

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

- 1. Which of the following symptoms is NOT typically associated with shock?**
 - A. Nausea**
 - B. Excessive Thirst**
 - C. Flushed Skin**
 - D. Weak or Absent Radial Pulse**
- 2. What types of incidents can lead to burn injuries?**
 - A. Illnesses and infections**
 - B. Firefights and explosions**
 - C. Climate changes and natural disasters**
 - D. Rare diseases**
- 3. What might indicate a casualty's body temperature is dangerously low?**
 - A. Increased Heart Rate**
 - B. Sweaty, Cool, Clammy Skin**
 - C. High Energy Levels**
 - D. Brightly Colored Skin**
- 4. Which symptom may indicate a casualty is in shock?**
 - A. Increased Appetite**
 - B. Rapid Breathing**
 - C. Warm Skin**
 - D. Calm Disposition**
- 5. When should hypothermia prevention measures be initiated?**
 - A. After assessing vital signs**
 - B. As soon as possible**
 - C. Only in cold environments**
 - D. Once advanced medical care arrives**

- 6. What is the focus of the Care Under Fire phase?**
- A. To provide comprehensive care after evacuation**
 - B. To ensure safety before evacuation**
 - C. To provide care while under hostile fire and to minimize further injury**
 - D. To assess the casualty's condition**
- 7. How is altered mental status typically assessed?**
- A. By checking blood pressure**
 - B. By observing speech clarity**
 - C. By evaluating responsiveness**
 - D. By measuring temperature**
- 8. What actions should be taken to prevent hypothermia in casualties?**
- A. Provide fluids to rehydrate**
 - B. Cover them with warming blankets or clothing while protecting from wind**
 - C. Encourage them to move around**
 - D. Keep them in direct sunlight**
- 9. What are the three phases of care in TCCC?**
- A. Transport, Recovery, and Relief**
 - B. Care under Fire, Tactical Field Care, and Tactical Evacuation Care**
 - C. Pre-mission, Mission, and Post-mission**
 - D. Assessment, Treatment, and Evacuation**
- 10. What type of injury would most likely require a tourniquet?**
- A. Bodily fracture**
 - B. Severe bleeding from a limb**
 - C. Minor laceration**
 - D. Concussion**

Answers

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

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Explanations

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1. Which of the following symptoms is NOT typically associated with shock?

- A. Nausea**
- B. Excessive Thirst**
- C. Flushed Skin**
- D. Weak or Absent Radial Pulse**

Flushed skin is not typically associated with shock, as shock generally leads to skin that appears pale, cool, and clammy due to vasoconstriction and reduced blood flow. In contrast, nausea, excessive thirst, and a weak or absent radial pulse are common symptoms of shock. These symptoms arise as the body tries to compensate for inadequate perfusion and oxygen delivery to vital organs. Nausea can occur as part of the body's stress response, excessive thirst indicates fluid loss or dehydration, and a weak or absent radial pulse reflects inadequate blood flow and circulatory compromise that occurs during shock. Understanding these key indicators helps in the rapid assessment and management of potentially life-threatening situations.

2. What types of incidents can lead to burn injuries?

- A. Illnesses and infections**
- B. Firefights and explosions**
- C. Climate changes and natural disasters**
- D. Rare diseases**

Incidents that can lead to burn injuries, such as firefights and explosions, are particularly relevant in combat or high-stress environments. These scenarios involve direct exposure to flames, intense heat, or incendiary devices, resulting in various degrees of burn injuries. The nature of these incidents often involves the use of weapons or explosives that create fire and heat, making them significant sources of burns for military personnel and civilians in conflict areas. While other options involve factors that could lead to injuries, they do not specifically address the mechanisms that directly cause burn injuries as effectively as firefights and explosions do. For instance, illnesses and infections may lead to other types of health issues but not burns, while climate changes can cause heat-related illnesses or impact environmental conditions, yet not directly create burn injuries. Rare diseases do not present situations that lead to burn injuries at all. Thus, the most direct and relevant cause for burn injuries in this context is firefights and explosions.

3. What might indicate a casualty's body temperature is dangerously low?

- A. Increased Heart Rate**
- B. Sweaty, Cool, Clammy Skin**
- C. High Energy Levels**
- D. Brightly Colored Skin**

A casualty's body temperature can be dangerously low if they exhibit symptoms such as sweaty, cool, and clammy skin. This condition often indicates hypothermia, where the body loses heat faster than it can produce it. The coolness of the skin suggests that blood flow is reduced to preserve core body temperature, while clamminess could indicate the body's response to stress or cold, where sweating does not help maintain warmth. In contrast, increased heart rate is typically associated with the body's response to stress, pain, or shock, which may not directly indicate low body temperature. High energy levels are generally not consistent with low body temperature, as individuals who are hypothermic usually feel lethargic and unable to exert energy. Brightly colored skin can signify a variety of conditions, such as fever or circulatory issues, which do not correlate with hypothermia and might lead one to assume the body temperature is higher rather than lower. Thus, the presence of sweaty, cool, and clammy skin serves as a critical indicator of potential hypothermia in a casualty, emphasizing the need for immediate assessment and treatment to prevent further complications.

4. Which symptom may indicate a casualty is in shock?

- A. Increased Appetite**
- B. Rapid Breathing**
- C. Warm Skin**
- D. Calm Disposition**

Rapid breathing is an indication that the body is attempting to compensate for reduced blood flow and oxygen delivery, which are common in a state of shock. When a person is in shock, their body reacts to diminished circulation and organ perfusion by increasing respiratory rate to enhance oxygen intake. This physiological response occurs as the body tries to maintain adequate oxygen levels to vital organs, signaling a potential life-threatening condition that requires immediate medical attention.

5. When should hypothermia prevention measures be initiated?

- A. After assessing vital signs
- B. As soon as possible**
- C. Only in cold environments
- D. Once advanced medical care arrives

Initiating hypothermia prevention measures as soon as possible is critical in managing patients, especially in combat or emergency situations. When a casualty is at risk of hypothermia due to exposure to cold environments, even minor exposure can lead to a rapid decrease in body temperature. Early intervention can help maintain the patient's core temperature and prevent further complications associated with hypothermia. Taking immediate action, such as removing wet clothing, using blankets, or employing heat packs, can significantly mitigate the risk and impact of hypothermia. This proactive approach is crucial because once hypothermia sets in, it can progress rapidly, complicating treatment and increasing the risk of mortality. Therefore, the focus should always be on immediate preventive measures rather than waiting for a specific assessment or the arrival of advanced medical care, which may delay crucial interventions.

6. What is the focus of the Care Under Fire phase?

- A. To provide comprehensive care after evacuation
- B. To ensure safety before evacuation
- C. To provide care while under hostile fire and to minimize further injury**
- D. To assess the casualty's condition

The focus of the Care Under Fire phase is primarily on providing care while under hostile fire and minimizing further injury to the casualty. During this phase, the situation is still dangerous, and the primary goal is to maintain safety for both the casualty and the caregiver while addressing life-threatening injuries or conditions. This includes taking quick actions such as applying a tourniquet if necessary and ensuring that the casualty is moved only when it is safe to do so. Emphasis during this phase is on rapidly controlling bleeding and preventing further harm, as comprehensive care and detailed assessments are not feasible until the situation stabilizes. In contrast, the other options emphasize aspects of care that are addressed later in the process, such as ensuring safety after evacuation or assessing the casualty in non-hostile conditions. This highlights the crucial nature of making immediate, life-saving interventions amid ongoing threats during the Care Under Fire phase.

7. How is altered mental status typically assessed?

- A. By checking blood pressure
- B. By observing speech clarity
- C. By evaluating responsiveness**
- D. By measuring temperature

Assessing altered mental status is primarily about understanding a person's level of consciousness and cognitive function. Evaluating responsiveness is the most effective method for this assessment, as it involves determining how a person reacts to stimuli, such as verbal commands, physical touch, or painful stimuli. This helps to gauge whether they are alert, drowsy, confused, or unresponsive. While other measures, such as speech clarity or vital signs like blood pressure and temperature, can provide additional context about a patient's condition, they do not directly assess mental status. Speech clarity may indicate issues related to neurological function, but it does not provide a comprehensive evaluation of responsiveness. Similarly, blood pressure and temperature can reflect physiological states but are not reliable indicators of cognitive function or consciousness. Therefore, evaluating responsiveness remains the key assessment for identifying altered mental status.

8. What actions should be taken to prevent hypothermia in casualties?

- A. Provide fluids to rehydrate
- B. Cover them with warming blankets or clothing while protecting from wind**
- C. Encourage them to move around
- D. Keep them in direct sunlight

Covering casualties with warming blankets or clothing while protecting them from the wind is vital in preventing hypothermia. This action addresses the key factors that contribute to heat loss in the body. When a person is exposed to a cold environment, they lose body heat through conduction, convection, and evaporation. By using warming blankets or additional clothing, the insulation of the body is improved, reducing heat loss. Protecting from wind further prevents the cooling effects caused by wind chill, which can significantly lower body temperature. Other options do not adequately address the prevention of hypothermia. Encouraging movement might seem helpful by generating body heat, but it could also lead to increased perspiration, which in turn can lead to more rapid heat loss if the individual becomes wet. Keeping casualties in direct sunlight could also pose risks, as exposure to fluctuating temperatures without proper insulation may not efficiently regulate core body temperature. Fluid rehydration is important for overall health but doesn't have a direct impact on preventing heat loss in cold environments.

9. What are the three phases of care in TCCC?

- A. Transport, Recovery, and Relief
- B. Care under Fire, Tactical Field Care, and Tactical Evacuation Care**
- C. Pre-mission, Mission, and Post-mission
- D. Assessment, Treatment, and Evacuation

The three phases of care in Tactical Combat Casualty Care (TCCC) are Care under Fire, Tactical Field Care, and Tactical Evacuation Care. Each of these phases is essential for effectively addressing the needs of casualties in a combat environment. Care under Fire refers to the initial management of the casualty while still in an active threat situation. This phase focuses on maintaining safety for both the casualty and the responder, with an emphasis on return fire as necessary, and performing life-saving measures that can be done under fire, such as applying a tourniquet for life-threatening bleeding. Tactical Field Care comes into play once the casualty and the care provider are in a safer position. This phase allows for a more comprehensive assessment of the casualty's injuries and the application of advanced life-saving interventions. It involves a thorough examination, treatment of injuries, and the stabilization of the patient for eventual evacuation. Tactical Evacuation Care is the final phase, where the casualty is moved from the point of injury to a higher level of medical care. During this phase, ongoing care continues, including monitoring vital signs and addressing any changes in the casualty's condition. This structured approach ensures that care is provided in a safe, efficient manner. Each phase is tailored to the situ

10. What type of injury would most likely require a tourniquet?

- A. Bodily fracture
- B. Severe bleeding from a limb**
- C. Minor laceration
- D. Concussion

A tourniquet is specifically designed to control severe bleeding, especially from major arterial injuries in a limb. When there is significant blood loss that poses a life threat, applying a tourniquet can help to effectively occlude blood flow and stabilize the injury until further medical care can be provided. This is particularly critical in traumatic scenarios where rapid intervention is necessary to prevent exsanguination. Injuries such as a bodily fracture may not necessarily lead to severe bleeding unless they are compound fractures where the bone pierces the skin. Minor lacerations, by their nature, do not typically produce the kind of life-threatening hemorrhage that warrants the use of a tourniquet. A concussion involves traumatic brain injury and does not relate to limb injuries requiring hemorrhage control. Therefore, the use of a tourniquet is primarily reserved for cases of severe bleeding from a limb, making it the most appropriate response in this context.

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://tccccclstier2.examzify.com>

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