory depression is a clear and critical reason to avoid morphine.

7. What should not be used to cover a penetrating eye injury?

A. Pressure patch

B. Rag

C. Plastic wrap

D. Medical tape

In the context of treating a penetrating eye injury, using a pressure patch is discouraged because it can exert inappropriate pressure on the eye, potentially exacerbating the injury or causing additional damage. Eye injuries can lead to various complications, including hemorrhage and globe rupture, and applying a pressure patch can worsen these conditions by creating pressure around an already compromised eye. In contrast, the other options such as a rag, plastic wrap, and medical tape have more suitable applications. A rag can serve as a simple covering to protect the eye from debris, while plastic wrap can be used to shield the eye from environmental factors and minimize movement. Medical tape can be utilized to securely fasten a covering without applying too much pressure, reducing the risk of further injury. Each of these options is aimed at providing protection while allowing for the appropriate medical intervention to take place. Thus, avoiding a pressure patch is crucial for the safety and care of someone with a penetrating eye injury.

8. What is the primary indication for Naloxone in the management of casualties?

- A. For managing minor respiratory issues
- B. For narcotic opiate overdose and reversal of effects**
- C. To enhance opioid pain management
- D. For combating mild allergic reactions

Naloxone is primarily indicated for the management of narcotic opiate overdose and the reversal of its effects. In cases of opioid overdose, individuals may experience significant respiratory depression, loss of consciousness, and potential death if not treated promptly. Naloxone acts as an opioid antagonist, which means it competitively binds to opioid receptors in the central nervous system, reversing the effects of opioids, particularly respiratory depression. This swift action can restore normal breathing and prevent fatal outcomes in overdose situations, making its use crucial in emergency scenarios involving opioid toxicity. Utilizing Naloxone in this context is vital for ensuring the safety and recovery of individuals who may have inadvertently or intentionally ingested an opioid substance in life-threatening amounts. It is not intended for managing conditions unrelated to opioid toxicity, such as mild allergic reactions or minor respiratory issues, nor does it enhance opioid pain management, as its function is to block, rather than facilitate, opioid receptor activity.

9. What information about the casualty must be included in an evacuation request?

- A. Casualty's last meal
- B. Casualty's nationality and status**
- C. Details of injury
- D. Casualty's preferred treatment

The correct choice emphasizes the importance of including the casualty's nationality and status in an evacuation request. This information is vital for several reasons. First, knowing the nationality helps determine the appropriate chain of command and can affect the evacuation process based on legal and diplomatic considerations. Additionally, understanding the casualty's status—whether they are a military member, contractor, or civilian—provides context that can influence the type of care required during evacuation and the resources necessary to transport them safely. Proper identification of the casualty's status can also assist medical personnel in prioritizing treatment and ensuring that the evacuation adheres to relevant protocols. While knowing the casualty's last meal, details of the injury, and preferred treatment can be relevant to medical care, they are not as critical in the logistics of the evacuation process itself. The focus of an evacuation request should primarily align with the necessary information for a safe and effective transport, which is why the nationality and status are paramount.

10. What is a primary cause of shock in casualties?

- A. Electrical injuries
- B. Severe blood loss**
- C. Septic infections
- D. Heart failure

Severe blood loss is a primary cause of shock in casualties because it significantly reduces the volume of circulating blood, which is critical for delivering oxygen and nutrients to vital organs. When a person experiences significant hemorrhage, the body cannot maintain an adequate blood pressure, leading to inadequate perfusion of tissues. This state, known as hypovolemic shock, can quickly become life-threatening if not addressed promptly. The body attempts to compensate for this loss by increasing heart rate and constricting blood vessels to maintain perfusion to essential organs. However, if the blood loss is not stopped, and fluids are not replaced, this compensatory mechanism will eventually fail, leading to multi-organ failure and potentially death. In the context of Tactical Combat Casualty Care, rapid control of bleeding is essential to prevent shock and improve survival outcomes. While the other options can also lead to shock, severe blood loss represents a more immediate and frequent cause in casualty situations, particularly in combat settings.

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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://navytccc.examzify.com>

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

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