

Tactical Combat Casualty Care (TCCC) Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is the common heart rate for a casualty suffering 2000cc blood loss?**
 - A. 100+**
 - B. 110+**
 - C. 120+**
 - D. 130+**
- 2. What is the recommended dosage of moxifloxacin for treating infections?**
 - A. 200mg by mouth once a day**
 - B. 400mg by mouth once a day**
 - C. 600mg by mouth twice a day**
 - D. 800mg IV once a day**
- 3. What true urgencies does the rule of thumb help identify?**
 - A. Interferes with mission**
 - B. Low risk for team**
 - C. Patient is stable**
 - D. Requires transportation**
- 4. What type of assessment is crucial when determining the need for evacuation in a tactical scenario?**
 - A. Assessment of crew performance**
 - B. Assessment of the battlefield environment**
 - C. Assessment of medical needs of casualties**
 - D. Assessment of weapons used**
- 5. What is a common side effect of rapid intravenous administration of ketamine?**
 - A. Increased blood pressure**
 - B. Severe vomiting**
 - C. Respiratory depression**
 - D. Muscle spasms**

- 6. Which is the most ideal fluid for resuscitation?**
- A. Crystalloid**
 - B. Whole blood**
 - C. Saline**
 - D. Lactated Ringer's solution**
- 7. If needle decompression fails, what is the next step that can be taken?**
- A. Start CPR**
 - B. Perform a tracheostomy**
 - C. Chest tube placement**
 - D. Administer pain medication**
- 8. What is the purpose of Tranexamic Acid (TXA) in TCCC?**
- A. To reduce pain perception**
 - B. To help manage shock**
 - C. To aid in internal hemorrhaging control**
 - D. To enhance fluid resuscitation**
- 9. How many grams of TXA are recommended for administration in 100 cc of normal saline?**
- A. 0.5 grams**
 - B. 1 gram**
 - C. 2 grams**
 - D. 3 grams**
- 10. What are the components of the PMARCHP acronym used in Tactical Combat Casualty Care?**
- A. Patient safety, managing airway, checking circulation, assessing head trauma, hypothermia, and pain**
 - B. Patient assessment, medication, airway management, respiratory support, casualty transport, and pain relief**
 - C. Pre-hospital management, airway assessment, reduction of injuries, circulation checks, hypothermia treatment, and patient safety**
 - D. Prevention, Managing Airway, Responsible Care, Hospital integration of patient support**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the common heart rate for a casualty suffering 2000cc blood loss?

- A. 100+**
- B. 110+**
- C. 120+**
- D. 130+**

A casualty who has suffered significant blood loss, such as 2000cc, typically experiences a physiological response characterized by an increase in heart rate. This is due to the body trying to maintain adequate blood flow and oxygen delivery to vital organs despite the decreased blood volume. When a person loses around 2000cc of blood, which is a substantial volume, their heart compensates for the reduced blood volume by increasing the heart rate, known as tachycardia. Generally, a heart rate of 120 beats per minute or greater is indicative of significant blood loss and is a common response seen in such situations. This increase in heart rate is part of the body's attempt to counteract the effects of hypovolemia and maintain perfusion to organs and tissues. Thus, recognizing a heart rate of 120 beats per minute or more as typical for someone with this level of blood loss aligns with the expected physiological response in a trauma situation.

2. What is the recommended dosage of moxifloxacin for treating infections?

- A. 200mg by mouth once a day**
- B. 400mg by mouth once a day**
- C. 600mg by mouth twice a day**
- D. 800mg IV once a day**

The recommended dosage of moxifloxacin for treating infections is 400mg by mouth once a day. This dosage is established to ensure effective treatment while minimizing the risk of potential side effects. Moxifloxacin is a fluoroquinolone antibiotic that is typically used to treat a variety of bacterial infections due to its broad-spectrum activity. The once-daily dosing regimen helps with patient compliance, as it is easier for patients to remember to take a single dose each day rather than multiple doses. Taking a higher dosage, such as 600mg twice a day or 800mg IV once a day, would not align with standard prescribing practices and could unnecessarily increase the risk of side effects without providing additional therapeutic benefit. Therefore, 400mg once daily represents the optimal balance between efficacy, safety, and ease of use for patients.

3. What true urgencies does the rule of thumb help identify?

- A. Interferes with mission**
- B. Low risk for team**
- C. Patient is stable**
- D. Requires transportation**

The rule of thumb in tactical combat casualty care helps prioritize patient needs by identifying true urgencies that interfere with the mission. This concept is vital in tactical environments where resources, time, and conditions may be limited. If a patient's condition poses a significant threat to the success of the mission or the safety of the team, it indicates that urgent action is necessary to address that threat and facilitate the continuation of operations. In this context, the other choices do not signify urgent medical concerns as effectively. For example, identifying someone as a low risk for the team does not necessitate immediate intervention, nor does stability in a patient imply urgency, as stable patients can often wait for care without it affecting mission objectives. Similarly, while requiring transportation is relevant, it does not inherently indicate an urgency when it comes to immediate action needed to protect the mission or personnel. The essence of understanding true urgencies through the rule of thumb lies in its direct relationship to how a patient's condition impacts the operational capacity and safety of the team.

4. What type of assessment is crucial when determining the need for evacuation in a tactical scenario?

- A. Assessment of crew performance**
- B. Assessment of the battlefield environment**
- C. Assessment of medical needs of casualties**
- D. Assessment of weapons used**

In a tactical scenario, the assessment of medical needs of casualties is crucial when determining the need for evacuation. This assessment helps personnel to identify the severity and type of injuries sustained by the casualties. Knowing the medical needs enables the tactical medic or team leader to make informed decisions regarding which casualties require immediate evacuation based on their condition, such as life-threatening injuries that need advanced care beyond what can be provided in the field. In urgent situations, timely evacuation can significantly enhance the chances of survival, especially for critical injuries like severe bleeding, airway obstruction, or traumatic injuries. This prioritization of casualties based on their medical needs ensures that resources are allocated efficiently, allowing for the swift retrieval of those who are most in danger. While assessments of crew performance, the battlefield environment, and weapons used are relevant to overall mission success, they do not directly influence the immediate medical evacuation process in the same critical way. The primary focus in casualty management during tactical operations is to address medical needs to save lives.

5. What is a common side effect of rapid intravenous administration of ketamine?

- A. Increased blood pressure**
- B. Severe vomiting**
- C. Respiratory depression**
- D. Muscle spasms**

Rapid intravenous administration of ketamine is known to sometimes lead to respiratory depression, which is a reduction in the rate or depth of breathing. Ketamine acts primarily as a dissociative anesthetic by interacting with the NMDA receptor in the brain. While it can provide analgesia and sedation, the rate of administration can influence its side effects. When ketamine is administered quickly, it can cause an increase in muscle tone and sometimes lead to airway obstruction, which contributes to the risk of respiratory depression. This effect can be particularly concerning in emergency situations where patients may already be compromised. Therefore, careful monitoring of respiratory function is essential during and after administration to ensure that the patient's airway remains patent and that adequate ventilation is maintained. Understanding the physiological impacts and potential adverse effects of ketamine is crucial for ensuring safe and effective patient management, particularly in combat or trauma environments where TCCC principles are applied. The other side effects listed, while relevant in specific contexts, are less commonly associated with the rapid intravenous administration of ketamine compared to respiratory depression.

6. Which is the most ideal fluid for resuscitation?

- A. Crystalloid**
- B. Whole blood**
- C. Saline**
- D. Lactated Ringer's solution**

Whole blood is considered the most ideal fluid for resuscitation in trauma cases because it encompasses all the necessary components needed to restore blood volume, improve oxygen carrying capacity, and enhance clotting ability. Whole blood includes red blood cells, plasma, platelets, and other vital components that contribute to effective hemostasis and oxygen delivery during critical situations. Using whole blood directly addresses the complexities of trauma-induced coagulopathy and shock, thus promoting better outcomes in severely injured patients. While crystalloids, saline, and lactated Ringer's solution can be beneficial for initial fluid resuscitation, they do not provide the blood components necessary for optimal therapeutic effectiveness in massive hemorrhage scenarios. Whole blood stands out as the most comprehensive option, particularly in life-threatening circumstances where quick restoration of all blood components is crucial.

7. If needle decompression fails, what is the next step that can be taken?

- A. Start CPR**
- B. Perform a tracheostomy**
- C. Chest tube placement**
- D. Administer pain medication**

When needle decompression—typically used to relieve tension pneumothorax—fails to alleviate the problem, it is essential to take further steps to address the respiratory distress caused by air trapped in the pleural space. The correct answer involves chest tube placement, which is a more definitive and effective intervention for managing a pneumothorax. A chest tube allows for continuous drainage of air (in the case of a pneumothorax) or fluid from the pleural cavity, facilitating lung re-expansion and improving respiratory function. This procedure is crucial in situations where needle decompression does not resolve the condition and the patient continues to show signs of respiratory compromise. In contrast, the other options do not directly address the underlying issue of a persistent pneumothorax. Starting CPR is not appropriate unless the patient is unresponsive and not breathing, while a tracheostomy is generally reserved for severe airway obstruction rather than treating pneumothorax. Administering pain medication may be necessary for patient comfort, but it does not resolve the critical situation of compromised lung function. Thus, chest tube placement is the most suitable next step in this scenario.

8. What is the purpose of Tranexamic Acid (TXA) in TCCC?

- A. To reduce pain perception**
- B. To help manage shock**
- C. To aid in internal hemorrhaging control**
- D. To enhance fluid resuscitation**

Tranexamic Acid (TXA) plays a critical role in managing uncontrolled bleeding, especially in traumatic situations. Its primary purpose in Tactical Combat Casualty Care (TCCC) is to aid in controlling internal hemorrhaging. TXA functions as an antifibrinolytic agent, which means it helps to prevent the breakdown of blood clots that the body forms in response to bleeding. By stabilizing clots, TXA contributes to improved hemostasis, thereby reducing mortality from traumatic bleeding. The timing of its administration is crucial; TXA is most effective when given as soon as possible after the injury to maximize its benefits. In the context of TCCC, where rapid response to bleeding is essential for survival, TXA helps to manage the acute phase of hemorrhage and creates a more favorable environment for other interventions, such as surgical care. This distinct impact on hemorrhaging is why TXA is specifically recognized as a lifesaving intervention in the TCCC guidelines, setting it apart from medications that primarily focus on pain management, shock management, or enhancing fluid resuscitation. While those areas are important in casualty care, they do not directly address the underlying issue of severe bleeding that TXA helps to control.

9. How many grams of TXA are recommended for administration in 100 cc of normal saline?

- A. 0.5 grams
- B. 1 gram**
- C. 2 grams
- D. 3 grams

The recommended dosage of tranexamic acid (TXA) is typically 1 gram for administration in 100 cc of normal saline. This dosage is used as part of the guidelines for managing hemorrhagic shock or severe bleeding in trauma patients. Administering 1 gram of TXA in this volume is important because it ensures an effective concentration is delivered to help reduce blood loss and improve coagulation. Understanding the rationale behind the recommended dosage is crucial in the context of TCCC. The use of TXA has been shown to be beneficial in trauma settings, particularly when administered early in the course of injury. It plays a key role in inhibiting fibrinolysis, which is the breakdown of blood clots. This action can lead to a significant reduction in mortality rates associated with severe trauma when administered appropriately. Therefore, the selection of 1 gram in 100 cc of normal saline aligns with clinical practice guidelines and research supporting the use of TXA in traumatic hemorrhage management.

10. What are the components of the PMARCHP acronym used in Tactical Combat Casualty Care?

- A. Patient safety, managing airway, checking circulation, assessing head trauma, hypothermia, and pain**
- B. Patient assessment, medication, airway management, respiratory support, casualty transport, and pain relief
- C. Pre-hospital management, airway assessment, redaction of injuries, circulation checks, hypothermia treatment, and patient safety
- D. Prevention, Managing Airway, Responsible Care, Hospital integration of patient support

The PMARCHP acronym is a critical framework used in Tactical Combat Casualty Care, guiding responders through essential steps to ensure effective treatment of casualties on the battlefield. The components included in this acronym focus on the most immediate and life-threatening concerns, which is why the first choice is correct. The "P" in PMARCHP stands for Patient safety, which emphasizes the importance of ensuring a safe environment for both the casualty and the provider. This is vital in combat situations where additional threats may be present. "Managing airway" refers to the need to ensure that the casualty's airway is clear and functioning, as compromised airways can lead to fatal outcomes. This step is crucial for maintaining adequate oxygenation. The "checking circulation" component addresses the need to assess and manage bleeding and perfusion. Immediate attention to circulation can prevent shock and stabilize the casualty. Assessing head trauma is an integral part of the PMARCHP process, providing information about the potential severity of injuries and guiding subsequent interventions. Hypothermia treatment is included due to the risk of hypothermia in trauma patients, particularly in combat environments where exposure to the elements is common. Lastly, pain management is critical to the overall well-being and responsiveness of the casualty. This component ensures that casualties