

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

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- 1. What are critical management factors for a casualty with a penetrating thoracic injury?**
  - A. Administering morphine and monitoring vital signs**
  - B. Seal the wound and maintain an open airway**
  - C. Performing a chest compression and intubation**
  - D. Applying a standard dressing and waiting for evacuation**
  
- 2. Under what circumstances should a limb/junctional tourniquet be converted to hemostatic or pressure dressings?**
  - A. The casualty is unconscious**
  - B. The casualty is in shock**
  - C. It is possible to monitor the wound closely for bleeding**
  - D. The casualty has a major amputation**
  
- 3. What are the four types of musculoskeletal injury?**
  - A. Fracture, contusion, abrasion, laceration**
  - B. Fracture, dislocation, sprain, strain**
  - C. Fracture, sprain, laceration, hemophilia**
  - D. Fracture, sprain, tendonitis, arthritis**
  
- 4. What vital sign is crucial to monitor in suspected tension pneumothorax?**
  - A. Heart rate**
  - B. Blood pressure**
  - C. Oxygen saturation**
  - D. Temperature**
  
- 5. What technique is recommended for effectively controlling severe blood loss?**
  - A. Applying direct pressure to the wound**
  - B. Using a junctional tourniquet on proximal areas**
  - C. Administering blood products**
  - D. Elevating the injured limb above the heart**

- 6. Why is it crucial to avoid giving fluids to a casualty with suspected head trauma?**
- A. It may lead to dehydration**
  - B. It can increase intracranial pressure**
  - C. It could cause choking hazards**
  - D. It prevents proper medication absorption**
- 7. When should a medic activate the evacuation plan?**
- A. As soon as possible regardless of injury**
  - B. When it is safe to do so**
  - C. As soon as you identify a need for advanced medical intervention**
  - D. After assessing all possible treatments**
- 8. What is a traction splint?**
- A. A splint that immobilizes the joint**
  - B. A splint that applies constant pull along the length of the leg**
  - C. A splint designed for fixing fractures in the arm**
  - D. A splint that is used only in surgery**
- 9. When should a medic initiate tactical evacuation?**
- A. Only when every casualty is treated**
  - B. When it is safe and feasible, prioritizing those in critical condition**
  - C. After commanders approve the action**
  - D. As soon as the first casualty is identified**
- 10. If burns are greater than a certain body area percentage, what immediate action should be initiated?**
- A. Fluid resuscitation**
  - B. Surgery**
  - C. Medication administration**
  - D. Wound dressing**

## Answers

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

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## **Explanations**

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**1. What are critical management factors for a casualty with a penetrating thoracic injury?**

- A. Administering morphine and monitoring vital signs**
- B. Seal the wound and maintain an open airway**
- C. Performing a chest compression and intubation**
- D. Applying a standard dressing and waiting for evacuation**

For a casualty with a penetrating thoracic injury, sealing the wound and maintaining an open airway are crucial management factors. A penetrating thoracic injury can compromise both the respiratory system and the circulatory system, leading to potentially life-threatening complications, such as a pneumothorax or hemothorax. Sealing the wound helps to prevent air from entering the pleural cavity, which can cause the lung to collapse (tension pneumothorax). By addressing the wound site with an occlusive dressing, it allows for stabilization of the thoracic cavity and can help maintain normal respiratory mechanics. Maintaining an open airway is equally important in ensuring that the patient can effectively breathe, especially if they are struggling due to the injury or as a result of compromised lung function. Addressing the airway is critical because if the airway is not clear, even the best intervention at the injury site won't be helpful. Therefore, sealing the wound and ensuring the airway is open are foundational to effective management in the immediate care of a casualty with this type of injury. This approach aligns with the principles of Tactical Combat Casualty Care (TCCC), emphasizing the importance of the airway and preventing further potential complications from the injury.

**2. Under what circumstances should a limb/junctional tourniquet be converted to hemostatic or pressure dressings?**

- A. The casualty is unconscious**
- B. The casualty is in shock**
- C. It is possible to monitor the wound closely for bleeding**
- D. The casualty has a major amputation**

A limb or junctional tourniquet is an essential tool in controlling life-threatening hemorrhages in traumatic injuries. However, once the immediate threat has been stabilized, there are specific circumstances where converting to hemostatic or pressure dressings is indicated. When it is possible to monitor the wound closely for bleeding, this indicates that the environment is safe, and the casualty is stable enough for intermittently assessing the injury. In such cases, if there is no active bleeding and the casualty's condition allows for this careful observation, transitioning to hemostatic dressings or pressure dressings can promote better wound healing and reduce complications associated with prolonged tourniquet use, such as tissue ischemia. This option also presupposes that medical personnel can manage the wound and address any re-bleeding if it occurs. Monitoring allows for timely intervention if necessary, which is a critical consideration in tactical environments where resources may be limited, and casualty transport times could be prolonged. In contrast, the other scenarios present conditions under which maintaining a tourniquet would be more appropriate due to the potential for ongoing hemorrhage or instability in the casualty's condition.

### 3. What are the four types of musculoskeletal injury?

- A. Fracture, contusion, abrasion, laceration
- B. Fracture, dislocation, sprain, strain**
- C. Fracture, sprain, laceration, hemophilia
- D. Fracture, sprain, tendonitis, arthritis

The identification of the four types of musculoskeletal injuries as fracture, dislocation, sprain, and strain is accurate because these are common categories that encompass the majority of injuries affecting the bones, joints, and soft tissues in the body. A fracture refers to the break in the continuity of the bone, which can occur for various reasons, including trauma or stress. Dislocations involve the displacement of a bone from its normal joint position, leading to severe pain and impaired function. Sprains are injuries to ligaments caused by overstretching or tearing, often resulting from sudden twisting movements. Strains, on the other hand, affect muscles or tendons and occur when they are overstretching or torn, typically due to excessive force or overexertion. These definitions highlight the critical nature of understanding common musculoskeletal injuries for effective assessment and treatment. Recognizing these terms helps medics provide appropriate care and make informed decisions during treatment in the field.

### 4. What vital sign is crucial to monitor in suspected tension pneumothorax?

- A. Heart rate
- B. Blood pressure
- C. Oxygen saturation**
- D. Temperature

Monitoring oxygen saturation is crucial in suspected tension pneumothorax because this condition leads to impaired gas exchange and respiratory function. As air accumulates in the pleural space, it puts pressure on the lung and can collapse it, which significantly reduces oxygen transfer to the bloodstream. Therefore, a drop in oxygen saturation is a key indicator of respiratory distress and hypoxia associated with tension pneumothorax. In this scenario, heart rate, blood pressure, and temperature may offer additional information about a patient's overall condition, but they are not as directly indicative of the respiratory compromise caused by tension pneumothorax. Oxygen saturation specifically assesses the effectiveness of respiration and the adequacy of oxygen delivery to tissues, making it the most pertinent vital sign to monitor in this critical situation.

**5. What technique is recommended for effectively controlling severe blood loss?**

- A. Applying direct pressure to the wound**
- B. Using a junctional tourniquet on proximal areas**
- C. Administering blood products**
- D. Elevating the injured limb above the heart**

Using a junctional tourniquet on proximal areas is a recommended technique for effectively controlling severe blood loss, particularly in cases where traditional tourniquets may not be applicable, such as injuries exceeding the upper areas of an extremity or wounds in junctional zones like the groin or axilla. Junctional tourniquets are specifically designed to compress and occlude blood vessels in areas where limb tourniquets cannot be effectively applied, thereby minimizing blood loss from major arterial injuries. Direct pressure, while effective for minor wounds, may not be sufficient for severe hemorrhage, especially in deep or extensive injuries. Administering blood products is vital for managing shock if those resources are available, but it does not directly control blood loss at the point of injury. Elevating the injured limb above the heart may assist in reducing blood flow temporarily but is generally not sufficient for severe hemorrhage, especially if there is extensive damage. Thus, a junctional tourniquet stands out as the most effective intervention in the context of severe bleeding control, making it the preferred choice.

**6. Why is it crucial to avoid giving fluids to a casualty with suspected head trauma?**

- A. It may lead to dehydration**
- B. It can increase intracranial pressure**
- C. It could cause choking hazards**
- D. It prevents proper medication absorption**

In cases of suspected head trauma, the primary concern is to manage intracranial pressure. Fluids can increase the volume of the blood circulating within the cranial cavity, which in turn raises intracranial pressure. Elevated intracranial pressure can lead to brain compression, reduced perfusion, and potential herniation, which are serious complications that can worsen the casualty's condition. Additionally, maintaining a stable intracranial pressure is vital for preventing secondary brain injury, as the brain tissues can become more vulnerable to damage from any increase in pressure post-injury. Medical protocols for managing head injuries often emphasize the need to control fluids carefully to avoid exacerbating these critical conditions. Thus, avoiding fluid administration is a crucial step in the management of such patients to ensure their safety and recovery.

## 7. When should a medic activate the evacuation plan?

- A. As soon as possible regardless of injury
- B. When it is safe to do so
- C. As soon as you identify a need for advanced medical intervention**
- D. After assessing all possible treatments

The correct choice is to activate the evacuation plan as soon as you identify a need for advanced medical intervention. This approach emphasizes the importance of making timely decisions based on the specific medical needs of the casualty. In a tactical setting, the medic's responsibility includes recognizing the limits of their capability to provide care and determining when further medical support is required. If a casualty's injuries necessitate advanced medical care—such as surgical intervention or specialized treatment—it is crucial to initiate the evacuation process early enough to ensure that the patient receives the care they need without delay. Timely activation of the evacuation plan can be critical in preventing the deterioration of the casualty's condition. Delays in evacuation can lead to complications and increased risk of morbidity or mortality, especially in cases of severe trauma or instability. While safety is always a priority, and a medic must ensure it is the right time to carry out an evacuation, the primary consideration should be the medical needs of the injured personnel. In a tactical environment, rapid assessment of the situation and the injuries sustained can dictate the urgency of the evacuation process, making it essential to act promptly once the need for advanced care is recognized.

## 8. What is a traction splint?

- A. A splint that immobilizes the joint
- B. A splint that applies constant pull along the length of the leg**
- C. A splint designed for fixing fractures in the arm
- D. A splint that is used only in surgery

A traction splint is designed to apply a constant pull along the length of a fractured limb, particularly the femur, to align the bone and immobilize the injury. This mechanism helps to reduce pain and prevent further injury by stabilizing the fracture and minimizing movement. The steady traction is critical in realigning the bone fragments post-injury, allowing for better positioning for any further medical interventions as necessary. In contrast, a splint that immobilizes a joint does not provide the same lengthwise traction; rather, it focuses on stabilizing a joint in place. A splint aimed at fixing arm fractures is not applicable here since traction splints are specifically intended for leg fractures, primarily involving the femur. Additionally, the assertion that a traction splint is only used in surgery is inaccurate. Traction splints can be applied in the pre-hospital setting by medics or first responders as part of emergency care to manage specific types of fractures effectively before reaching surgical facilities.

**9. When should a medic initiate tactical evacuation?**

- A. Only when every casualty is treated**
- B. When it is safe and feasible, prioritizing those in critical condition**
- C. After commanders approve the action**
- D. As soon as the first casualty is identified**

The correct answer emphasizes the importance of safety and feasibility in the context of tactical evacuation. Medics must conduct an assessment of the situation to determine when it is appropriate to initiate evacuation efforts. Prioritizing the most critical casualties ensures that those who are in urgent need of medical attention receive help first, thus maximizing the chances of survival and minimizing further complications. Tactical evacuation is not merely about transporting patients but also involves considering the overall safety of the medic and the evacuation team, as well as the operational status of the unit. If it's not safe to evacuate, then the medic must continue providing care and managing the scene to stabilize the casualties until it becomes feasible to conduct an evacuation. This approach aligns with the principles of Tactical Combat Casualty Care, which emphasizes the need for medics to operate in high-stakes environments while making timely decisions based on situational awareness and the medical needs of the injured personnel. Prioritization of care allows for effective management of limited resources, vital in a tactical context where multiple casualties may require attention.

**10. If burns are greater than a certain body area percentage, what immediate action should be initiated?**

- A. Fluid resuscitation**
- B. Surgery**
- C. Medication administration**
- D. Wound dressing**

When burns exceed a certain body area percentage, the immediate action that should be initiated is fluid resuscitation. This is crucial due to the significant loss of fluid that can occur as a result of burn injuries, which can lead to hypovolemic shock. The protocol for fluid resuscitation is typically guided by the Parkland formula or other established guidelines that help determine the appropriate volume and type of fluids to administer, based on the extent of burns and the patient's weight. Prompt initiation of fluid resuscitation is essential in preventing further complications and stabilizing the patient's condition. As burn injuries can dramatically affect the body's ability to maintain circulation and organ perfusion, effective fluid management is vital. Early intervention with fluid resuscitation can drastically improve outcomes for patients with severe burns. Other actions, such as surgery, medication administration, or wound dressing, may be necessary as part of the overall management of burn patients, but they are not the immediate priority when significant burn areas are present. The focus should first be on fluid resuscitation to address the urgent physiological needs.

## 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://tcccdeployedmedictier1.examzify.com>**

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

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