

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

- 1. During casualty evaluation, which of the following is prioritized for treatment?**
 - A. Management of minor injuries**
 - B. Administering medications for comfort**
 - C. Controlling major hemorrhage**
 - D. Documenting patient history**
- 2. What is the priority for a healthcare provider when caring for an airway obstruction?**
 - A. Ensuring the airway is patent and clear**
 - B. Administering medication immediately**
 - C. Performing CPR**
 - D. Monitoring vital signs continuously**
- 3. Which of the following medications should be avoided in cases of significant hemorrhage?**
 - A. Lidocaine**
 - B. Fentanyl**
 - C. Aspirin**
 - D. Dexamethasone**
- 4. What is the name of the hemostatic agent within Combat Gauze?**
 - A. Kaolin**
 - B. Chito Gauze**
 - C. XSTAT30**
 - D. BandAid**
- 5. What is the main focus of the 4 types of carries during Care Under Fire?**
 - A. Evacuation speed**
 - B. Safety and efficiency**
 - C. Discreet movement**
 - D. Casualty assessment**

- 6. What should be done for a casualty with a sucking chest wound?**
- A. Seal the wound with an occlusive dressing**
 - B. Apply a tourniquet above the wound**
 - C. Administer oral fluids**
 - D. Perform immediate chest compression**
- 7. What is the priority in treating a casualty with severe burns?**
- A. Wound cleaning immediately**
 - B. Establishing an airway and supporting breathing**
 - C. Administering antibiotics**
 - D. Cooling the burn area**
- 8. Why should Aspirin, Motrin, Toradol, and other NSAIDs other than Mobic be avoided in a combat zone?**
- A. Affects blood clotting**
 - B. Can cause severe allergic reactions**
 - C. Leads to gastrointestinal bleeding**
 - D. Interferes with pain management**
- 9. What does managing massive hemorrhage in TCCC primarily focus on?**
- A. Reducing pain**
 - B. Stopping the bleeding**
 - C. Improving airway management**
 - D. Restoring circulation**
- 10. What is a primary use of TXA in tactical medicine?**
- A. To enhance blood clotting**
 - B. To relieve pain**
 - C. To reduce swelling**
 - D. To hydrate the casualty**

Answers

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

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Explanations

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1. During casualty evaluation, which of the following is prioritized for treatment?

- A. Management of minor injuries**
- B. Administering medications for comfort**
- C. Controlling major hemorrhage**
- D. Documenting patient history**

In the context of Tactical Combat Casualty Care (TCCC), controlling major hemorrhage is prioritized for treatment because it directly addresses a leading cause of preventable death on the battlefield. Severe blood loss can rapidly lead to shock and death if not managed immediately. The primary goal in any trauma scenario is to stabilize the patient, which begins with controlling any life-threatening conditions, particularly hemorrhage. By prioritizing the management of major bleeding, medical personnel can ensure that the casualty has the best chance of survival before addressing less critical issues such as minor injuries, administering comfort medications, or documenting patient history. These latter aspects are important but secondary to the immediate need to stop bleeding and ensure the casualty's vital signs are stable. Thus, focusing on hemorrhage control is essential for effective trauma care in combat situations.

2. What is the priority for a healthcare provider when caring for an airway obstruction?

- A. Ensuring the airway is patent and clear**
- B. Administering medication immediately**
- C. Performing CPR**
- D. Monitoring vital signs continuously**

The priority for a healthcare provider when caring for an airway obstruction is ensuring that the airway is patent and clear. An unobstructed airway is critical for effective breathing and oxygenation of the body. If the airway is blocked, even the best medications, CPR, or vital sign monitoring will not be effective since the patient cannot receive the necessary air to breathe. Addressing an airway obstruction involves using techniques such as the Heimlich maneuver or suctioning to remove the blockage, which is vital for restoring normal respiratory function. Without a clear airway, a patient's condition can rapidly deteriorate, leading to severe complications or death. Thus, the immediate focus must be on securing the airway to ensure that oxygen can reach the lungs and bloodstream.

3. Which of the following medications should be avoided in cases of significant hemorrhage?

- A. Lidocaine**
- B. Fentanyl**
- C. Aspirin**
- D. Dexamethasone**

Aspirin should be avoided in cases of significant hemorrhage because it is an antiplatelet medication, which means it inhibits the ability of platelets to aggregate and form clots. In situations where there is severe bleeding, maintaining normal hemostasis is crucial to prevent further blood loss and facilitate clot formation. The use of aspirin can exacerbate bleeding by inhibiting the body's natural clotting processes, potentially leading to more severe outcomes. In contrast, the other medications listed do not have the same impact on clotting and can be used more safely in the context of hemorrhage.

4. What is the name of the hemostatic agent within Combat Gauze?

- A. Kaolin**
- B. Chito Gauze**
- C. XSTAT30**
- D. BandAid**

Combat Gauze is a crucial tool in the management of traumatic bleeding and is primarily designed to control hemorrhage effectively. The hemostatic agent within Combat Gauze is Kaolin, which is a type of clay that accelerates the body's natural clotting mechanism. Kaolin works by activating the coagulation cascade, promoting platelet aggregation, and enhancing the formation of a stable clot at the site of a wound. When this gauze is packed into a wound, Kaolin interacts with blood components to significantly reduce the time it takes for a clot to form, thus improving survival rates in traumatic injuries. This makes it an essential component in the tactical setting where rapid response is critical. Understanding the function of Kaolin in Combat Gauze emphasizes the importance of hemostatic agents in trauma care and blood loss management in the field.

5. What is the main focus of the 4 types of carries during Care Under Fire?

- A. Evacuation speed**
- B. Safety and efficiency**
- C. Discreet movement**
- D. Casualty assessment**

The main focus of the four types of carries during Care Under Fire is safety and efficiency. In a combat situation, the primary goal is to protect both the casualty and the rescuer while ensuring that the extraction process is conducted as quickly and effectively as possible. This means using carries that maximize safety by minimizing exposure to enemy fire and maximizing the ability to move quickly and efficiently to safer locations. Each type of carry is designed with these principles in mind, taking into account the need to maintain cover, to stabilize the casualty, and to facilitate rapid evacuation if necessary. By prioritizing safety, rescuers can provide care without becoming additional victims of the ongoing threat. Efficiency is equally crucial, as delays in evacuation can adversely affect the casualty's chances of survival. The emphasis on both safety and efficiency ensures that the most critical interventions can occur in a timely manner while managing the risks present in the combat environment.

6. What should be done for a casualty with a sucking chest wound?

- A. Seal the wound with an occlusive dressing**
- B. Apply a tourniquet above the wound**
- C. Administer oral fluids**
- D. Perform immediate chest compression**

For a casualty with a sucking chest wound, sealing the wound with an occlusive dressing is critical. A sucking chest wound indicates that there is an open injury to the thoracic cavity, which can allow air to enter the pleural space, potentially leading to a collapsed lung (pneumothorax). An occlusive dressing helps to prevent air from entering the wound during inhalation, thus stabilizing the chest wall and allowing the lung to re-inflate if enough negative pressure is restored. This immediate action helps to manage the respiratory distress and can be lifesaving until further medical intervention can be provided. The other options do not address the immediate need to protect the chest cavity from air entry. Applying a tourniquet would not be appropriate as it is intended for limb bleeding control and could worsen the situation if applied improperly to a thoracic injury. Administering oral fluids is not advisable for a casualty with a chest wound, as they may have compromised airway or respiratory function and could choke. Immediate chest compressions are indicated for cardiac arrest situations, not for managing a chest wound. Therefore, sealing the wound with an appropriate occlusive dressing is the most important and effective step to take in this situation.

7. What is the priority in treating a casualty with severe burns?

- A. Wound cleaning immediately**
- B. Establishing an airway and supporting breathing**
- C. Administering antibiotics**
- D. Cooling the burn area**

In the case of a casualty with severe burns, establishing an airway and supporting breathing is of utmost priority due to the potential for airway compromise. Severe burns can lead to respiratory distress through direct thermal injury to the airway or through inhalation of smoke and toxic fumes, which can cause swelling and obstruction. If a patient's airway is not properly maintained, they may lose the ability to breathe effectively, leading to hypoxia and rapid deterioration of their condition. Once the airway is secured and adequate breathing is supported, other factors can then be managed. For instance, while cooling the burn area is critical to minimizing heat damage and preventing further injury, it is secondary to ensuring that the patient can breathe. Additionally, wound cleaning and antibiotic administration are important components of burn care, but they can only be effectively performed once the airway is secure and the casualty is stable enough for further treatment. Overall, the body's immediate need for oxygen and adequate ventilation must be prioritized before attending to other specific burn-related issues. Therefore, ensuring the casualty has a clear airway is vital in improving their chances of survival and recovery.

8. Why should Aspirin, Motrin, Toradol, and other NSAIDs other than Mobic be avoided in a combat zone?

- A. Affects blood clotting**
- B. Can cause severe allergic reactions**
- C. Leads to gastrointestinal bleeding**
- D. Interferes with pain management**

Aspirin, Motrin, Toradol, and other NSAIDs, except for Mobic, should be avoided in a combat zone primarily because they affect blood clotting. These medications inhibit cyclooxygenase (COX) enzymes, which play a crucial role in the production of thromboxane A₂, a potent platelet aggregator. This effect can significantly reduce the ability of platelets to form clots, thereby increasing the risk of bleeding in injured patients. In a combat setting, where traumatic injuries are common, even minor wounds could lead to serious complications due to impaired coagulation. While adverse reactions, gastrointestinal bleeding, and pain management concerns might be notable with NSAID use, the most critical factor in a high-stress, high-risk environment like a combat zone is the potential impact these medications have on hemostasis. The priority is to ensure that injured personnel can maintain their blood volume and clot effectively to minimize the risk of hemorrhagic complications during and after injuries. Thus, avoiding these NSAIDs helps to prioritize the safety and effectiveness of trauma management in combat situations.

9. What does managing massive hemorrhage in TCCC primarily focus on?

- A. Reducing pain**
- B. Stopping the bleeding**
- C. Improving airway management**
- D. Restoring circulation**

Managing massive hemorrhage in TCCC primarily focuses on stopping the bleeding because it is critical to assess and control any life-threatening hemorrhage to prevent shock and death. In a tactical environment, rapid control of bleeding must take precedence, as severe blood loss can lead to rapid deterioration of the casualty's condition. Tactics such as applying direct pressure, utilizing tourniquets, and implementing hemostatic agents are techniques emphasized in this setting to effectively address significant bleeding. While reducing pain and improving airway management are also important aspects of trauma care, they become secondary when dealing with massive hemorrhage. Restoring circulation is crucial but is part of a broader approach that includes stopping the bleeding first. Only after hemorrhage control has been achieved can other supportive measures be effectively implemented to stabilize and treat the casualty.

10. What is a primary use of TXA in tactical medicine?

- A. To enhance blood clotting**
- B. To relieve pain**
- C. To reduce swelling**
- D. To hydrate the casualty**

The primary use of TXA, or tranexamic acid, in tactical medicine is to enhance blood clotting. TXA works by inhibiting the breakdown of fibrin, a crucial component of blood clots, which helps to stabilize clots that have formed and allows for greater retention of blood volume in a patient who is experiencing traumatic bleeding. By promoting clot formation and reducing the risk of hemorrhagic shock, TXA can significantly improve survival rates in casualties experiencing significant blood loss on the battlefield. The other options, while related to patient care, do not directly pertain to the primary function of TXA. Relieving pain typically involves the use of analgesics, reducing swelling may involve anti-inflammatory medications, and hydration is typically managed through IV fluids or oral rehydration solutions, rather than TXA, which specifically targets coagulopathy in trauma patients.

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://tccchcb.examzify.com>

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