

Tactical Combat Casualty Care (TCCC) Tier 3 Practice Exam (Sample)

Study Guide



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Questions

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- 1. What are the phases of care in TCCC?**
 - A. Initial Assessment, Tactical Field Care, Evacuation Support**
 - B. Care Under Fire, Tactical Field Care, Tactical Evacuation Care**
 - C. Scene Safety, Tactical Field Care, Final Evac Care**
 - D. Immediate Care, Ongoing Assessment, Final Evacuation**
- 2. What is every first responder's primary role in Care Under Fire?**
 - A. Monitor casualty vitals while under fire**
 - B. Suppress hostile fire and assist in moving casualties**
 - C. Evacuate the casualties as quickly as possible**
 - D. Establish medical control**
- 3. What is considered the best medicine on the battlefield?**
 - A. Advanced medical care**
 - B. Fire superiority**
 - C. Frequent communication**
 - D. Psychological support**
- 4. The administration of which medication route is primarily used in sedation for emergency situations?**
 - A. Oral**
 - B. Intravenous (IV)**
 - C. Intramuscular (IM)**
 - D. Inhalation**
- 5. What is the first step in managing a casualty with suspected airway obstruction?**
 - A. Initiating CPR**
 - B. Checking for responsiveness**
 - C. Giving supplemental oxygen**
 - D. Performing a cricothyrotomy**

- 6. What does triage aim to achieve on the battlefield?**
- A. Maximizing the use of medical supplies**
 - B. Maximizing the number of casualties treated**
 - C. Sorting casualties based on survival priorities**
 - D. Focusing only on severe injuries**
- 7. Which treatment priority is included in the MARCH/PAWS principles?**
- A. Control of bleeding**
 - B. Movement of casualties**
 - C. Assessment of vital signs**
 - D. Stabilization of fractures**
- 8. What pH level indicates a substance is alkaline?**
- A. 0**
 - B. 7**
 - C. 14**
 - D. 1**
- 9. In which wounds is an injectable hemostatic agent contraindicated?**
- A. Abdominal and thoracic wounds.**
 - B. Only abdominal wounds.**
 - C. All deep tissue wounds.**
 - D. Skin lacerations.**
- 10. What is the minimum recommended ratio of plasma and RBCs for effective resuscitation?**
- A. 2:1**
 - B. 3:1**
 - C. 1:1**
 - D. 1:3**

Answers

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

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Explanations

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1. What are the phases of care in TCCC?

- A. Initial Assessment, Tactical Field Care, Evacuation Support
- B. Care Under Fire, Tactical Field Care, Tactical Evacuation Care**
- C. Scene Safety, Tactical Field Care, Final Evac Care
- D. Immediate Care, Ongoing Assessment, Final Evacuation

The phases of care in Tactical Combat Casualty Care (TCCC) are specifically designed to provide structured and timely medical interventions in a tactical environment. The correct identification of these phases is essential for effective combat casualty care. The first phase, Care Under Fire, occurs at the point of injury when combatants may still be in immediate danger. The focus here is on addressing life-threatening conditions, such as severe bleeding, while ensuring the safety of both the medic and the casualty. This phase emphasizes the need for quick, decisive action in a hostile environment. The second phase, Tactical Field Care, takes place once the battlefield is secure enough for the medic to provide medical care without immediate threat. In this phase, comprehensive assessment and treatment are performed, including airway management, hemorrhage control, and treatment for shock. This phase allows for more thorough interventions compared to Care Under Fire. The final phase, Tactical Evacuation Care, is conducted during the transport of the casualty to a higher level of medical care. This phase involves continued monitoring and treatment as the casualty is evacuated, ensuring that any new or ongoing medical issues are addressed promptly, thereby increasing survival chances. Understanding these phases is critical, as they guide healthcare providers in applying the right interventions at the right time.

2. What is every first responder's primary role in Care Under Fire?

- A. Monitor casualty vitals while under fire
- B. Suppress hostile fire and assist in moving casualties**
- C. Evacuate the casualties as quickly as possible
- D. Establish medical control

In the context of Care Under Fire, the primary role of every first responder is to suppress hostile fire and assist in moving casualties. This phase occurs in a dynamic and dangerous environment where the threat of enemy fire is present. Prioritizing the safety of both the casualty and the responders is crucial; therefore, engaging or suppressing hostile forces is essential to create a safer environment for delivering care. During this phase, first responders must focus on tactical actions that minimize further risk. By suppressing enemy fire, they can allow for safer access to the casualty, enabling better assessment and treatment. Moving casualties also minimizes their exposure to ongoing threats, thereby reducing the likelihood of additional injuries. Monitoring vitals, evacuating casualties, or establishing medical control are secondary to the immediate need for suppression of enemy fire. These activities are vital but can only be effectively conducted when the immediate threat has been managed. Thus, the emphasis on suppression and movement in Care Under Fire is critical for both the responder's and the casualty's survival.

3. What is considered the best medicine on the battlefield?

- A. Advanced medical care
- B. Fire superiority**
- C. Frequent communication
- D. Psychological support

Fire superiority is often regarded as the best medicine on the battlefield because it fundamentally enhances the safety and security of both the injured and medical personnel. When a unit achieves fire superiority, it means they have the capacity to dominate the engagement, effectively suppressing enemy fire and minimizing the threat to their forces. This strategic advantage allows medics and other medical responders to operate with a reduced risk of becoming casualties themselves while providing care to the wounded. In chaotic battlefield conditions, the ability to suppress enemy actions enables timely and efficient medical interventions. It directly influences the survivability of injured personnel by ensuring that they can receive attention without excessive threat from enemy combatants. Furthermore, this concept underscores the importance of establishing a secure environment before any medical care is initiated. While advanced medical care, frequent communication, and psychological support are crucial elements of overall battlefield care, they are often rendered ineffective without the foundational strategy of fire superiority. In high-stress, dangerous situations, establishing control over the combat scenario is paramount for ensuring the safety and effectiveness of medical operations, making fire superiority an essential aspect of casualty management in combat settings.

4. The administration of which medication route is primarily used in sedation for emergency situations?

- A. Oral
- B. Intravenous (IV)**
- C. Intramuscular (IM)
- D. Inhalation

The administration of medication via the intravenous (IV) route is primarily utilized for sedation in emergency situations due to several key factors. First, IV administration allows for rapid onset of medication effects, which is crucial in emergency scenarios where time is of the essence. When sedation is needed urgently, the ability to quickly achieve therapeutic levels of the drug in the bloodstream through an IV line can significantly improve patient management. Additionally, IV administration provides greater control over dosage and the ability to titrate the medication based on the patient's response. This precise control is especially important in emergencies, where the patient's condition may change rapidly, and adjustments to sedation levels may be required. In contrast, other routes such as oral and intramuscular take longer for the medication to reach effective levels, making them less suitable for urgent sedation needs. While inhalation can provide fast-acting sedation in some cases, such methods may not be as commonly employed in all emergency settings compared to IV administration. Thus, the IV route stands out as the most effective and efficient option for sedation in these critical scenarios.

5. What is the first step in managing a casualty with suspected airway obstruction?

- A. Initiating CPR**
- B. Checking for responsiveness**
- C. Giving supplemental oxygen**
- D. Performing a cricothyrotomy**

The first step in managing a casualty with suspected airway obstruction is checking for responsiveness. This initial assessment helps determine the severity of the situation and guides subsequent actions. If the casualty is unresponsive, this could indicate a severe airway obstruction that requires immediate intervention. By verifying responsiveness, responders can also assess whether the casualty is breathing adequately. If they are unresponsive and not breathing or breathing abnormally, it indicates the need for urgent airway management techniques, such as positioning or performing interventions to relieve the obstruction. Moving through the other options highlights the importance of initial assessment: initiating CPR is only indicated if the casualty is unresponsive and not breathing; giving supplemental oxygen would be inappropriate if immediate airway management is required; and performing a cricothyrotomy is a last resort intervention that is not appropriate without first assessing the patient's condition. Thus, checking responsiveness provides crucial information to inform the type and urgency of care needed.

6. What does triage aim to achieve on the battlefield?

- A. Maximizing the use of medical supplies**
- B. Maximizing the number of casualties treated**
- C. Sorting casualties based on survival priorities**
- D. Focusing only on severe injuries**

Triage plays a critical role in battlefield medicine by systematically sorting casualties based on their likelihood of survival and the urgency of their need for medical intervention. It is a process designed to prioritize patients so that those who have the best chance of recovery can receive care first, ensuring the optimal use of limited medical resources in a high-stress environment. The essence of triage lies in assessing each casualty's condition and quickly determining who needs immediate treatment, who can wait, and who may not survive regardless of treatment efforts. By establishing these priorities, medical personnel can make informed decisions about where to direct their efforts, ultimately aiming to save the greatest number of lives possible under the circumstances. In contrast, while managing medical supplies is important, triage is primarily concerned with patient survival prioritization rather than just maximizing resource use. Similarly, the goal is not merely to treat the maximum number of casualties or focus solely on severe injuries; rather, it's the effective sorting based on survivability that dictates the course of action.

7. Which treatment priority is included in the MARCH/PAWS principles?

- A. Control of bleeding**
- B. Movement of casualties**
- C. Assessment of vital signs**
- D. Stabilization of fractures**

The treatment priority included in the MARCH/PAWS principles is the control of bleeding. This approach is essential in Tactical Combat Casualty Care as it prioritizes immediate interventions to prevent death from traumatic hemorrhage, which is a leading cause of preventable death in tactical environments. The MARCH acronym stands for: - M: Massive Hemorrhage - A: Airway - R: Respiratory - C: Circulation - H: Head injury/Hypothermia. By emphasizing bleeding control first, providers can stabilize the casualty's condition and improve their chances of survival before addressing other injuries or ailments. This systematic focus allows for the most critical threats to life to be addressed promptly and effectively. While other choices such as movement of casualties, assessment of vital signs, and stabilization of fractures are all important components of casualty care, they do not take precedence over the immediate need to control bleeding. Addressing massive hemorrhage as the primary concern sets the stage for subsequent management of the patient's overall condition.

8. What pH level indicates a substance is alkaline?

- A. 0**
- B. 7**
- C. 14**
- D. 1**

In the context of pH levels, a substance is considered alkaline when it has a pH greater than 7. The pH scale ranges from 0 to 14, where a pH of 7 is classified as neutral, indicating a balance between acidity and alkalinity. Values below 7 indicate acidity, with lower numbers representing stronger acids. Conversely, a pH of 14 represents the highest degree of alkalinity, indicating a very basic condition. Therefore, the highest value on the scale, which is 14, clearly indicates that a substance is alkaline. Understanding the pH scale is crucial, especially in contexts like medicine and chemistry, where the acidity or alkalinity of substances can influence various reactions and conditions.

9. In which wounds is an injectable hemostatic agent contraindicated?

A. Abdominal and thoracic wounds.

B. Only abdominal wounds.

C. All deep tissue wounds.

D. Skin lacerations.

An injectable hemostatic agent is contraindicated in abdominal and thoracic wounds due to the potential for significant complications that may arise from its use in these areas. Intra-abdominal and intrathoracic spaces contain vital structures, such as organs and major blood vessels. The introduction of an injectable hemostatic agent in these wounds could lead to further complications, including inflammation, infection, tissue necrosis, or disruption of the healing process. In abdominal wounds, the risk is notably high because of the delicate nature of internal organs and the complex vascular structures they contain. Similarly, in thoracic wounds, the presence of the lungs, major blood vessels, and the heart makes any foreign material potentially dangerous, which could impede respiratory function or result in cardiac complications. Proper management of abdominal and thoracic injuries generally involves surgical intervention where effective hemostasis can be achieved through standard surgical techniques rather than relying on injectable agents. This approach minimizes the risk of adverse outcomes associated with the inappropriate use of hemostatic agents in these critical areas.

10. What is the minimum recommended ratio of plasma and RBCs for effective resuscitation?

A. 2:1

B. 3:1

C. 1:1

D. 1:3

The minimum recommended ratio of plasma and red blood cells (RBCs) for effective resuscitation, particularly in trauma patients experiencing hemorrhagic shock, is 1:1. This ratio is crucial as it allows for a balanced restoration of blood volume, oxygen-carrying capacity, and clotting factors. In trauma scenarios, especially where there is significant blood loss, resuscitation with equal amounts of plasma and RBCs has been shown to improve clotting and ultimately reduce mortality rates. Plasma contains essential clotting factors that are necessary for hemostasis, hence administering it in conjunction with RBCs helps to maintain adequate blood coagulability in addition to oxygen delivery. Utilizing a 1:1 ratio ensures that the patient receives the components necessary to effectively manage both the volume and component deficiencies caused by trauma, addressing the immediate needs of the patient during resuscitation. This strategy has gained support from evidence-based protocols in trauma care, underscoring its importance in TCCC practices.