

Tactical Combat Casualty Care (TCCC) - Hospital Corpsman Basic (HCB) Practice Test (Sample)

Study Guide



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SAMPLE

Questions

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- 1. In Care Under Fire, why is it crucial to stop life-threatening external hemorrhage?**
 - A. To expedite evacuation processes**
 - B. It is anatomically amendable to a tourniquet**
 - C. To ensure the casualty remains engaged**
 - D. To minimize the risk to the provider**
- 2. How much normal saline do you flush a saline lock with?**
 - A. 10cc**
 - B. 5cc**
 - C. 15cc**
 - D. 20cc**
- 3. Which vital sign is most critical to assess in a trauma patient?**
 - A. Temperature**
 - B. Blood pressure**
 - C. Heart rate**
 - D. Respiratory rate**
- 4. What is the recommended route for Ondanestron administration?**
 - A. IV only**
 - B. Oral only**
 - C. IM or IV**
 - D. ODT, IV, IO, or IM**
- 5. What is a key feature of Tactical Evacuation Care?**
 - A. Focus solely on transportation**
 - B. Integration of battlefield medical intervention**
 - C. Planning for future hospital treatment**
 - D. Emphasis on psychological support**

- 6. Which medication is generally contraindicated in potential trauma patients due to its blood-thinning effects?**
- A. Acetaminophen**
 - B. Ibuprofen**
 - C. Acetylsalicylic acid**
 - D. All of the above**
- 7. What is one advantage of using a Commercial tourniquet over an improvised one?**
- A. Lower cost**
 - B. Higher availability**
 - C. Consistency in efficacy and ease of application**
 - D. Faster application time**
- 8. Which document records treatments rendered and changes in casualties' status?**
- A. DD Form 1380**
 - B. DD Form 214**
 - C. SF 600**
 - D. DA Form 1380**
- 9. What is the second phase of care in TCCC?**
- A. Casualty recovery**
 - B. Tactical field care**
 - C. Emergency triage**
 - D. Patient transport**
- 10. Is the casualty going to die from 2500cc blood loss?**
- A. Yes**
 - B. Probably**
 - C. Maybe**
 - D. No**

Answers

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

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Explanations

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1. In Care Under Fire, why is it crucial to stop life-threatening external hemorrhage?

- A. To expedite evacuation processes**
- B. It is anatomically amendable to a tourniquet**
- C. To ensure the casualty remains engaged**
- D. To minimize the risk to the provider**

In Care Under Fire, it is crucial to stop life-threatening external hemorrhage because the application of a tourniquet can be anatomically effective in significantly controlling severe bleeding. This intervention is critical during the high-risk phase of care when both the casualty and the provider are exposed to potential threats. Stopping the hemorrhage promptly helps stabilize the casualty's condition, increasing the chances of survival before they can receive further treatment at a safer location. The ability to effectively apply a tourniquet is a vital skill, as it enables the provider to address the most immediate and life-threatening concern—the loss of blood—while preparing for subsequent steps in care and evacuation. This direct focus on hemorrhage control often outweighs other considerations in this chaotic and dangerous environment.

2. How much normal saline do you flush a saline lock with?

- A. 10cc**
- B. 5cc**
- C. 15cc**
- D. 20cc**

Flushing a saline lock is an essential procedure to maintain patency and ensure that the IV line is clear for medication administration or fluid delivery. The standard practice generally indicates that flushing with 5cc (or 5 milliliters) of normal saline is sufficient to achieve this goal. This amount is adequate to clear any potential blood backflow and confirm that the saline lock is functioning properly without over-inflating the line or causing discomfort to the patient. When determining the volume to use, factors such as the gauge of the catheter and the clinical scenario may influence this decision, but 5cc is the commonly accepted standard for routine flushing in most situations, making it an effective choice for maintaining IV access.

3. Which vital sign is most critical to assess in a trauma patient?

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

In the context of assessing a trauma patient, blood pressure is particularly critical because it provides essential information about the patient's circulatory status and hemodynamic stability. Blood pressure readings can indicate whether a patient is experiencing shock or significant blood loss, which are common issues in traumatic injuries. A significant drop in blood pressure can suggest that the body is unable to maintain adequate perfusion to vital organs, leading to potential organ failure or long-term complications if not addressed promptly. Monitoring blood pressure helps health care providers determine the severity of the injury and guide treatment decisions, including fluid resuscitation or the need for surgical intervention. Other vital signs, such as heart rate, temperature, and respiratory rate, are important as well, but blood pressure specifically reflects the adequacy of blood volume and cardiac output, which are critical in trauma scenarios. Therefore, while all vital signs play a role in overall assessment, blood pressure stands out as a key indicator of a trauma patient's immediate condition.

4. What is the recommended route for Ondanestron administration?

- A. IV only
- B. Oral only
- C. IM or IV
- D. ODT, IV, IO, or IM**

Ondanestron, a medication commonly used to prevent nausea and vomiting, is versatile in its administration routes. The correct answer highlights that Ondanestron can be given via orally disintegrating tablets (ODT), intravenously (IV), intraosseously (IO), or intramuscularly (IM). This flexibility is crucial because it allows for rapid and effective delivery according to the clinical situation and patient needs. For instance, IV administration is beneficial in acute situations where quick onset of action is necessary, such as in an emergency setting. ODT is particularly useful for patients who may have difficulty swallowing or have nausea that would make oral ingestion challenging. IO administration provides an alternative route when IV access is not available, especially in emergencies where time is critical. IM administration can also be employed, although it is less common compared to the IV route in most acute care scenarios. Therefore, the ability to utilize multiple routes ensures that healthcare providers can effectively manage nausea and vomiting symptoms in a variety of settings and patients, aligning with best practices in patient care. This comprehensive knowledge of administration routes is essential for maintaining effective treatment efficacy in tactical combat casualty care and civilian medical practice alike.

5. What is a key feature of Tactical Evacuation Care?

- A. Focus solely on transportation**
- B. Integration of battlefield medical intervention**
- C. Planning for future hospital treatment**
- D. Emphasis on psychological support**

A key feature of Tactical Evacuation Care is the integration of battlefield medical intervention. This approach ensures that as casualties are being evacuated, they receive essential medical care during transport. It is critical that the care provided does not solely focus on the logistics of getting a patient from one location to another, but rather includes medical interventions that can stabilize the patient and mitigate the effects of injuries. This means that providers must be prepared to demonstrate skills in trauma management and sustain life support, reflecting a continuity of care that builds upon the initial management performed at the point of injury. The integration aspect emphasizes the need for a cohesive response that includes coordinated efforts among various medical personnel, including medics, corpsmen, and higher-level medical facilities. It ensures that care is not just transitional but is actively focused on maintaining and improving the casualty's condition throughout evacuation.

6. Which medication is generally contraindicated in potential trauma patients due to its blood-thinning effects?

- A. Acetaminophen**
- B. Ibuprofen**
- C. Acetylsalicylic acid**
- D. All of the above**

In the context of potential trauma patients, medications that have blood-thinning effects are crucial to evaluate because they can increase the risk of bleeding. Acetaminophen is primarily a pain reliever and does not possess blood-thinning properties. Optionally, Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) that can inhibit platelet aggregation and potentially increase bleeding risk, but its effects are generally considered less significant compared to acetylsalicylic acid. Acetylsalicylic acid, also known as aspirin, is well-known for its blood-thinning properties, as it irreversibly inhibits platelet function, significantly increasing the risk of hemorrhage in trauma patients. Given that both ibuprofen and acetylsalicylic acid can contribute to bleeding risks, particularly in trauma situations, a more comprehensive assessment of potential contraindications may warrant avoidance of all these medications in patients who may be experiencing traumatic injuries. Therefore, choosing an option indicating that all these medications can be contraindicated reflects an understanding of their effects on hemostasis in trauma patients and the need for careful consideration to avoid exacerbating any bleeding that may occur.

7. What is one advantage of using a Commercial tourniquet over an improvised one?

A. Lower cost

B. Higher availability

C. Consistency in efficacy and ease of application

D. Faster application time

Choosing a commercial tourniquet offers several notable advantages, with consistency in efficacy and ease of application being paramount. Commercially manufactured tourniquets are designed and tested to meet specific medical standards, ensuring they are reliable and safe for use in real-life scenarios. These tourniquets have standardized features that provide uniformity in how they operate, making them straightforward to apply under pressure or in high-stress situations. Their design typically includes clear instructions and ergonomic features that facilitate quick application, which is vital in combat or emergency settings where time is of the essence. This reliable performance and ease of use can significantly reduce the risk of complications or inadequate bleeding control, which might occur with improvised methods that can vary widely in effectiveness and may not be as user-friendly. In contrast, improvised tourniquets often lack the controlled design and effectiveness of commercial ones, which can lead to complications such as ineffective bleeding control or injury to the limb due to improper application. Therefore, the consistency and proven efficacy of commercial tourniquets make them a superior choice in emergency situations.

8. Which document records treatments rendered and changes in casualties' status?

A. DD Form 1380

B. DD Form 214

C. SF 600

D. DA Form 1380

The correct answer, DD Form 1380, is known as the "US Department of Defense (DOD) Tactical Combat Casualty Care (TCCC) Casualty Card." This document is specifically designed to record crucial information about a casualty, including the treatments that have been administered, the patient's status, and any significant changes that occur during the care provided. This form is essential for ensuring continuity of care, as it allows subsequent medical personnel to understand what treatments have already been given and what might be needed moving forward. In contrast, DD Form 214 is primarily used as a certificate of release or discharge from active duty, serving administrative functions rather than documenting medical treatment. SF 600, or the "Chronological Record of Medical Care," is a general record of medical care, but it is not specifically tailored to the unique circumstances of combat casualties and their immediate treatment in the field. DA Form 1380, although similar in purpose to DD Form 1380, is specifically associated with the Army, whereas the DD Form 1380 is used across all branches of the U.S. military in a tactical setting. Understanding the specific purpose of each document clarifies why DD Form 1380 is the most appropriate choice for recording treatments and changes in

9. What is the second phase of care in TCCC?

- A. Casualty recovery
- B. Tactical field care**
- C. Emergency triage
- D. Patient transport

The second phase of care in Tactical Combat Casualty Care (TCCC) is Tactical Field Care. This phase occurs after the life-threatening threats are addressed during the Care Under Fire phase. Tactical Field Care allows for a more detailed assessment and intervention of injuries while still in a tactical environment, away from direct enemy fire. During this phase, medical personnel can perform a wider range of procedures, stabilize the casualty's condition, and provide necessary treatments such as stopping bleeding, managing airways, and administering medications. Tactical Field Care focuses on more comprehensive care that enables the medic or corpsman to enhance the casualty's chances of survival before they are evacuated to a higher level of care. This phase also includes ongoing monitoring of the casualty's vital signs and conditions while preparing for the next phase, which involves patient transport to a medical facility. The emphasis remains on maintaining tactical safety for both the casualty and the caregiver, ensuring that care can be delivered effectively without compromising the mission or safety.

10. Is the casualty going to die from 2500cc blood loss?

- A. Yes
- B. Probably**
- C. Maybe
- D. No

In trauma assessment, the amount of blood loss a casualty can tolerate before facing life-threatening consequences is crucial. A loss of 2500cc, which is approximately 50% of an adult human's total blood volume, typically exceeds the critical threshold where death is highly likely without prompt medical intervention. Choosing "probably" indicates that while the casualty is at significant risk of death due to such substantial blood loss, it does not definitively conclude that death is inevitable. Factors such as how quickly the hemorrhage occurs, the casualty's overall health, age, and medical response can influence outcomes. Rapid intervention with fluid resuscitation and control of the source of bleeding could potentially save the casualty, thus supporting the idea that while they are likely in a critical condition, survival is still possible. On the other hand, options suggesting a definite outcome, like "yes" for death or "no" for survival, do not consider the nuances of individual circumstances surrounding trauma care. The complexity of medical responses in critical situations means that predicting outcomes requires a more measured approach, hence the appropriateness of "probably."