

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

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- 1. What does 'care under fire' refer to?**
 - A. Providing care while under enemy fire**
 - B. Performing CPR in a combat zone**
 - C. Administering aid after the firefight**
 - D. Caring for individuals in a secure location**

- 2. What is the condition under which no medical care is given during care under fire?**
 - A. Wounded civilians**
 - B. Wounded hostile combatants**
 - C. Wounded allied soldiers**
 - D. Wounded individuals requesting help**

- 3. Which trauma management step is essential if a casualty shows signs of internal bleeding?**
 - A. Apply ice packs to the area**
 - B. Use tourniquets only**
 - C. Administer TXA**
 - D. Transport the casualty without intervention**

- 4. 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**

- 5. What is the primary effect of using ketamine at high levels?**
 - A. Increased alertness**
 - B. Continuous sedation**
 - C. Dissociative anesthesia and moderate to deep sedation**
 - D. Severe hallucinations**

- 6. What is the first action to take during the care under fire phase?**
- A. Evaluate the patient's injuries**
 - B. Provide pain management**
 - C. Return fire and take cover**
 - D. Administer IV fluids**
- 7. Casualties with moderate to severe traumatic brain injury (TBI) should be monitored for what?**
- A. Hypertension**
 - B. Decrease in level of consciousness**
 - C. Acute respiratory distress**
 - D. Severe headache**
- 8. When are enemy casualties considered hostile?**
- A. When they are critically injured**
 - B. Until they indicate surrender**
 - C. Once they are down**
 - D. When captured**
- 9. Which of the following describes the rationale behind denying medical care to certain casualties during active combat?**
- A. To focus resources on immediate threats**
 - B. To avoid enemy reinforcements**
 - C. To maintain operational security**
 - D. To enhance troop morale**
- 10. Under what condition should you not hyperventilate a casualty?**
- A. Only if they are conscious**
 - B. Unless signs of impending herniation are present**
 - C. If they are breathing normally**
 - D. When they have a stable blood pressure**

Answers

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

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Explanations

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1. What does 'care under fire' refer to?

- A. Providing care while under enemy fire**
- B. Performing CPR in a combat zone**
- C. Administering aid after the firefight**
- D. Caring for individuals in a secure location**

'Care under fire' specifically refers to providing medical assistance to injured individuals while still in an active combat environment where there is an ongoing threat from enemy fire. This term emphasizes the importance of maintaining situational awareness and minimizing exposure to further threats while delivering care. In such scenarios, the focus is often on controlling severe hemorrhage and ensuring that the casualty is stabilized as much as possible without compromising the safety of the rescuer or the team still engaged in combat. In TCCC principles, understanding how to operate effectively while under fire is crucial, as it can significantly affect the outcomes for casualties. This practice recognizes that sometimes immediate actions must be taken even amidst ongoing danger, which is why it is prioritized in tactical medical training.

2. What is the condition under which no medical care is given during care under fire?

- A. Wounded civilians**
- B. Wounded hostile combatants**
- C. Wounded allied soldiers**
- D. Wounded individuals requesting help**

In Tactical Combat Casualty Care (TCCC), the established protocol emphasizes that medical care should not be provided during the "care under fire" phase to ensure the safety of both the medical provider and the injured person. The specific condition under which no medical care is rendered is when the wounded are hostile combatants. When facing hostile combatants, the risk to medical personnel is elevated due to active combat and ongoing threats. It's crucial to prioritize the safety of the care providers while they are still under fire. Therefore, medical personnel are advised to wait until the area is secure before assisting any potentially hostile individuals, as engaging with or aiding enemy forces can further compromise safety and mission objectives. In contrast, aiding wounded civilians, allied soldiers, or individuals requesting help can be considered once the threat has been neutralized or the area is deemed safe. This ensures that care can be rendered without putting the provider's life at risk or affecting the overall tactical situation.

3. Which trauma management step is essential if a casualty shows signs of internal bleeding?

- A. Apply ice packs to the area**
- B. Use tourniquets only**
- C. Administer TXA**
- D. Transport the casualty without intervention**

Administering TXA (tranexamic acid) is essential when a casualty shows signs of internal bleeding because it plays a crucial role in preventing excessive blood loss. TXA works by inhibiting the breakdown of fibrin, a protein critical for blood clotting. By stabilizing clots and promoting hemostasis, TXA can significantly increase the chances of survival in patients experiencing significant hemorrhage. In cases of internal bleeding, rapid intervention is vital, and TXA is often indicated, particularly in trauma scenarios where blood loss can quickly become fatal. The timely administration of TXA within the first few hours of injury has been shown to reduce mortality associated with traumatic hemorrhagic shock. Other trauma management steps, such as using ice packs or transport without intervention, would not adequately address the critical issue of internal bleeding, and relying solely on tourniquets is not appropriate for internal hemorrhaging, as they are typically used for external bleeding control. Therefore, administering TXA is the most effective and evidence-based approach for managing significant internal bleeding in trauma patients.

4. 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.

5. What is the primary effect of using ketamine at high levels?

- A. Increased alertness**
- B. Continuous sedation**
- C. Dissociative anesthesia and moderate to deep sedation**
- D. Severe hallucinations**

Using ketamine at high levels results in dissociative anesthesia, which is characterized by a trance-like state and significant alterations in perception and consciousness. This means that the patient experiences a disconnection from their environment and body, effectively leading to a profound level of sedation that can range from moderate to deep. Dissociative anesthesia is particularly valuable in emergency and tactical environments, as it allows for pain relief and sedation while still enabling some level of responsiveness from the patient. This is crucial in situations where comprehensive monitoring may not be possible, allowing both providers and patients a degree of interaction during procedures. While the other options mention alertness, sedation, and hallucinations, they do not encapsulate the full scope of the effects that arise from high doses of ketamine, particularly the unique dissociative qualities that define its anesthetic action. Therefore, the primary effect recognized in clinical practice when ketamine is utilized at elevated levels is indeed the dissociative anesthesia combined with moderate to deep sedation.

6. What is the first action to take during the care under fire phase?

- A. Evaluate the patient's injuries**
- B. Provide pain management**
- C. Return fire and take cover**
- D. Administer IV fluids**

During the care under fire phase of Tactical Combat Casualty Care (TCCC), the priority is to ensure the safety of both the medic and the casualty. The situation can be extremely dangerous, and the immediate need is to control the environment before providing medical assistance. The first action must involve assessing and securing personal safety, which includes returning fire if necessary and taking cover. This enables the medic to operate effectively without putting themselves or the casualty at further risk due to ongoing combat or hostile threats. The subsequent steps, such as evaluating the patient's injuries, providing pain management, or administering IV fluids, come only after establishing safety. These actions can only be performed once the immediate threat has been addressed. Thus, the sequence emphasizes that safety comes first in the care under fire phase, ensuring that the medic can then focus on rendering aid effectively.

7. Casualties with moderate to severe traumatic brain injury (TBI) should be monitored for what?

- A. Hypertension**
- B. Decrease in level of consciousness**
- C. Acute respiratory distress**
- D. Severe headache**

Monitoring casualties with moderate to severe traumatic brain injury (TBI) for a decrease in level of consciousness is crucial because changes in consciousness can be indicative of worsening neurological status. In cases of TBI, the brain may be experiencing swelling, bleeding, or other complications that can significantly impair function. A decreasing level of consciousness could signal increased intracranial pressure or further injury, necessitating immediate medical intervention. Understanding this aspect of monitoring can be essential for healthcare providers in prioritizing care and making timely decisions about further assessments or interventions. While the other options may present potential issues related to TBI, a decrease in level of consciousness is a critical indicator of the severity and progression of the injury that requires immediate attention.

8. When are enemy casualties considered hostile?

- A. When they are critically injured**
- B. Until they indicate surrender**
- C. Once they are down**
- D. When captured**

Enemy casualties are considered hostile until they indicate surrender because their intentions and ability to engage in combat remain uncertain until they make a clear gesture of surrender, such as raising their hands or laying down their weapons. This protocol is in place to maintain the safety of the responding forces. It emphasizes the importance of assessing the situation and confirming the enemy's intent before considering them to have ceased hostilities. Other choices do not appropriately reflect the tactical considerations necessary in combat situations. For instance, simply being critically injured or down does not negate their potential threat, and capturing an enemy may not happen without initial confirmation of their surrender. Therefore, confirming their decision to surrender is crucial for establishing a safer environment for those involved in the operation.

9. Which of the following describes the rationale behind denying medical care to certain casualties during active combat?

- A. To focus resources on immediate threats**
- B. To avoid enemy reinforcements**
- C. To maintain operational security**
- D. To enhance troop morale**

The rationale behind denying medical care to certain casualties during active combat primarily revolves around the necessity to focus resources on immediate threats. In a combat situation, especially when facing ongoing hostilities, medical personnel must prioritize their efforts on those injuries that are more likely to survive if treated promptly. This means identifying casualties whose injuries are less survivable or those who cannot be stabilized in a timely manner without compromising the safety and mission of the unit. When medical resources, which include personnel, equipment, and time, are limited, they must be allocated in a way that maximizes the overall effectiveness of the unit. Focusing on immediate threats not only aids in potentially saving lives but also maintains the ability to continue the mission and protect the remaining forces. This tactical decision directly impacts the unit's operational capability and survival. Other factors related to operational security and troop morale could influence decision-making during combat, but the critical aspect during tactical scenarios is the efficiency and allocation of resources towards life-threatening injuries that can be effectively managed without jeopardizing the safety and success of the mission.

10. Under what condition should you not hyperventilate a casualty?

- A. Only if they are conscious**
- B. Unless signs of impending herniation are present**
- C. If they are breathing normally**
- D. When they have a stable blood pressure**

Hyperventilating a casualty is generally discouraged unless there are specific indications due to the potential negative effects it can have on the patient. One of the most critical scenarios where hyperventilation should be avoided is when there are no clear signs of impending herniation. Signs of impending herniation could include altered levels of consciousness, unilateral pupil dilation, or other neurological symptoms indicating increased intracranial pressure. When a casualty is hyperventilated, it can lead to vasoconstriction in the brain due to decreased carbon dioxide levels, which may further compromise blood flow and worsen neurological outcomes. Therefore, if there are no signs of herniation, maintaining a normal respiratory pattern is essential to ensure adequate cerebral perfusion and avoid exacerbating any potential brain injuries. In contrast, other situations, such as when the casualty is conscious, breathing normally, or has stable blood pressure, do not inherently indicate a need to avoid hyperventilation. Conscious patients may not be at risk for the same complications as those who are unresponsive, and normal respiratory patterns and stable blood pressure are more reflective of the overall patient's stability rather than specific indications to avoid hyperventilation.

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!

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