

# Tactical Combat Casualty Care - Combat Lifesaver (TCCC-CLS) Tier 2 Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. What is the most essential treatment task during Care under Fire?**
  - A. Providing oxygen therapy**
  - B. Tourniquet application to stop massive bleeding**
  - C. Airing the wound for hygiene**
  - D. Administering antibiotics**
- 2. What is the significance of quick action in TCCC scenarios?**
  - A. It prevents the situation from escalating**
  - B. It can significantly lower casualty mortality rates**
  - C. It maximizes comfort for the casualty**
  - D. It allows for better organization of resources**
- 3. Where should a tourniquet be applied to control bleeding?**
  - A. Directly over large clothing layers**
  - B. 2-3 inches above the source of bleeding on the skin**
  - C. At the wound site**
  - D. On the lower leg for all injuries**
- 4. Which of the following is a common indicator of shock?**
  - A. Fever**
  - B. Bright red skin**
  - C. Pale or gray skin**
  - D. Rapid weight gain**
- 5. Why is it important to keep a casualty informed about actions being taken?**
  - A. It allows the casualty to take charge of their care**
  - B. It can help reduce anxiety and build trust**
  - C. It distracts them from their injuries**
  - D. It is strictly for operational protocol**

- 6. Which method can be used for opening the airway besides head-tilt?**
- A. Mouth-to-mouth rescue**
  - B. CPR**
  - C. Jaw-thrust maneuver**
  - D. Absorption**
- 7. What is a key characteristic of hemostatic gauze?**
- A. It is used only for minor cuts**
  - B. It is specifically designed to enhance blood clotting**
  - C. It must be sterile**
  - D. It can be used as a regular dressing**
- 8. What type of tourniquet is widely recommended for use in TCCC?**
- A. Pneumatic tourniquets**
  - B. Commercially available windlass tourniquets**
  - C. Elastic bandages**
  - D. Improvised tourniquets**
- 9. How can an airway be opened using the head-tilt method?**
- A. By pushing the jaw forward**
  - B. By lifting the chin and tilting the head back**
  - C. By placing an NPA in the nasal passage**
  - D. By performing the Heimlich maneuver**
- 10. What actions should be taken with a conscious casualty experiencing severe pain?**
- A. Ignore the pain and focus on other injuries**
  - B. Administer pain relief medications as per the protocol**
  - C. Encourage the casualty to self-administer medication**
  - D. Keep the casualty awake and alert**

## **Answers**

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

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## **Explanations**

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**1. What is the most essential treatment task during Care under Fire?**

- A. Providing oxygen therapy**
- B. Tourniquet application to stop massive bleeding**
- C. Airing the wound for hygiene**
- D. Administering antibiotics**

During Care under Fire, the most critical treatment task is the application of a tourniquet to stop massive bleeding. In a combat environment, the priority is to rapidly control life-threatening hemorrhage, particularly from limbs, as this directly affects survival. Applying a tourniquet effectively and promptly can prevent severe blood loss, which is vital in maintaining the casualty's chances of survival until further care can be provided. While other treatments like providing oxygen therapy or administering antibiotics are important in the overall medical care continuum, they are not the immediate priorities during the Care under Fire phase. The focus must be on securing the casualty's life by controlling bleeding before any other interventions can be safely and effectively conducted. In a chaotic and potentially hostile environment, the ability to quickly execute this task can make the difference between life and death.

**2. What is the significance of quick action in TCCC scenarios?**

- A. It prevents the situation from escalating**
- B. It can significantly lower casualty mortality rates**
- C. It maximizes comfort for the casualty**
- D. It allows for better organization of resources**

Quick action in TCCC scenarios is critical because it can significantly lower casualty mortality rates. The immediate response to traumatic injuries, particularly in combat situations, directly impacts the chances of survival. Rapid intervention can stabilize a casualty's condition, control hemorrhage, and prevent the development of more severe complications, such as shock or death from uncontrolled bleeding. Timely application of techniques like tourniquets or pressure bandages enhances the likelihood of survival and improves outcomes. In a tactical environment, every second counts; therefore, prompt recognition and management of life-threatening injuries can make the difference between life and death. This importance is backed by studies showing that rapid medical intervention correlates with decreased mortality in trauma patients. Consequently, prioritizing swift and effective action is a fundamental principle of TCCC.

### 3. Where should a tourniquet be applied to control bleeding?

- A. Directly over large clothing layers
- B. 2-3 inches above the source of bleeding on the skin**
- C. At the wound site
- D. On the lower leg for all injuries

The application of a tourniquet is most effective when it is placed 2-3 inches above the source of bleeding on bare skin. This placement ensures that the tourniquet can effectively compress the major blood vessels that are causing the hemorrhage. By positioning it above the site of injury, the tourniquet functions optimally, reducing the likelihood of blood loss and helping to stabilize the casualty until further medical treatment can be administered. Placing a tourniquet directly over large clothing layers may hinder its ability to apply sufficient pressure to stop the bleeding effectively. Applying it at the wound site itself can also be problematic, as it may not fully occlude the blood vessels that need to be compressed to control the flow of blood. Additionally, using a tourniquet on the lower leg for all injuries does not take into consideration the specific location of the bleeding, which may be present in other areas of the body requiring a different approach for effective management.

### 4. Which of the following is a common indicator of shock?

- A. Fever
- B. Bright red skin
- C. Pale or gray skin**
- D. Rapid weight gain

A common indicator of shock is pale or gray skin. This occurs because of reduced blood flow and oxygen delivery to the skin, often resulting from low blood volume, severe dehydration, or inadequate heart function during shock. When the body is in a state of shock, it prioritizes blood flow to vital organs, which can lead to a change in skin coloration as peripheral circulation diminishes. In contrast to the other options, fever usually indicates an infection or inflammatory response, bright red skin can suggest other conditions like heat exhaustion or allergic reactions rather than shock, and rapid weight gain does not typically correlate with shock symptoms. Understanding these characteristics is crucial for identifying and managing patients who may be experiencing shock effectively.

**5. Why is it important to keep a casualty informed about actions being taken?**

- A. It allows the casualty to take charge of their care**
- B. It can help reduce anxiety and build trust**
- C. It distracts them from their injuries**
- D. It is strictly for operational protocol**

Keeping a casualty informed about the actions being taken is crucial, as it can significantly help to reduce their anxiety and build trust in the medical personnel providing care. When a casualty understands what is happening and why, it can create a sense of control and predictability in an otherwise chaotic and frightening situation. This ongoing communication reassures the casualty that they are not alone and that efforts are being made to help them, which can positively impact their emotional state and overall cooperation during treatment. Communication fosters a trusting relationship between the casualty and the caregiver, promoting a more effective and supportive environment. A calm patient is often easier to treat and may be more likely to follow instructions or communicate their own needs and concerns. The other choices do not fully capture the significance of keeping the casualty informed. While allowing a casualty to take charge of their care can be helpful, the primary purpose is not to shift responsibility. Distraction can be beneficial to some degree, but it is not a primary objective of informing the casualty. Additionally, although adhering to operational protocols is important, the benefits of informing a casualty extend far beyond mere compliance with procedures—they are integral to providing effective and compassionate care.

**6. Which method can be used for opening the airway besides head-tilt?**

- A. Mouth-to-mouth rescue**
- B. CPR**
- C. Jaw-thrust maneuver**
- D. Absorption**

The jaw-thrust maneuver is a valuable technique for opening the airway, especially in situations where a spinal injury is suspected. This method involves using the fingers to push the jaw forward without tilting the head or neck, which helps maintain the alignment of the spine while allowing for access to the airway. It is particularly effective in unconscious patients who may have obstructed airways due to the tongue or soft tissues. In contrast, the other methods listed are not primarily aimed at opening the airway. Mouth-to-mouth rescue is a method of providing rescue breaths but requires that the airway is already clear. CPR is a life-saving procedure performed when someone's heart has stopped, which includes chest compressions and rescue breaths but is not specifically for airway maintenance. Absorption is not relevant to airway management in this context, as it doesn't pertain to techniques for opening or clearing the airway. Thus, the jaw-thrust maneuver stands out as the correct alternative method for airway management aside from the head-tilt technique.

**7. What is a key characteristic of hemostatic gauze?**

- A. It is used only for minor cuts
- B. It is specifically designed to enhance blood clotting**
- C. It must be sterile
- D. It can be used as a regular dressing

The key characteristic of hemostatic gauze is that it is specifically designed to enhance blood clotting. This type of gauze contains materials that promote the coagulation process, helping to control severe bleeding in traumatic injuries. Hemostatic agents work by providing a scaffold for the blood to form a clot more effectively, which is crucial in emergency situations where rapid intervention is needed to prevent significant blood loss. This characteristic distinguishes hemostatic gauze from regular gauze, as its purpose is not merely to cover a wound but to actively promote hemostasis. The use of such gauze can be pivotal on the battlefield or in critical trauma situations, where quick action can save a life. It is important for personnel to understand this function to utilize hemostatic gauze effectively when treating combat casualties.

**8. What type of tourniquet is widely recommended for use in TCCC?**

- A. Pneumatic tourniquets
- B. Commercially available windlass tourniquets**
- C. Elastic bandages
- D. Improvised tourniquets

The recommended choice is the commercially available windlass tourniquets. These tourniquets are specifically designed for medical use and are known for their effectiveness in controlling severe bleeding in traumatic injuries, particularly in combat settings. The windlass mechanism allows the user to apply a significant amount of pressure directly to the wound site, which is crucial for occluding blood flow in major extremity hemorrhages. Due to their robust design, these tourniquets can be quickly and easily applied, even by individuals without extensive medical training. Their effectiveness has been validated through numerous studies and real-world applications, leading to their widespread endorsement within Tactical Combat Casualty Care protocols. In contrast, the other options, such as pneumatic tourniquets, while sometimes used, are less common in TCCC due to their complexity and the requirement for a reliable air source, which may not be available in all situations. Elastic bandages and improvised tourniquets, although they can provide some level of compression, lack the reliability and effectiveness of commercially available windlass tourniquets and are generally not recommended in situations where severe bleeding is present.

**9. How can an airway be opened using the head-tilt method?**

- A. By pushing the jaw forward
- B. By lifting the chin and tilting the head back**
- C. By placing an NPA in the nasal passage
- D. By performing the Heimlich maneuver

The head-tilt method is a fundamental technique used to open the airway in a patient who may be unresponsive or not breathing adequately. This method involves lifting the chin while simultaneously tilting the head back to create an open passage for air to flow into the lungs. By tilting the head back, the tongue is moved away from the back of the throat, reducing the possibility of airway obstruction that can occur due to the tongue's positioning in relation to the airway. This technique is essential in emergency settings because a clear airway is crucial for effective ventilation and oxygenation, especially in life-threatening situations. Additionally, the head-tilt, chin-lift maneuver is easy to perform and can be done quickly, which is vital in a tactical or combat environment where every second counts. The other options, such as pushing the jaw forward or placing a nasopharyngeal airway (NPA), involve different techniques and may not be appropriate for all situations, particularly in cases where the head-tilt method suffices for opening the airway. The Heimlich maneuver is specifically designed for relieving upper airway obstruction due to choking and does not address the need to open an airway in an unresponsive casualty. Thus, the use of the head-tilt

**10. What actions should be taken with a conscious casualty experiencing severe pain?**

- A. Ignore the pain and focus on other injuries
- B. Administer pain relief medications as per the protocol**
- C. Encourage the casualty to self-administer medication
- D. Keep the casualty awake and alert

Administering pain relief medications as per the protocol is a critical action when managing a conscious casualty experiencing severe pain. Effective pain management is essential for several reasons: it helps to reduce the casualty's overall stress levels, allows for better communication and assessment of other injuries, and can improve their cooperation during treatment. By following established protocols for pain relief, the provider ensures that the casualty receives the appropriate medication in the correct dosage and at the right time, minimizing the risk of negative interactions and complications. Pain medications not only alleviate suffering but also facilitate a more accurate assessment of the casualty's condition, as unrelieved pain can mask underlying issues. In contrast, ignoring the pain and focusing on other injuries fails to address the casualty's immediate needs and can lead to increased distress. Encouraging the casualty to self-administer medication is not advisable, as it may not follow protocols and could lead to mistakes in dosage or timing. Keeping the casualty awake and alert does have benefits, especially for monitoring purposes, but this alone does not address the pressing issue of pain management. Therefore, the appropriate protocol for administering pain relief is crucial in providing effective care.