

TACTICAL COMBAT CASUALTY CARE (TCCC) – DEPLOYED MEDIC (TIER 1) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED 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. 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 is the most common cause of compression fractures?**
 - A. Osteogenesis Imperfecta
 - B. Osteoporosis
 - C. Arthritis
 - D. Multiple Myeloma
- 2. How can a medic provide psychological support during TCCC?**
 - A. By ignoring the casualty's concerns
 - B. By offering reassurance and keeping them informed
 - C. By telling them to remain quiet
 - D. By focusing solely on technical care
- 3. Which condition is NOT an indication for providing supplemental oxygen?**
 - A. Unconscious
 - B. Low pulse ox reading
 - C. Sharp chest pain
 - D. In shock
- 4. What does the AVPU method assess in a casualty?**
 - A. Respiratory effort
 - B. Level of consciousness
 - C. Body temperature
 - D. Blood sugar levels
- 5. What is one reason for administering TXA (Tranexamic Acid)?**
 - A. The casualty has a mild injury
 - B. The casualty will likely need a blood transfusion
 - C. The casualty is experiencing a headache
 - D. The casualty has no signs of shock
- 6. How should a medic assess the severity of a burn wound?**
 - A. By counting the total affected body parts
 - B. By evaluating the depth and extent using the "rule of nines"
 - C. By asking the casualty for their pain level
 - D. By examining visible blistering

- 7. During a situation with no vitals, what is a critical sign of improvement after an NCD?**
- A. Casualty's skin color
 - B. Return of radial pulse
 - C. Normal blood pressure
 - D. Ability to speak
- 8. What is the Periosteum?**
- A. Strong white fibrous material that covers bones
 - B. Soft tissue inside joints
 - C. The outer layer of the skin
 - D. The connective tissue connecting muscles to bones
- 9. What is the focus when treating a casualty with a compound fracture?**
- A. Administering pain relief and cleaning the wound
 - B. Controlling bleeding, immobilizing the fracture, and preventing infection
 - C. Transporting the casualty as quickly as possible
 - D. Applying heat to alleviate discomfort
- 10. What is the initial IV/IO fluid rate calculation for adults weighing between 40-80 kg?**
- A. %TBSA X 10 ml/hr
 - B. %TBSA X 20 ml/hr
 - C. %TBSA X 15 ml/hr
 - D. %TBSA X 25 ml/hr

Answers

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

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Explanations

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1. 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.

2. How can a medic provide psychological support during TCCC?

- A. By ignoring the casualty's concerns
- B. By offering reassurance and keeping them informed**
- C. By telling them to remain quiet
- D. By focusing solely on technical care

Offering reassurance and keeping casualties informed is a critical component of psychological support during Tactical Combat Casualty Care (TCCC). When a medic engages with a casualty by providing them with comfort and clarity about their situation, it helps to alleviate fear and anxiety. This communication can include explaining what is happening, what steps will be taken to care for them, and encouraging them to stay focused during the medical intervention. Maintaining situational awareness and emotional connection allows the medic to establish trust, which can improve the casualty's overall resilience in the face of trauma. Informing them about their treatment process can empower the casualty and help them cope with the stress of the situation, ultimately enhancing their chances of recovery. Furthermore, this approach aligns with the principles of TCCC, which emphasize not only the physical treatment of injuries but also the necessity of addressing psychological well-being in high-stress environments. By providing emotional support along with medical care, the medic can foster a more effective healing environment.

3. Which condition is NOT an indication for providing supplemental oxygen?

- A. Unconscious
- B. Low pulse ox reading
- C. Sharp chest pain**
- D. In shock

Providing supplemental oxygen is an important intervention in various medical conditions, particularly when a patient is experiencing respiratory difficulties or has low oxygen saturation levels. In this scenario, the condition that does not warrant immediate supplemental oxygen is sharp chest pain. Sharp chest pain can result from a variety of causes, including musculoskeletal issues, gastrointestinal problems, or cardiac concerns, and while it is a significant symptom that may indicate an underlying condition requiring further evaluation, it does not, by itself, signal the need for supplemental oxygen. The focus in cases of sharp chest pain is often more on managing the underlying cause and ensuring the patient is stable rather than immediately providing supplemental oxygen. Therefore, the decision to provide oxygen should be based on the presence of respiratory distress or low oxygen saturation rather than solely on the symptom of chest pain. In contrast, unconsciousness, low pulse oximetry readings, and shock are more clearly associated with potential respiratory failure or significantly compromised oxygen delivery to tissues, making them indications for supplemental oxygen to improve patient outcomes.

4. What does the AVPU method assess in a casualty?

- A. Respiratory effort
- B. Level of consciousness**
- C. Body temperature
- D. Blood sugar levels

The AVPU method is a mnemonic used to assess a casualty's level of consciousness quickly and effectively. It stands for Alert, Verbal, Pain, and Unresponsive, guiding the evaluator through a simple hierarchy of awareness and responsiveness. In this method, a person who is 'Alert' can respond meaningfully and is aware of their surroundings, while those who respond only to 'Verbal' stimuli may react to prompts but are not fully alert. If a casualty only responds to 'Pain,' this indicates a reduced level of consciousness, and being 'Unresponsive' means there is no reaction at all to stimuli. Understanding the level of consciousness is critical in a combat setting, as it helps medics prioritize treatment based on the severity of the casualty's condition and make timely decisions regarding interventions or evacuation. Through assessing the casualty's response using the AVPU method, medics can better judge the urgency of care needed. Other assessments, such as evaluating respiratory effort, body temperature, or blood sugar levels, are important but are separate from what the AVPU method specifically measures. Hence, the focus of the AVPU approach is firmly on consciousness, distinguishing it from these other vital sign evaluations.

5. What is one reason for administering TXA (Tranexamic Acid)?

- A. The casualty has a mild injury
- B. The casualty will likely need a blood transfusion**
- C. The casualty is experiencing a headache
- D. The casualty has no signs of shock

Administering Tranexamic Acid (TXA) is primarily indicated for casualties at risk of significant bleeding, particularly when there is a likelihood that they will require a blood transfusion. TXA works as an antifibrinolytic agent, helping to stabilize blood clots and reduce excessive bleeding. This is crucial in traumatic situations where a rapid and effective response is needed to control hemorrhage and maintain hemostatic stability. In a tactical combat environment, where resources and time are often limited, addressing potential hemorrhagic shock early can significantly improve a casualty's chances of survival. When a casualty is anticipated to need a blood transfusion, administering TXA can serve as an effective intervention to minimize blood loss before definitive surgical care can be obtained. The use of TXA has been supported by evidence showing that it can reduce mortality in trauma patients with major bleeding if given early. Hence, the rationale behind option B directly aligns with the purpose of TXA administration in trauma care.

6. How should a medic assess the severity of a burn wound?

- A. By counting the total affected body parts
- B. By evaluating the depth and extent using the "rule of nines"**
- C. By asking the casualty for their pain level
- D. By examining visible blistering

Assessing the severity of a burn wound is a critical component of providing effective care in tactical situations. Using the "rule of nines" is a systematic approach that allows the medic to estimate the total body surface area (TBSA) affected by burns. This method divides the body into sections, where each section represents approximately 9% of the total body surface area. For instance, the head and neck constitute 9%, each arm is 9%, each leg is 18%, the anterior trunk is 18%, the posterior trunk is 18%, and the perineum is 1%. By determining the percentage of the body that is burned, the medic can assess the potential for complications such as shock, fluid resuscitation needs, and referral to specialized care. This quantitative assessment is vital for prioritizing treatment and ensuring that adequate resources are allocated to the affected individual based on the severity and extent of their injuries. While considering other factors such as pain level or the presence of visible blistering can provide information about the injury, they do not give the same comprehensive view of the burn's severity that the "rule of nines" provides. Additionally, counting affected body parts alone does not accurately assess the total burn area or its depth

7. During a situation with no vitals, what is a critical sign of improvement after an NCD?

- A. Casualty's skin color
- B. Return of radial pulse**
- C. Normal blood pressure
- D. Ability to speak

The return of a radial pulse is a critical sign of improvement after an NCD (needle decompression) because it indicates that circulation has been restored to the extremities. In cases of tension pneumothorax, the collapse of the lung and subsequent build-up of air in the pleural space can lead to decreased venous return to the heart, and thus a compromised circulatory system. Restoration of normal cardiac output can be signified by the presence of a palpated radial pulse, which reflects adequate perfusion. This means that blood is effectively being circulated, and the body is beginning to stabilize after experiencing a life-threatening condition. While skin color, blood pressure, and the ability to speak can provide valuable information about a casualty's status, the radial pulse specifically indicates that the heart is effectively pumping blood, making it a direct sign of improving vital signs crucial for survival in traumatic situations.

8. What is the Periosteum?

- A. Strong white fibrous material that covers bones**
- B. Soft tissue inside joints
- C. The outer layer of the skin
- D. The connective tissue connecting muscles to bones

The periosteum is best defined as a strong white fibrous material that covers bones. This dense connective tissue serves several important functions: it provides a protective layer for the bones, acts as an attachment point for muscles and tendons, and plays a role in the formation and repair of bone tissue. The periosteum is filled with blood vessels, nerves, and lymphatics, which contribute to its vital role in bone health and regeneration. Its presence enhances the resilience of the skeletal system by facilitating the integration of the muscles with the skeletal framework during movement. The other options refer to different anatomical structures. For instance, soft tissue inside joints is typically characterized by synovial fluid and ligaments, which provide lubrication and stability. The outer layer of the skin refers to the epidermis, which serves a protective role but is not related to bone itself. Meanwhile, connective tissue connecting muscles to bones is known as tendons, which differ from the periosteum in both structure and function. Understanding the periosteum and its unique characteristics is crucial in fields related to medicine, especially when considering bone injuries and surgeries.

9. What is the focus when treating a casualty with a compound fracture?

- A. Administering pain relief and cleaning the wound
- B. Controlling bleeding, immobilizing the fracture, and preventing infection**
- C. Transporting the casualty as quickly as possible
- D. Applying heat to alleviate discomfort

When treating a casualty with a compound fracture, the primary focus is on controlling bleeding, immobilizing the fracture, and preventing infection. A compound fracture, also known as an open fracture, involves a break in the bone that protrudes through the skin. This type of injury presents a high risk for significant bleeding due to the involvement of surrounding tissues and blood vessels, so controlling any bleeding is paramount initially to prevent shock and further complications. Immobilization of the fracture is critical to avoid additional injury to the bone and surrounding soft tissue. Proper immobilization can also help reduce pain and make transport safer for the casualty. Preventing infection is another essential concern because the open wound allows for direct contamination with environmental pathogens, which can lead to serious complications. While pain relief and swift transport are important aspects of patient care, these should come after addressing the critical life-threatening aspects of the injury—bleeding control, fracture stabilization, and infection prevention are fundamental steps that must be prioritized in tactical medicine. Applying heat is not appropriate in this situation, as it could exacerbate swelling and inflammation rather than providing meaningful relief.

10. What is the initial IV/IO fluid rate calculation for adults weighing between 40-80 kg?

- A. %TBSA X 10 ml/hr**
- B. %TBSA X 20 ml/hr
- C. %TBSA X 15 ml/hr
- D. %TBSA X 25 ml/hr

The calculation of the initial IV/IO fluid rate is critically important in managing fluid resuscitation, particularly in trauma and burn cases. For adults weighing between 40-80 kg, the correct formula employs the total body surface area (TBSA) percentage multiplied by 10 ml/hr. This approach is well-founded in established medical guidelines that help estimate the initial fluid requirements based on the extent of burns and other fluid loss scenarios. The reasoning behind using TBSA as a factor is that it provides a way to estimate the volume of fluid needed to maintain adequate circulation and support organ function in response to fluid losses. Using the specified rate of 10 ml/hr per percentage of TBSA is a simplified way to ensure that patients receive sufficient fluids without over-resuscitation, which can lead to complications such as fluid overload. This method emphasizes the importance of monitoring and adjusting fluid rates based on ongoing assessments of the patient's condition, such as vital signs and urine output. Fluid resuscitation strategies can vary significantly depending on clinical presentations, but this particular calculation serves as a standard starting point for initial management in adults within the specified weight range.

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:

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

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