

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

## Study Guide



**Everything you need from our exam experts!**





# 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.







- 6. 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**
- 7. During casualty extraction, why is training important?**
- A. To increase speed of evacuation**
  - B. To ensure proficiency with vehicles and equipment**
  - C. To minimize casualties**
  - D. To enhance communication skills**
- 8. Which of the following is a contraindication for the use of Oral Transmucosal Fentanyl Citrate?**
- A. Severe headache**
  - B. Hypovolemic shock**
  - C. Muscle strain**
  - D. Mild anxiety**
- 9. What should responders prioritize first in Care Under Fire (CUF)?**
- A. Providing first aid**
  - B. Securing the periphery**
  - C. Returning fire**
  - D. Communicating with command**
- 10. What position should conscious patients be allowed to remain in to maintain their airway?**
- A. Supine position**
  - B. Position of maximal comfort**
  - C. Recovery position**
  - D. Trendelenburg position**



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

SAMPLE



## 1. What is the maximum time frame for Urgent evacuation?

- A. Within 1 hour
- B. Within 2 hours**
- C. Within 4 hours
- D. Within 24 hours

The maximum time frame for urgent evacuation is set at within 2 hours. This classification is critical in combat medicine, where the urgency of a patient's condition, such as life-threatening injuries that require immediate medical intervention, dictates the speed at which evacuation must occur. The 2-hour timeframe is designed to ensure that casualties receive timely treatment to stabilize their conditions and prevent further deterioration. This reflects a tactical approach, balancing the need for rapid care with the logistical considerations of evacuation in a combat environment. In situations where patients present with critical injuries such as massive hemorrhage, compromised airway, or signs of shock, prioritizing evacuation within this window is essential to optimize survival chances. Other timeframes, while relevant to other categories of evacuation, do not align with the urgent need of these medical scenarios. For instance, options that suggest longer evacuation periods would not adequately address the exigent needs of severely injured patients who might not survive beyond the 2-hour mark without definitive care.

## 2. What is a contraindication for the administration of antibiotics?

- A. Inability to swallow
- B. Known drug allergy**
- C. Severe pain
- D. Presence of a fracture

The administration of antibiotics is contraindicated in cases of a known drug allergy. This is because allergic reactions can range from mild to severe and can include symptoms such as hives, difficulty breathing, and anaphylactic shock. If a patient has a documented allergy to a specific antibiotic, administering that medication poses a significant risk to their safety and well-being. While the inability to swallow may impact the route of administration (such as oral antibiotics), it does not automatically contraindicate the use of antibiotics, as alternative routes like intravenous (IV) can be utilized. Severe pain, although a distressing condition, does not inherently prevent antibiotic administration; rather, it may require additional pain management strategies alongside antibiotic therapy. Similarly, the presence of a fracture does not negate the need for antibiotics and may warrant their use, especially if there is a concern for infection. In summary, the critical factor for contraindicating antibiotic use is a known allergy, directly linking patient safety to pharmacological treatment choices.

**3. After first aid, what additional treatment might be needed for a patient with an open abdominal wound?**

- A. Surgical intervention**
- B. Immediate hydration**
- C. Antibiotics**
- D. All of the above**

In cases of an open abdominal wound, surgical intervention is often necessary due to the potential for life-threatening complications. Open wounds can result in exposure of internal organs, which may lead to hemorrhage or the risk of infection. Depending on the severity of the injury, surgical procedures may be required to repair the damaged organs, control any bleeding, and maintain the integrity of the abdominal cavity. While immediate hydration and antibiotic administration are also critical components of care for a trauma patient, they are supportive measures rather than definitive treatments for the specifics of an open abdominal wound. Hydration helps with overall circulatory stability, and antibiotics can help prevent infection, but neither addresses the need for surgical repair of any potentially injured internal structures. Therefore, seeking surgical intervention is essential in the management of an open abdominal wound to ensure the patient receives appropriate care to address the primary injury effectively.

**4. Which aspect of MARCH PAWS does not include 'Hypothermia'?**

- A. Massive Bleeding**
- B. Airway**
- C. Respiration**
- D. Splints**

In the MARCH PAWS acronym, which stands for Massive bleeding, Airway, Respiration, Circulation, Hypothermia, Pain, Antibiotics, Wounds, and Splints, each component identifies critical priorities in managing trauma casualties. The element related to splints focuses on stabilizing fractures to prevent further injury and manage pain, rather than addressing circulation or temperature regulation issues. Unlike other components, such as the management of massive bleeding, airway integrity, and respiration, which are directly involved in immediate life-saving interventions, splinting is a secondary response aimed at preserving limb functionality post-injury. Therefore, hypothermia falls outside the scope of what splints address, clearly indicating that splints are not tied to the management of hypothermia in tactical care scenarios.

## 5. What are the methods of antibiotic administration?

- A. Oral and intravenous only
- B. Oral and parenteral**
- C. Intravenous only
- D. Only topical application

The correct choice highlights the various routes through which antibiotics can be administered, specifically oral and parenteral methods. Oral administration involves taking antibiotics in pill or liquid form, allowing for ease of use and patient compliance. This route is often suitable for outpatient treatment and less severe infections. Parenteral administration, on the other hand, encompasses methods such as intravenous (IV), intramuscular (IM), and subcutaneous (SC) delivery. This route is critical for more serious infections, as it allows for rapid absorption and immediate systemic effects, making it essential in emergency situations where quick intervention is necessary. The combination of oral and parenteral routes ensures that healthcare providers can tailor antibiotic therapy to the specific needs of patients, taking into account the severity of the infection, the urgency of treatment, and the patient's ability to tolerate and absorb medications. This versatility enhances treatment options and ensures a more effective management of infections. Other options are limited in scope. For example, focusing solely on intravenous administration overlooks the practicality and efficacy of oral antibiotics for less critical cases. Similarly, restricting to topical application disregards the systemic infections that require comprehensive treatment through oral or parenteral means.

## 6. 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.

**7. During casualty extraction, why is training important?**

- A. To increase speed of evacuation
- B. To ensure proficiency with vehicles and equipment**
- C. To minimize casualties
- D. To enhance communication skills

Training during casualty extraction is crucial because it ensures that personnel are proficient with the vehicles and equipment they will use in real-life situations. This proficiency directly impacts the effectiveness and safety of the extraction process. When team members are well-trained, they can operate equipment such as stretchers, medical kits, and extraction vehicles effectively and efficiently, which is vital in high-stress situations where every second counts. Furthermore, familiarity with the equipment allows for quicker responses during emergencies, reducing the likelihood of errors that could lead to further injuries to the casualty or the extraction team. In addition, being well-versed in the protocols for using various extraction tools increases the team's confidence and coordination, leading to smoother operations. While other aspects like speed of evacuation, minimizing casualties, and communication skills are indeed important in casualty extraction, the foundation for achieving these outcomes is built upon comprehensive training. Proficiency with the right tools and methods leads to better performance in all areas of casualty extraction.

**8. Which of the following is a contraindication for the use of Oral Transmucosal Fentanyl Citrate?**

- A. Severe headache
- B. Hypovolemic shock**
- C. Muscle strain
- D. Mild anxiety

The correct answer is based on the understanding of patient condition and drug effects. Oral Transmucosal Fentanyl Citrate is an opioid analgesic used for managing pain, particularly in patients who are already opioid-tolerant. However, it is contraindicated in cases of hypovolemic shock because this condition involves a significant decrease in blood volume, leading to reduced blood flow and oxygen delivery throughout the body. Administering fentanyl in such a situation could exacerbate hypotension and contribute to further cardiovascular instability due to its vasodilatory effects and potential to cause respiratory depression. In contrast, severe headache, muscle strain, and mild anxiety do not present immediate contraindications for the use of fentanyl. While they may warrant pain management, the critical factor in the case of hypovolemic shock is patient stability and the need to ensure adequate perfusion, making fentanyl an inappropriate choice for those in such a compromised state.

**9. What should responders prioritize first in Care Under Fire (CUF)?**

- A. Providing first aid**
- B. Securing the periphery**
- C. Returning fire**
- D. Communicating with command**

In the context of Care Under Fire (CUF), the priority is to ensure the safety of the responder and the casualty while still being able to perform necessary actions. Returning fire is emphasized as the first priority because it addresses the immediate threat of enemy fire. By engaging the threat, responders can create a safer environment to provide further care and assist the casualty effectively. In CUF scenarios, the dynamics of combat often dictate that without neutralizing the threat, any attempts to provide first aid or secure the area may put both the responder and the casualty at greater risk. This prioritization helps to ensure that the responders can control the situation before focusing on medical care or communication efforts, which can wait until the immediate danger has been mitigated.

**10. What position should conscious patients be allowed to remain in to maintain their airway?**

- A. Supine position**
- B. Position of maximal comfort**
- C. Recovery position**
- D. Trendelenburg position**

The position of maximal comfort is often the best choice for conscious patients when it comes to maintaining their airway. This position allows the patient to find a stance that feels the least stressful and most natural, while also helping to keep the airway open and unobstructed. By encouraging the patient to stay in a position that they find comfortable, you can also reduce anxiety and assist in keeping them calm, which can further support their overall condition and help maintain their vital functions. In contrast, while the recovery position is designed specifically to maintain an open airway, it is typically more suited for unconscious patients who require airway protection due to the risk of aspiration. The supine position might be acceptable in some situations but can pose risks of airway compromise if the patient is not fully conscious or has any reduced ability to protect their airway. The Trendelenburg position is generally not recommended as it can lead to increased intracranial pressure and does not directly facilitate airway maintenance for conscious patients. Therefore, emphasizing the position of maximal comfort aligns with the priorities of airway management in conscious individuals.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://tccccmc.examzify.com>**

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

SAMPLE