

Tactical Combat Casualty Care (TCCC) - Deployed Medic (Tier 1) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which of the following accurately describes a dislocation?**
 - A. The stretching and tearing of ligaments**
 - B. A complete break of a bone**
 - C. Coming apart of a joint**
 - D. Overstretching and overexertion of muscle**

- 2. What drug should be administered during a surgical cricothyrotomy if available?**
 - A. Lidocaine**
 - B. Adrenaline**
 - C. Fentanyl**
 - D. Atropine**

- 3. What is contained in a bag referred to as "low titer O blood"?**
 - A. Type A red blood cells**
 - B. Plasma only**
 - C. Type O red blood cells and plasma with low antibodies**
 - D. Type B red blood cells**

- 4. What is the minimum oxygen saturation that should be maintained for a casualty with a TBI?**
 - A. Greater than 85%**
 - B. Greater than 90%**
 - C. Greater than 95%**
 - D. Greater than 98%**

- 5. What is required for all open combat wounds?**
 - A. Antiseptics**
 - B. Antibiotics**
 - C. Pain medication**
 - D. Dressings**

6. What should a medic do if they suspect a tension pneumothorax?

- A. Monitor the patient**
- B. Administer oxygen**
- C. Perform needle decompression as soon as possible**
- D. Transport the casualty immediately**

7. What is the most common cause of compression fractures?

- A. Osteogenesis Imperfecta**
- B. Osteoporosis**
- C. Arthritis**
- D. Multiple Myeloma**

8. If impending cerebral herniation is suspected, what should be administered?

- A. 250 ml of normal saline**
- B. 250 ml of 3 or 5% hypertonic saline**
- C. 100 ml of D5W**
- D. 500 ml of lactated Ringer's**

9. What vital factor must a medic consider when administering aid in a combat zone?

- A. Emotional responses of the casualty**
- B. Weather conditions affecting treatment**
- C. Maintaining personal safety while providing care**
- D. The familiarity of the casualty with medical treatment**

10. Which of the following is NOT one of the main bones of the axial skeleton?

- A. Skull**
- B. Sternum**
- C. Pelvis**
- D. Spine**

Answers

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

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Explanations

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1. Which of the following accurately describes a dislocation?

- A. The stretching and tearing of ligaments**
- B. A complete break of a bone**
- C. Coming apart of a joint**
- D. Overstretching and overexertion of muscle**

A dislocation is accurately described as the coming apart of a joint. This occurs when the ends of the bones that form a joint are forced out of their normal positions. Dislocations commonly happen due to trauma, such as a fall or a sudden impact, and can result in significant pain, swelling, and loss of function in the affected area. When a joint is dislocated, it may appear visibly deformed, and the surrounding tissues can be damaged, which may include ligaments, tendons, and nerves associated with that joint. The other options refer to different types of injuries. Stretching and tearing of ligaments pertains to a sprain, not a dislocation. A complete break of a bone is known as a fracture, which is distinct from a dislocation. Overstretching and overexertion of muscle describes a strain, which involves injury to a muscle or tendon and does not involve the dislocation of a joint. Understanding the specific definitions of these terms is crucial for effective assessment and treatment in a medical setting.

2. What drug should be administered during a surgical cricothyrotomy if available?

- A. Lidocaine**
- B. Adrenaline**
- C. Fentanyl**
- D. Atropine**

During a surgical cricothyrotomy, the administration of lidocaine is important for managing the patient's pain and discomfort associated with the procedure. Lidocaine is a local anesthetic that helps to numb the area, making the process more tolerable for the patient. Surgical cricothyrotomy involves incising the skin and possibly cutting through tissue, which can be painful, especially if the patient is conscious or semi-conscious. Using lidocaine not only helps in pain management but also minimizes physiological stress responses that can occur during such a traumatic intervention. Although other medications like adrenaline, fentanyl, and atropine have their specific uses in emergency medicine, they do not directly serve the same purpose in this context as lidocaine does. Adrenaline is more associated with cardiovascular resuscitation, fentanyl is a strong opioid analgesic, and atropine is typically used to manage bradycardia or secretions, not specifically for pain control during invasive procedures like a cricothyrotomy. Therefore, lidocaine is the most appropriate choice for its role in minimizing discomfort during this critical intervention.

3. What is contained in a bag referred to as "low titer O blood"?

- A. Type A red blood cells**
- B. Plasma only**
- C. Type O red blood cells and plasma with low antibodies**
- D. Type B red blood cells**

The term "low titer O blood" refers specifically to a blood product that contains Type O red blood cells along with plasma that has a low concentration of antibodies against other blood types. This composition is particularly important in emergency settings, especially in trauma situations, where it may not be possible to determine a patient's blood type quickly. Type O red blood cells are considered universal donors because they can be transfused to patients of any blood type without a significant risk of transfusion reactions. The low-titer plasma reduces the potential for hemolytic reactions in recipients who may have pre-existing antibodies against other blood types; this is crucial in emergency transfusions when rapid action is needed. In contrast, the other options describe blood components that do not correlate with what is specifically meant by "low titer O blood." For instance, Type A and Type B red blood cells do not match the characteristic of low titer O blood, which is defined by the presence of Type O red cells. Plasma only would lack the red blood cells crucial for oxygen transport in an emergency scenario.

4. What is the minimum oxygen saturation that should be maintained for a casualty with a TBI?

- A. Greater than 85%**
- B. Greater than 90%**
- C. Greater than 95%**
- D. Greater than 98%**

Maintaining a minimum oxygen saturation of greater than 90% for a casualty with a traumatic brain injury (TBI) is crucial because adequate oxygen delivery to the brain is essential for preventing secondary injury and ensuring proper brain function. A saturation level below this threshold can indicate inadequate oxygenation, which can exacerbate neurological damage and lead to poorer outcomes. In cases of TBI, the brain is particularly vulnerable to hypoxia, which can worsen the injury and impair recovery. A saturation level of greater than 90% helps ensure that the brain receives sufficient oxygen to function, supports cellular metabolism, and minimizes the risk of further injury or complications. Higher saturation targets, while potentially beneficial, may not be necessary in all situations. Levels greater than 95% or 98% can be desirable, but maintaining above 90% is the standard minimum threshold to protect the brain and is a recognized guideline in tactical combat casualty care for managing TBIs. This standard allows for a balance between ensuring adequate oxygenation without over-treating, which could lead to other complications, such as oxygen toxicity in certain situations.

5. What is required for all open combat wounds?

- A. Antiseptics
- B. Antibiotics**
- C. Pain medication
- D. Dressings

In managing open combat wounds, the primary requirement is to apply dressings. Dressings serve several critical functions: they help control bleeding, protect the wound from contamination, and facilitate the healing process. While antibiotics may be necessary in managing certain infections, especially in the context of combat injuries where the risk of infection is high, they are not always immediately required for all open wounds. The initial focus in tactical care is often on stabilizing the patient and controlling any hemorrhage before considering antibiotic administration. Antiseptics can sometimes be used; however, the use of antiseptics may not be practical or effective in field settings and is generally not a primary requirement. Pain medication may be administered to improve patient comfort but is not a requirement for managing the wound itself. Thus, dressings are the essential element required for all open combat wounds as part of the immediate management to ensure stability and protection.

6. What should a medic do if they suspect a tension pneumothorax?

- A. Monitor the patient
- B. Administer oxygen
- C. Perform needle decompression as soon as possible**
- D. Transport the casualty immediately

When a medic suspects a tension pneumothorax, performing needle decompression as soon as possible is a critical and life-saving intervention. Tension pneumothorax occurs when air enters the pleural space and cannot escape, leading to increased pressure that can compromise respiratory and circulatory function. This condition can rapidly become life-threatening due to the pressure pushing against the lung and heart, preventing adequate ventilation and circulation. Needle decompression involves the insertion of a large-bore needle into the pleural space to allow trapped air to escape, thereby relieving the pressure. This procedure is typically performed in the second intercostal space in the midclavicular line on the affected side. By doing this, the medic can stabilize the patient and restore normal breathing patterns, improving oxygenation and blood flow. While monitoring the patient, administering oxygen, and transporting the casualty are important actions in the management of many medical conditions, they do not address the immediate life threat posed by a tension pneumothorax. Timely needle decompression is essential to prevent further complications and is a foundational aspect of the TCCC protocol for managing this critical situation.

7. What is the most common cause of compression fractures?

- A. Osteogenesis Imperfecta**
- B. Osteoporosis**
- C. Arthritis**
- D. Multiple Myeloma**

Osteoporosis is the most common cause of compression fractures, particularly in older adults. This condition leads to a decrease in bone density and strength, making bones more susceptible to fractures, especially in weight-bearing areas such as the vertebrae in the spine. When the vertebrae lose structural integrity due to osteoporosis, even minor stress or trauma can result in a compression fracture. Other conditions listed, such as Osteogenesis Imperfecta, Multiple Myeloma, and Arthritis, can also lead to fractures, but they are less prevalent as primary causes of compression fractures in the general population compared to osteoporosis. Osteogenesis Imperfecta is a genetic disorder that causes fragile bones but is far less common. Multiple Myeloma involves a cancer process which can weaken bones, but it is not as common as osteoporosis in causing compression fractures. Arthritis primarily affects the joints and does not directly lead to compression fractures in the same way.

8. If impending cerebral herniation is suspected, what should be administered?

- A. 250 ml of normal saline**
- B. 250 ml of 3 or 5% hypertonic saline**
- C. 100 ml of D5W**
- D. 500 ml of lactated Ringer's**

The administration of 3 or 5% hypertonic saline is the correct choice when impending cerebral herniation is suspected because it helps to draw water out of the brain tissue, thereby reducing intracranial pressure. This is crucial as cerebral herniation can occur when there is increased pressure within the skull, causing brain tissue to shift from its normal position. The hypertonic saline creates an osmotic gradient that pulls fluid from the brain, countering the effects of edema and reducing the likelihood of herniation. In contrast, isotonic solutions like normal saline or lactated Ringer's do not provide the same osmotic effect needed to alleviate increased intracranial pressure. D5W is a dextrose solution that lacks the necessary electrolytes to actively draw fluid out of brain tissues and could potentially worsen cerebral edema. Therefore, hypertonic saline is specifically indicated for managing suspected herniation due to its unique properties in manipulating fluid movement in the brain.

9. What vital factor must a medic consider when administering aid in a combat zone?

- A. Emotional responses of the casualty**
- B. Weather conditions affecting treatment**
- C. Maintaining personal safety while providing care**
- D. The familiarity of the casualty with medical treatment**

When administering aid in a combat zone, maintaining personal safety while providing care is crucial. The combat environment can be unpredictable and hazardous, with the potential for enemy fire, explosions, and other dangers. A medic must always prioritize their own safety to ensure they can continue to operate effectively and assist casualties. If a medic becomes a casualty themselves, they will be unable to provide aid to others, which could exacerbate the situation. By ensuring their safety, medics can assess the situation, provide care, and potentially evacuate casualties without placing themselves at undue risk. This principle underlines the importance of being aware of the tactical environment while delivering medical treatment, as well as employing tactical measures such as cover and concealment whenever possible. Understanding this vital factor helps maintain the medic's ability to function effectively within their role amidst the chaos of a combat zone.

10. Which of the following is NOT one of the main bones of the axial skeleton?

- A. Skull**
- B. Sternum**
- C. Pelvis**
- D. Spine**

The pelvis is not considered one of the main bones of the axial skeleton. Instead, it is part of the appendicular skeleton, which includes the limbs and their associated girdles. The axial skeleton is primarily composed of the bones that form the long axis of the body, which includes the skull, spine (vertebral column), and sternum (breastbone). These structures serve essential roles in protecting vital organs, supporting the body's structure, and providing attachment points for muscles. Understanding the distinction between the axial and appendicular skeleton is critical for recognizing the roles these different sets of bones play in human anatomy and their implications in medical situations, especially in trauma and injury management.

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://tcccdeployedmedictier1.examzify.com>

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

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