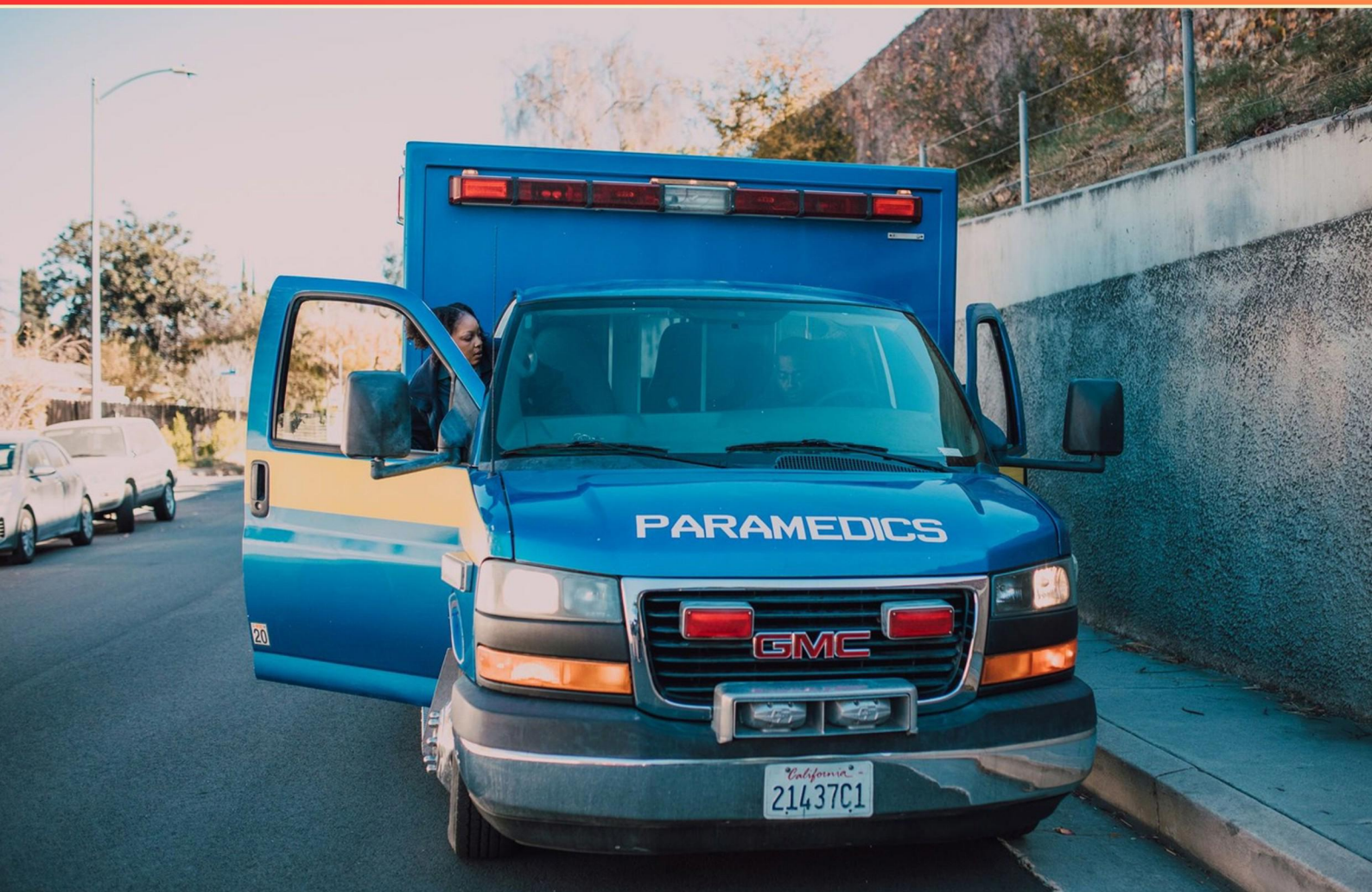


TACTICAL COMBAT CASUALTY CARE (TCCC) – HOSPITAL CORPSMAN BASIC (HCB) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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 should be monitored continuously in a casualty after an injury?**
 - A. Blood pressure and skin color
 - B. Emotional state and breathing rate
 - C. Pain levels and appetite
 - D. Vital signs and consciousness level

- 2. How much TXA is administered along with how much saline?**
 - A. 1 gram of TXA with 100 cc Normal Saline
 - B. 500 mg of TXA with 50 cc Normal Saline
 - C. 1 gram of TXA with 200 cc Normal Saline
 - D. 2 grams of TXA with 100 cc Normal Saline

- 3. What type of analgesic is recommended for patients at risk of shock or in respiratory distress?**
 - A. Meloxicam
 - B. Oral Transmucosal Fentanyl Citrate
 - C. Ketamine
 - D. Ibuprofen

- 4. At what percentage of total body surface area should an IV be administered to a burn victim?**
 - A. 10%
 - B. 20%
 - C. 30%
 - D. 40%

- 5. What does managing massive hemorrhage in TCCC primarily focus on?**
 - A. Reducing pain
 - B. Stopping the bleeding
 - C. Improving airway management
 - D. Restoring circulation

- 6. What is the 4th step in "Patient/Provider Safety" for P-MARCH-P?**
- A. Evaluate the scene
 - B. Protect casualty from further injury
 - C. Administer oxygen
 - D. Stabilize the casualty
- 7. Which intervention is appropriate for managing a patient with suspected shock?**
- A. Providing oral fluids immediately
 - B. Monitoring vital signs and placing in a supine position
 - C. Performing a rapid assessment without treatment
 - D. Administering sedatives to calm the patient
- 8. How does excessive fluid resuscitation impact casualties with internal bleeding?**
- A. Improves circulation
 - B. Worsens the hemorrhage
 - C. Enhances recovery
 - D. Increases oxygen delivery
- 9. What is a key indicator that a casualty needs an IV?**
- A. Has a gunshot wound to the arm
 - B. Shows signs of hemorrhagic shock
 - C. Is able to take medications orally
 - D. Has no visible injuries
- 10. What does "M" signify in the P-MARCH-P protocol?**
- A. Massive Hemorrhage
 - B. Muscle injury assessment
 - C. Mass casualty situation
 - D. Mental health considerations

Answers

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

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Explanations

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1. What should be monitored continuously in a casualty after an injury?

- A. Blood pressure and skin color
- B. Emotional state and breathing rate
- C. Pain levels and appetite
- D. Vital signs and consciousness level**

Monitoring vital signs and consciousness level is crucial in a casualty after an injury because these indicators provide essential information about the patient's overall physiological state and response to trauma. Vital signs include parameters such as heart rate, respiratory rate, blood pressure, and temperature, which can reveal significant changes in a patient's condition. For instance, an increasing heart rate may indicate shock or blood loss, while changes in respiratory rate can suggest respiratory distress. Similarly, the level of consciousness is a key indicator of neurological status. It helps assess whether the casualty is responsive or potentially developing complications such as traumatic brain injury. Continuous monitoring of these factors allows for timely interventions and can be life-saving by ensuring that any deterioration in the casualty's condition is promptly addressed. In contrast, other choices like monitoring emotional state, pain levels, or appetite are less critical in the acute phase of injury management and do not provide immediate insight into life-threatening conditions that require urgent attention.

2. How much TXA is administered along with how much saline?

- A. 1 gram of TXA with 100 cc Normal Saline**
- B. 500 mg of TXA with 50 cc Normal Saline
- C. 1 gram of TXA with 200 cc Normal Saline
- D. 2 grams of TXA with 100 cc Normal Saline

The correct response indicates that 1 gram of Tranexamic Acid (TXA) is typically administered in conjunction with 100 cc of Normal Saline. This combination is commonly used for the treatment of trauma patients experiencing significant hemorrhage, as TXA acts as an antifibrinolytic agent. By inhibiting the breakdown of fibrin in the clotting process, TXA can help stabilize clots and reduce the risk of excessive bleeding. The inclusion of 100 cc of Normal Saline serves to facilitate the administration of TXA intravenously, ensuring proper dilution and delivery of the medication into the bloodstream. This is important for maximizing the therapeutic effectiveness of TXA while minimizing potential irritant effects the medication may have when infused. In practice, utilizing the right dosages, as in this answer, is crucial for effectively managing hemorrhage and improving patient outcomes in critical scenarios encountered in Tactical Combat Casualty Care.

3. What type of analgesic is recommended for patients at risk of shock or in respiratory distress?

- A. Meloxicam
- B. Oral Transmucosal Fentanyl Citrate
- C. Ketamine**
- D. Ibuprofen

Ketamine is recommended for patients at risk of shock or in respiratory distress primarily due to its unique properties as a dissociative anesthetic. Ketamine provides effective analgesia while preserving respiratory drive, making it a viable option in situations where traditional opioids might depress respiration further or exacerbate respiratory compromise. Furthermore, ketamine can be administered via various routes, including intramuscular or intravenous, which allows for rapid onset and flexibility in management during tactical scenarios. Its role in pain management becomes especially critical in pre-hospital settings where rapid assessment and intervention are necessary to stabilize patients who are hemodynamically unstable or experiencing breathing difficulties. In the context of other analgesics listed, while meloxicam and ibuprofen are non-steroidal anti-inflammatory drugs (NSAIDs) that can help with pain, they do not provide the same immediate or potent analgesic effect or the dissociative properties of ketamine. Oral transmucosal fentanyl citrate, though effective for pain relief, carries a risk of respiratory depression and may not be safe for patients who are already compromised. Therefore, ketamine stands out as the safest and most effective choice in these specific clinical scenarios.

4. At what percentage of total body surface area should an IV be administered to a burn victim?

- A. 10%
- B. 20%**
- C. 30%
- D. 40%

In cases of burn victims, the determination of fluid resuscitation needs is often based on the percentage of total body surface area (TBSA) affected by burns. The general guideline suggests that when a patient has sustained burns covering approximately 20% or more of their total body surface area, intravenous (IV) fluids should be administered to prevent hypovolemic shock and ensure adequate tissue perfusion. Administering IV fluids becomes critical because burns can lead to significant fluid loss due to plasma leaking from damaged tissues. Therefore, starting IV fluids at the threshold of 20% TBSA allows for early intervention that can greatly impact outcomes. Proper fluid resuscitation can help stabilize the patient's condition as further evaluation and treatment occur. This percentage is derived from established protocols in trauma care, making it a crucial aspect of managing burn injuries effectively.

5. 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.

6. What is the 4th step in "Patient/Provider Safety" for P-MARCH-P?

- A. Evaluate the scene
- B. Protect casualty from further injury**
- C. Administer oxygen
- D. Stabilize the casualty

The fourth step in "Patient/Provider Safety" for P-MARCH-P is protecting the casualty from further injury. This step emphasizes the importance of ensuring that, after an injury has occurred, further harm is minimized. This can involve assessing the environment for any immediate dangers, such as ongoing threats from a hostile environment, or ensuring that the patient is moved to a safer location if necessary. Taking actions to protect the casualty is essential not only for their immediate safety but also for creating conditions that facilitate effective medical interventions. Other elements within the P-MARCH-P acronym, such as evaluating the scene or administering oxygen, play important roles in overall care but do not specifically address the critical need to prevent additional injuries to the casualty at this stage.

7. Which intervention is appropriate for managing a patient with suspected shock?

- A. Providing oral fluids immediately
- B. Monitoring vital signs and placing in a supine position**
- C. Performing a rapid assessment without treatment
- D. Administering sedatives to calm the patient

The recommendation to monitor vital signs and position the patient supine is appropriate for someone suspected of experiencing shock. Placing the patient in a supine position can help improve venous return to the heart, which is vital in managing shock, as it assists in optimizing circulation. Monitoring vital signs is crucial to assess the patient's condition continuously, as changes in blood pressure, heart rate, and other parameters can provide essential information about the progression of the shock and the effectiveness of any interventions. In the case of shock, immediate actions are needed to stabilize the patient and guide further treatment. Positioning and monitoring are immediate steps that can be taken to enhance the patient's chances of recovery. Providing ongoing assessment allows healthcare providers to determine the best course of action based on the patient's evolving condition.

8. How does excessive fluid resuscitation impact casualties with internal bleeding?

- A. Improves circulation
- B. Worsens the hemorrhage**
- C. Enhances recovery
- D. Increases oxygen delivery

Excessive fluid resuscitation in casualties with internal bleeding can exacerbate the situation primarily because it can increase intravascular pressure, potentially leading to further bleeding from the site of the injury. When fluids are administered in large volumes, they can dilute blood components, impair coagulation, and create a situation where the body's natural hemostatic processes are overwhelmed. As a result, instead of improving blood flow and circulation effectively, excessive fluids can worsen the hemorrhage, making it harder to control and increasing the risk of complications such as shock. Understanding this concept is critical for managing trauma patients effectively, as it emphasizes the need for careful assessment and controlled administration of fluids to prevent further harm.

9. What is a key indicator that a casualty needs an IV?

- A. Has a gunshot wound to the arm
- B. Shows signs of hemorrhagic shock**
- C. Is able to take medications orally
- D. Has no visible injuries

A key indicator that a casualty needs an IV is the presence of signs of hemorrhagic shock. Hemorrhagic shock occurs when there is significant blood loss, which can lead to inadequate circulation and oxygen delivery to tissues. This condition is critical, as it can result in organ failure and death if not treated promptly. Administering intravenous fluids is essential in these situations to stabilize the casualty, maintain blood pressure, and restore circulation volume. Recognizing hemorrhagic shock involves observing symptoms such as rapid heart rate, low blood pressure, pale or clammy skin, confusion, and weakness. In this context, providing IV fluids can help rapidly address the fluid deficit and improve the casualty's chance of survival. Other scenarios, such as having a gunshot wound or being able to take medications orally, do not automatically indicate that an intravenous line is necessary. While visible injuries may warrant further medical assessment, they do not directly suggest the need for IV fluids in the absence of shock. Having no visible injuries simply means there may not be an immediate need for IV intervention, especially when considering the patient's overall condition and vital signs. Thus, signs of hemorrhagic shock are the most critical factor in deciding to initiate IV therapy.

10. What does "M" signify in the P-MARCH-P protocol?

- A. Massive Hemorrhage**
- B. Muscle injury assessment
- C. Mass casualty situation
- D. Mental health considerations

In the P-MARCH-P protocol, "M" stands for "Massive Hemorrhage." This aspect of the protocol emphasizes the critical importance of controlling life-threatening bleeding in trauma situations. Identifying and addressing massive hemorrhage early is crucial for improving survival outcomes, as uncontrolled bleeding can lead to shock and death within minutes. The P-MARCH-P protocol is a systematic approach used by medical personnel to assess and treat combat casualties. It stands for: - P: Personal protective equipment - M: Massive hemorrhage - A: Airway - R: Respirations - C: Circulation - H: Head injuries - P: Pain management. By recognizing "M" as massive hemorrhage, responders can prioritize interventions such as applying pressure, using tourniquets, or additional hemostatic measures to stop severe blood loss. This immediate response is essential in the chaotic environment of tactical care, where timely actions can be the difference between life and death.

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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