

Tactical Combat Casualty Care (TCCC) 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. Which statement is true regarding fentanyl lozenges?**
 - A. They must be chewed for best effect**
 - B. They can be administered quickly**
 - C. They require IV or IO administration**
 - D. They act slowly compared to other opioids**
- 2. What does the acronym PMARCHP stand for in the context of TCCC?**
 - A. A method for casualty evacuation**
 - B. A protocol for effectively treating battlefield casualties**
 - C. A tactical strategy for engaging enemy forces**
 - D. A communication standard for military operations**
- 3. Why is it critical to recognize the priority of casualties on the battlefield?**
 - A. To facilitate transportation of all casualties**
 - B. To manage resources and save lives effectively**
 - C. To ensure all casualties receive equal care**
 - D. To keep the area clear for evacuation**
- 4. Who is authorized to administer blood products?**
 - A. Only trained providers**
 - B. Any first responder**
 - C. Paramedics and EMTs only**
 - D. Anyone with basic first aid training**
- 5. If you cannot start an IV, what is an alternative method for medication administration?**
 - A. Orally**
 - B. Subcutaneously**
 - C. Intraosseous (I/O) line**
 - D. Intramuscularly**

- 6. What can be used to add direct pressure over combat gauze?**
- A. Elastic bandage**
 - B. Emergency trauma dressing (ETD)**
 - C. Standard bandage**
 - D. Any pressure dressing**
- 7. What is the primary function of TXA (Tranexamic Acid)?**
- A. To minimize pain**
 - B. To speed up clot formation**
 - C. To lengthen the clotting process**
 - D. To increase blood volume**
- 8. What is the infusion time for Ertapenem when administered intravenously?**
- A. 15 min**
 - B. 30 min**
 - C. 1 hour**
 - D. 2 hours**
- 9. When should a sucking chest wound be treated with a vented occlusive dressing?**
- A. During inhalation**
 - B. During expiration**
 - C. As soon as possible**
 - D. Immediately after the incidence**
- 10. Which condition is NOT a reason to ensure good oxygen saturation?**
- A. Unconsciousness**
 - B. Pneumonia**
 - C. Penetrating chest trauma**
 - D. Severe blast trauma**

Answers

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

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Explanations

1. Which statement is true regarding fentanyl lozenges?

- A. They must be chewed for best effect
- B. They can be administered quickly**
- C. They require IV or IO administration
- D. They act slowly compared to other opioids

Fentanyl lozenges are a unique form of pain management that deliver medication through the mucous membranes of the mouth. The statement regarding their quick administration reflects the fact that fentanyl lozenges can provide rapid analgesic effects due to their absorption characteristics. When allowed to dissolve slowly in the mouth, the drug can enter the bloodstream relatively quickly, leading to effective and fast pain relief. This rapid onset is one of the advantages of using fentanyl in lozenge form, especially in tactical or emergency scenarios where managing pain swiftly is crucial for patient care. Other forms of analgesia, such as those requiring intravenous (IV) or intraosseous (IO) routes, may take longer to set up and can be more invasive, which is not ideal in all situations. The other statements regarding the lozenges either suggest incorrect methods of administration, such as chewing—which is not recommended for optimal absorption—or imply a slower action profile compared to the rapid onset typical of transmucoasal drug delivery systems.

2. What does the acronym PMARCHP stand for in the context of TCCC?

- A. A method for casualty evacuation
- B. A protocol for effectively treating battlefield casualties**
- C. A tactical strategy for engaging enemy forces
- D. A communication standard for military operations

The acronym PMARCHP stands for a systematic approach used in Tactical Combat Casualty Care (TCCC) that outlines the key steps in effectively assessing and treating battlefield casualties. Each letter represents a critical component in the management of trauma casualties: - ****P****: "Protect" - Ensuring the safety of both the patient and the provider. - ****M****: "Massive hemorrhage" - The immediate management of life-threatening bleeding. - ****A****: "Airway" - Securing the airway to ensure adequate breathing. - ****R****: "Respiration" - Addressing any respiratory issues. - ****C****: "Circulation" - Evaluating and maintaining circulation to prevent shock. - ****H****: "Hypothermia" - Prevention of hypothermia in casualties. - ****P****: "Pain" - Effective management of pain for casualties. This protocol provides a structured, prioritized approach to treat injuries encountered during combat scenarios, emphasizing rapid assessment and critical intervention to improve survival outcomes. Understanding PMARCHP is integral to TCCC training, as it equips medics and combat personnel with a clear framework to respond effectively in emergency situations on the battlefield.

3. Why is it critical to recognize the priority of casualties on the battlefield?

- A. To facilitate transportation of all casualties**
- B. To manage resources and save lives effectively**
- C. To ensure all casualties receive equal care**
- D. To keep the area clear for evacuation**

Recognizing the priority of casualties on the battlefield is vital because it enables the effective management of limited resources and maximizes the chances of survival for those with the most critical injuries. In a combat situation, there are often multiple individuals who require medical attention, and not all injuries are of equal severity. Triage, the process of prioritizing patients based on the urgency of their need for care, ensures that medical personnel can direct their efforts towards those who need intervention the most urgently. By focusing on the most critical cases, healthcare providers can often save lives that would otherwise be lost if resources were distributed equally among all casualties without regard for their individual needs. This approach helps to allocate medical resources, such as personnel, equipment, and time, in a manner that is most beneficial in terms of patient outcomes, ultimately leading to a more effective casualty care process.

4. Who is authorized to administer blood products?

- A. Only trained providers**
- B. Any first responder**
- C. Paramedics and EMTs only**
- D. Anyone with basic first aid training**

The correct choice identifies that only trained providers are authorized to administer blood products. This is essential because the administration of blood products requires a thorough understanding of various factors, including blood type compatibility, potential adverse reactions, and the protocols for handling and administering these products safely. Trained providers, such as physicians, nurses, or other healthcare professionals who have received specialized training, are equipped with the knowledge and skills necessary to assess patients, monitor for complications, and respond appropriately to any issues that may arise during the transfusion process. The specialized training ensures that the provider understands the physiological implications of blood administration, legal implications, and the management of transfusion reactions. This level of expertise is critical for ensuring patient safety and effective clinical outcomes. Blood transfusions can be life-saving, but they also carry inherent risks that necessitate a trained individual's oversight to mitigate potential complications.

5. If you cannot start an IV, what is an alternative method for medication administration?

- A. Orally**
- B. Subcutaneously**
- C. Intraosseous (I/O) line**
- D. Intramuscularly**

The intraosseous (I/O) line is recognized as a critical alternative for medication administration when intravenous (IV) access is not feasible. This method involves inserting a needle directly into the bone marrow, where it can effectively deliver medications and fluids into the systemic circulation. The I/O route is particularly useful in emergency situations, such as those encountered in Tactical Combat Casualty Care, where timely administration of medications is vital for patient survival and stabilization. The bone marrow can absorb fluids and drugs quickly, making it nearly as effective as IV access, especially when dealing with unconscious or severely injured patients where traditional IV access may be challenging or time-consuming. While other routes, like oral, subcutaneous, or intramuscular, can be utilized under specific circumstances, they often do not provide the rapid and reliable absorption necessary in emergency contexts. Oral administration is typically slowed by the digestive process, making it unsuitable for acute situations. Subcutaneous administration may not deliver medications quickly enough, and intramuscular injections also have limitations in terms of absorption rates and potential volume of medication that can be administered effectively. Therefore, the intraosseous route stands out as the most appropriate and effective alternative when IV access cannot be established, ensuring timely and efficient delivery of necessary interventions during critical situations.

6. What can be used to add direct pressure over combat gauze?

- A. Elastic bandage**
- B. Emergency trauma dressing (ETD)**
- C. Standard bandage**
- D. Any pressure dressing**

Using an Emergency Trauma Dressing (ETD) to add direct pressure over combat gauze is highly effective in managing traumatic hemorrhage. The ETD is specifically designed for such scenarios and features an integrated pressure applicator, which allows for sustained pressure on the wound site. This is crucial because maintaining direct pressure is a primary method to control bleeding, especially in severe injuries encountered during combat situations. The ETD also typically has a larger surface area and can be easily secured, ensuring that the dressing stays in place and does not shift, which could compromise the effectiveness of the initial bleed control provided by the combat gauze. In high-stress environments, having an easy-to-use, pre-packaged solution like the ETD ensures that medics can act quickly and effectively, maximizing the chance of stabilizing the casualty before evacuation or further medical intervention. While other options may provide some degree of pressure, they do not offer the tailored design and ease of use of an ETD, making it the superior choice in this context.

7. What is the primary function of TXA (Tranexamic Acid)?

- A. To minimize pain
- B. To speed up clot formation**
- C. To lengthen the clotting process
- D. To increase blood volume

The primary function of tranexamic acid (TXA) is to speed up clot formation. TXA is an antifibrinolytic medication, which means it helps prevent the breakdown of blood clots. When a clot forms, it is essential to stabilize it to prevent excessive bleeding, especially in trauma or surgical situations. By inhibiting the plasminogen activation process, TXA helps maintain the integrity of the clot, thereby reducing the risk of hemorrhage. This action is critical in trauma care and settings where rapid hemostasis is needed. TXA is especially effective in patients at risk of significant bleeding during or after procedures. It enhances clot stability and allows the body's natural hemostatic processes to function without premature clot dissolution. Understanding this mechanism underscores the importance of TXA in emergency medicine and trauma protocols.

8. What is the infusion time for Ertapenem when administered intravenously?

- A. 15 min
- B. 30 min**
- C. 1 hour
- D. 2 hours

The correct answer reflects that Ertapenem should be infused over a period of 30 minutes when administered intravenously. This infusion time is significant for ensuring an optimal therapeutic effect while minimizing the risk of adverse reactions. Administering the drug over 30 minutes allows for a more controlled delivery of the medication into the bloodstream, which is important for maintaining appropriate drug concentrations and enhancing patient tolerance. In understanding the context of infusion times, it's important to note that infusing too rapidly can lead to increased side effects or discomfort for the patient, while taking too long may delay treatment efficacy. The recommended infusion length is designed based on clinical studies that balance safety and effectiveness, establishing a standard practice in medication administration for this specific antibiotic.

9. When should a sucking chest wound be treated with a vented occlusive dressing?

- A. During inhalation**
- B. During expiration**
- C. As soon as possible**
- D. Immediately after the incidence**

A sucking chest wound, also known as an open pneumothorax, is a condition where air enters the pleural space through a wound in the chest wall, leading to impaired breathing and potentially life-threatening complications. The application of a vented occlusive dressing is a critical intervention in the management of this type of injury. The correct action is to apply the dressing during expiration. This is important because when the patient exhales, the pressure in the pleural space decreases, allowing the vented occlusive dressing to securely seal the wound as it minimizes the likelihood of air entering the pleural space during the next inhalation. If the dressing were to be applied during inhalation, it might create a one-way seal that could trap air in the pleural cavity, resulting in further complications such as a tension pneumothorax. Applying the dressing as soon as possible or immediately after the incidence is also crucial, but the timing of when to actually seal the wound (during expiration) is critical for effective management of the sucking chest wound. Understanding both the timing of utilizing the dressing and the mechanics of breathing is essential in providing appropriate care to maximize the patient's chances of recovery.

10. Which condition is NOT a reason to ensure good oxygen saturation?

- A. Unconsciousness**
- B. Pneumonia**
- C. Penetrating chest trauma**
- D. Severe blast trauma**

Good oxygen saturation is critical in many medical conditions as it ensures that tissues and organs receive sufficient oxygen to function properly. Each of the other conditions listed specifically compromises respiratory function or oxygen delivery, making optimal oxygen saturation crucial for patient stability and recovery. While pneumonia is a serious condition that affects the lungs and can lead to poor oxygenation, the logic behind why it is not the best choice here lies in the nature of acute medical emergencies. Pneumonia, while it can impair lung function and necessitate monitoring of oxygen saturation, typically represents a chronic or chronic-acquired condition rather than an immediate, acute medical emergency. In contrast, unconsciousness can stem from a lack of oxygen reaching the brain, meaning monitoring oxygen saturation is essential to prevent further neurological damage. Penetrating chest trauma can directly impact the lungs or blood vessels, which can lead to rapid deterioration in oxygen saturation. Similarly, severe blast trauma can result in significant injuries, including pulmonary contusions or lacerations, that compromise the respiratory system's ability to oxygenate blood efficiently. Thus, while all conditions demand attention to oxygen saturation, pneumonia tends to be managed differently, focusing more on treatment of the underlying infection rather than immediate life-threatening hypoxemia, making it less critical in some acute settings.

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://tacticalcombatcasualtycare.examzify.com>

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