Tactical Combat Casualty Care – Combat Medic/Corpsman (TCCC-CMC) Practice Test (Sample)

Study Guide

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Questions

1. What is the first step in Care Under Fire (CUF)?

- **A. Assess the casualty's injuries**
- **B. Return fire and take cover**
- **C. Notify command of the situation**
- **D. Provide immediate medical attention**

2. What defines full-thickness burns?

- **A. They are moist and painful**
- **B. They involve damage down to the subcutis, muscle, or bone**
- **C. They present with redness and blisters**
- **D. They are mild and healing is quick**

3. What category requires evacuation within 2 hours?

- **A. Priority**
- **B. Routine**
- **C. Urgent**
- **D. Convenience**

4. What type of blood is prioritized for fluid selection in trauma resuscitation?

- **A. Group A fresh frozen plasma**
- **B. Cold-stored low-titer O whole blood**
- **C. Cross-matched packed red blood cells**
- **D. Standard saline solution**

5. What should be done before engaging with a casualty in Care Under Fire (CUF)?

- **A. Assess the extent of their injuries**
- **B. Secure the area first**
- **C. Return fire and take cover**
- **D. Evacuate the casualty**

6. In triage, which category indicates that immediate lifesaving intervention is required?

A. Delayed

B. Minimal

C. Immediate

D. Expectant

7. Which is NOT part of the hypothermic peer treatment protocol?

A. Insulation of the casualty

B. Direct heating with the sun's rays

C. Application of external heating devices

D. Monitoring of body temperature

8. What is a potential complication of transfusing whole blood?

A. Thrombosis

B. Anaphylactic reaction

C. Fluid overload

D. Electrolyte imbalance

9. What is a key characteristic of meloxicam compared to other NSAIDs?

A. It increases platelet function

B. It is a non-selective COX inhibitor

C. It spares platelet function

D. It only works for joint pain

10. What is the first step after applying pressure to stop bleeding in the treatment of a minor wound?

A. Cover the wound with a sterile bandage

B. Irrigate and clean the wound

C. Apply antiseptic solution

D. Administer pain medication

Answers

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

Explanations

1. What is the first step in Care Under Fire (CUF)?

A. Assess the casualty's injuries

B. Return fire and take cover

C. Notify command of the situation

D. Provide immediate medical attention

The first step in Care Under Fire (CUF) is to return fire and take cover. This response is critical because the safety of both the medic and the casualty must be ensured in a combat situation. Engaging the enemy helps to mitigate the threat, allowing for a safer environment to assess and treat the casualty. Without establishing a secure position, attempting to provide immediate medical attention could expose both the medic and the casualty to further harm. Taking cover and returning fire also allows for a more effective and strategic approach to managing the situation. Once the area is safer, the medic can move on to assess injuries and provide the necessary medical interventions, but initial defensive actions are paramount to ensure survival and successful execution of subsequent care.

2. What defines full-thickness burns?

A. They are moist and painful

B. They involve damage down to the subcutis, muscle, or bone

C. They present with redness and blisters

D. They are mild and healing is quick

Full-thickness burns are characterized by the destruction of both the epidermis and dermis, extending down to the subcutis, muscle, or even bone. This degree of burn damage means that the affected area may not exhibit pain since nerve endings are often destroyed, and it can appear leathery, waxy, or charred. The other options describe different types of burns or their characteristics. For instance, burns that are moist and painful typically represent partial-thickness burns, which retain some level of sensation due to intact nerve endings. Redness and blisters indicate superficial to partial-thickness burns, where the skin is still capable of some healing and pain sensation. Lastly, describing a burn as mild with quick healing typically aligns with superficial burns, which are less severe and involve only the epidermis. Understanding these distinctions is crucial for effectively assessing burn injuries and determining appropriate treatments.

3. What category requires evacuation within 2 hours?

A. Priority

B. Routine

C. Urgent

D. Convenience

The category that requires evacuation within 2 hours is Urgent. This classification is critical in tactical combat casualty care because it pertains to patients with serious injuries or conditions that could deteriorate without prompt intervention. When a casualty is categorized as Urgent, it indicates that while the patient is not in immediate danger of dying, their survival is significantly threatened if treatment is delayed beyond this timeframe. Timely evacuation can greatly enhance the chances of recovery and minimize complications. This prioritization ensures that resources are allocated effectively and that those who need immediate care are transferred swiftly to higher levels of medical support where they can receive appropriate treatment. In contrast, the other categories like Priority and Routine have longer evacuation timelines, reflecting the different severity levels of injuries or conditions.

4. What type of blood is prioritized for fluid selection in trauma resuscitation?

A. Group A fresh frozen plasma

B. Cold-stored low-titer O whole blood

C. Cross-matched packed red blood cells

D. Standard saline solution

In trauma resuscitation, cold-stored low-titer O whole blood is prioritized primarily due to its universal compatibility and the balance of components it provides. This type of blood contains red blood cells, plasma, and platelets, which is essential during massive hemorrhage situations. The use of low-titer O whole blood can significantly reduce the time to transfusion, as it can be administered quickly without the need for cross-matching. This is particularly critical in trauma situations where immediate stabilization of the patient is necessary to prevent shock and improve survivability. Additionally, the cold-stored variant allows for the preservation of blood products for longer periods, facilitating rapid access in emergency settings. It supports maintaining hemostatic balance by supplying both red blood cells to address oxygen transport and clotting factors that help in controlling bleeding, which is a primary concern in trauma cases. In contrast, while fresh frozen plasma, packed red blood cells, and saline solutions each have their specific uses, they may not offer the same rapid deployment and comprehensive support as cold-stored low-titer O whole blood. Fresh frozen plasma requires thawing and may not be immediately available, cross-matched packed red blood cells necessitate prior typing, which can delay treatment, and standard saline solutions

5. What should be done before engaging with a casualty in Care Under Fire (CUF)?

A. Assess the extent of their injuries

B. Secure the area first

C. Return fire and take cover

D. Evacuate the casualty

In the Care Under Fire (CUF) phase, the primary focus is on maintaining personal safety and ensuring that the environment is secured before addressing the needs of a casualty. The correct action is to return fire and take cover, which is crucial for protecting yourself and others from ongoing threats. Engaging with a casualty without first ensuring that the area is safe places both the medic and the casualty at greater risk of harm. During this phase, the priority is to minimize exposure to hostile forces while attending to injuries. Only when it is deemed safe to do so should the medic attempt to assess or provide care to the casualty. Therefore, returning fire and taking cover establishes a secure environment, allowing for a more effective and safe method of care to follow once threat levels are manageable.

6. In triage, which category indicates that immediate lifesaving intervention is required?

A. Delayed

B. Minimal

C. Immediate

D. Expectant

In triage, the category that indicates immediate lifesaving intervention is required is identified as "Immediate." This designation is crucial in emergency situations where multiple casualties are present, and resources are limited. Patients categorized as Immediate have life-threatening injuries or conditions that must be addressed right away to prevent death or significant morbidity. For example, a patient with severe bleeding or a compromised airway would fall into this category, as delaying treatment could lead to rapid deterioration. The other categories serve different purposes: Delayed is for patients who have serious injuries but can wait for treatment without immediate danger to their life; Minimal is for patients with minor injuries who can be treated last; and Expectant refers to patients who are unlikely to survive given the severity of their injuries and the available resources. Each category helps prioritize care in a chaotic environment, ensuring that medical personnel can focus their efforts on those most in need of urgent treatment.

7. Which is NOT part of the hypothermic peer treatment protocol?

A. Insulation of the casualty

B. Direct heating with the sun's rays

C. Application of external heating devices

D. Monitoring of body temperature

Direct heating with the sun's rays is not part of the hypothermic peer treatment protocol primarily because it is unreliable and ineffective in providing controlled heat. While natural sunlight can raise temperatures, it is inconsistent and can vary widely based on the environment, time of day, and geographic location. In contrast, insulation of the casualty is a vital component of managing hypothermia, as it helps to retain body heat and prevent further heat loss. The application of external heating devices, such as heat packs or blankets, provides a more effective and controllable method of warming the body. Monitoring body temperature is also crucial to assess the effectiveness of the treatment and to avoid potential complications from rewarming too quickly. Using controlled methods ensures that the casualty receives appropriate care in a safe manner, whereas depending on natural elements like the sun can pose various risks and provide insufficient thermal support.

8. What is a potential complication of transfusing whole blood?

A. Thrombosis

B. Anaphylactic reaction

C. Fluid overload

D. Electrolyte imbalance

Transfusing whole blood can lead to various complications, and one of the recognized risks is an anaphylactic reaction. This severe and potentially life-threatening allergic reaction occurs when the immune system responds aggressively to proteins or components in the transfused blood. Whole blood contains not just red blood cells, but also plasma, which can introduce allergens that some individuals are sensitive to. Assessing the likelihood of an anaphylactic reaction is crucial because it necessitates rapid recognition and management to ensure patient safety. Symptoms might include difficulty breathing, swelling, hives, and a drop in blood pressure. Immediate medical intervention is required in such cases. While fluid overload, thrombosis, and electrolyte imbalances are possible complications in blood transfusions, they do not have the immediate and severe life-threatening nature that anaphylactic reactions present. Therefore, recognizing the risk of anaphylaxis is vital for healthcare providers when considering blood transfusions, particularly in patients with a history of allergic reactions to blood products.

9. What is a key characteristic of meloxicam compared to other NSAIDs?

A. It increases platelet function

B. It is a non-selective COX inhibitor

C. It spares platelet function

D. It only works for joint pain

Meloxicam is classified as a non-steroidal anti-inflammatory drug (NSAID) that has a unique characteristic in its mechanism of action compared to many other NSAIDs. Notably, it is considered a selective COX-2 inhibitor, which means it preferentially inhibits the COX-2 enzyme that is responsible for inflammation and pain, while sparing the COX-1 enzyme, which plays a role in maintaining normal platelet function as well as protecting the stomach lining. This spares platelet function because COX-1 is involved in the production of thromboxane A2, a substance that promotes platelet aggregation. By selectively inhibiting COX-2, meloxicam reduces inflammation and pain with potentially less risk of interfering with the normal clotting process compared to non-selective NSAIDs that inhibit both COX-1 and COX-2. This characteristic makes it a suitable option for patients who may be at risk of bleeding or have specific cardiovascular concerns. In summary, the ability of meloxicam to spare platelet function is an important aspect that can guide its use and distinguish it from other NSAIDs that may have a more comprehensive inhibitory effect on both COX-1 and COX-2, thus affecting platelet aggregation and

10. What is the first step after applying pressure to stop bleeding in the treatment of a minor wound?

A. Cover the wound with a sterile bandage

B. Irrigate and clean the wound

C. Apply antiseptic solution

D. Administer pain medication

The first step after applying pressure to stop bleeding in the treatment of a minor wound is to irrigate and clean the wound. This process is crucial because it removes debris, bacteria, and foreign materials that could cause an infection if left in the wound. Proper cleaning helps to ensure that any pathogens present are washed away, significantly reducing the risk of infection and promoting better healing conditions. After bleeding is controlled, cleaning the wound allows for a more accurate assessment of its severity and depth. The irrigation can be done with clean water or saline solution, which helps to flush out contaminants. It prepares the wound for further treatment steps, such as applying a sterile bandage or antiseptic solution, which can only be effectively used once the wound is clean. Although other options like covering the wound and applying antiseptic are also important steps, they are secondary to cleaning the wound first to ensure optimal healing and infection prevention.