

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

## Study Guide



**Everything you need from our exam experts!**

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**SAMPLE**

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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 type of adverse reaction is characterized by a severe allergic response to blood products?**
  - A. Acute hemolysis**
  - B. Anaphylaxis**
  - C. Febrile non-hemolytic reaction**
  - D. Delayed hemolytic reaction**
- 2. When should antibiotics be administered during the Tactical Field Care phase?**
  - A. After treatment of all wounds**
  - B. As soon as possible after injury**
  - C. At a designated medical facility**
  - D. Only if visible signs of infection appear**
- 3. At what systolic blood pressure is a blood transfusion considered successful?**
  - A. 90 mm Hg**
  - B. 100 mm Hg**
  - C. 110 mm Hg**
  - D. 120 mm Hg**
- 4. What is a primary objective of Tactical Combat Casualty Care (TCCC)?**
  - A. To treat all injuries on site**
  - B. To minimize delays in patient evacuation**
  - C. To provide comprehensive care for all patients**
  - D. To ensure the safety of medical personnel**
- 5. What symptoms might be present after a blood loss of 1,500 ml?**
  - A. Rapid weight gain**
  - B. Changes in mental status and a weak radial pulse**
  - C. Increased blood pressure**
  - D. Bradycardia and hypothermia**

- 6. What effect does Naloxone have on opioid receptors?**
- A. Blocks the receptors**
  - B. Stimulates the receptors**
  - C. Enhances receptor activity**
  - D. None of the above**
- 7. Which is the correct dosage of Meloxicam?**
- A. 30mg tablet twice daily**
  - B. 10mg tablet once daily**
  - C. 15mg tablet once daily**
  - D. 5mg tablet every 12 hours**
- 8. What is the revised time for applying direct pressure to control bleeding?**
- A. 1 minute.**
  - B. 2 minutes.**
  - C. 3 minutes.**
  - D. 4 minutes.**
- 9. How many routes of medication administration are there in TCCC?**
- A. Four routes**
  - B. Five routes**
  - C. Six routes**
  - D. Seven routes**
- 10. Which intervention is NOT prioritized in TCCC?**
- A. Controlling massive hemorrhage**
  - B. Establishing airway with advanced tools**
  - C. Providing comfort measures**
  - D. Utilizing appropriate evacuation techniques**



## **Answers**

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

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## **Explanations**

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**1. Which type of adverse reaction is characterized by a severe allergic response to blood products?**

- A. Acute hemolysis**
- B. Anaphylaxis**
- C. Febrile non-hemolytic reaction**
- D. Delayed hemolytic reaction**

Anaphylaxis is a severe, life-threatening allergic reaction that can occur rapidly following exposure to allergens, including certain components in blood products. This reaction is characterized by a variety of symptoms such as difficulty breathing, swelling of the throat, hives, and a significant drop in blood pressure. In the context of blood transfusions, individuals who have a history of allergies may experience anaphylaxis due to proteins or antibodies present in the donor's blood. In contrast, the other types of adverse reactions listed are distinct from anaphylaxis. Acute hemolysis refers to the rapid destruction of red blood cells following a transfusion, generally due to ABO incompatibility. Febrile non-hemolytic reactions involve fever and chills and are caused by the recipient's immune response to white blood cells or cytokines in the blood product rather than an allergic mechanism. Delayed hemolytic reactions occur days to weeks after transfusion, often due to the recipient's immune response to new red blood cell antigens, but are not classified as allergic reactions. Thus, anaphylaxis stands out as the correct answer due to its classification as an acute and severe allergic response specifically linked to blood products.

**2. When should antibiotics be administered during the Tactical Field Care phase?**

- A. After treatment of all wounds**
- B. As soon as possible after injury**
- C. At a designated medical facility**
- D. Only if visible signs of infection appear**

The administration of antibiotics during the Tactical Field Care phase is critical for preventing infection in combat casualties. The correct timing for antibiotic administration is as soon as possible after injury. Early administration of antibiotics can significantly decrease the risk of development of infections, especially in cases of penetrating trauma where the risk of bacterial contamination is high. In combat settings, delays in antibiotic use can lead to the onset of infections that complicate injuries, increase morbidity, and lead to prolonged recovery times. The guidelines suggest that you should administer antibiotics promptly after the injury is identified to maximize their effectiveness against potential infections. This approach is aligned with established medical protocols that emphasize early intervention as a key factor in managing traumatic injuries in tactical environments.

**3. At what systolic blood pressure is a blood transfusion considered successful?**

- A. 90 mm Hg
- B. 100 mm Hg**
- C. 110 mm Hg
- D. 120 mm Hg

A blood transfusion is considered successful when it significantly improves the patient's hemodynamic status, including the restoration of adequate perfusion and oxygen delivery to vital organs. A systolic blood pressure of 100 mm Hg indicates that there is enough circulating blood volume and pressure to ensure that blood is reaching the body's tissues effectively. At this level, vital organs are more likely to receive an adequate oxygen supply, which is crucial in trauma situations where blood loss can lead to shock. While other blood pressure readings may indicate acceptable levels of stability, a systolic blood pressure below 100 mm Hg is typically associated with increased risk of inadequate perfusion. Therefore, achieving a systolic blood pressure of 100 mm Hg during or following a blood transfusion signifies a positive physiological response and an indication that the intervention is having the desired effect in stabilizing the patient's condition. This benchmark is crucial for evaluating the effectiveness of resuscitation strategies in tactical combat casualty care scenarios.

**4. What is a primary objective of Tactical Combat Casualty Care (TCCC)?**

- A. To treat all injuries on site
- B. To minimize delays in patient evacuation**
- C. To provide comprehensive care for all patients
- D. To ensure the safety of medical personnel

The primary objective of Tactical Combat Casualty Care (TCCC) is to minimize delays in patient evacuation. In a combat or tactical environment, timely evacuation of injured personnel is critical for survival. The TCCC framework focuses on providing immediate care while ensuring that the wounded can be evacuated quickly and efficiently. This approach recognizes that in high-stress and potentially dangerous situations, the speed at which injured individuals can receive advanced medical care significantly affects their chances of survival and overall recovery. By prioritizing the reduction of delays in patient evacuation, TCCC emphasizes the importance of making rapid assessments and interventions that allow for swift transport to a higher level of medical care. This objective aligns with the principles of care in a combat zone, where time and safety are paramount, ensuring that casualties receive timely treatment while still managing the risks associated with the operational environment.

**5. What symptoms might be present after a blood loss of 1,500 ml?**

**A. Rapid weight gain**

**B. Changes in mental status and a weak radial pulse**

**C. Increased blood pressure**

**D. Bradycardia and hypothermia**

A blood loss of approximately 1,500 ml (roughly 30% of total blood volume in the average adult) can lead to significant physiological changes. One of the most critical implications of such a volume loss is the body's response to maintain adequate perfusion and oxygenation to vital organs. When a person experiences this level of blood loss, they may exhibit changes in mental status due to decreased cerebral perfusion. The brain is highly sensitive to changes in blood flow; therefore, a drop in blood volume can lead to confusion, disorientation, or lethargy. Alongside this, a weak radial pulse is indicative of compromised cardiovascular function. The body prioritizes blood flow to the most vital organs (like the heart and brain) by constricting blood vessels, which can result in peripheral pulses becoming weak or thready. In contrast, the other options do not align with expected physiological responses to significant blood loss. Rapid weight gain is unlikely after such an acute change and may suggest fluid retention or influx instead. Increased blood pressure is typically not observed; rather, blood pressure often drops due to reduced blood volume and cardiac output. Bradycardia and hypothermia can occur in severe cases of blood loss but are not the immediate symptoms that would be

**6. What effect does Naloxone have on opioid receptors?**

**A. Blocks the receptors**

**B. Stimulates the receptors**

**C. Enhances receptor activity**

**D. None of the above**

Naloxone is an opioid antagonist, which means that it has a specific role in the context of opioid receptors. Its primary mechanism of action is to block these receptors, which are typically activated by opioids. By binding to the opioid receptors in the brain, spinal cord, and gastrointestinal tract, naloxone effectively prevents opioids from exerting their effects. This action can reverse the life-threatening effects of opioid overdose, such as respiratory depression and sedation. This characteristic allows naloxone to be a critical tool in emergency situations where someone has ingested a certain quantity of opioids and is showing signs of overdose. By blocking the receptors, naloxone can quickly restore normal respiratory function and consciousness when administered, making it a vital component of overdose response protocols. In this context, other choices suggesting stimulation or enhancement of receptor activity do not accurately describe the action of naloxone. The absence of an effect, or 'none of the above,' also does not apply, as naloxone indeed has a well-defined effect on opioid receptors by blocking them.

## 7. Which is the correct dosage of Meloxicam?

- A. 30mg tablet twice daily
- B. 10mg tablet once daily
- C. 15mg tablet once daily**
- D. 5mg tablet every 12 hours

Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) commonly used for the treatment of pain and inflammation. The recommended dosage for adults generally begins with a loading dose and can vary based on the specific condition being treated. For osteoarthritis or rheumatoid arthritis, the standard initial dose is often 15 mg taken once daily, with a maintenance dose typically set at 7.5 mg to 15 mg once daily thereafter. In this case, the choice of 15 mg tablet once daily reflects the appropriate dosing guidelines for meloxicam when treating conditions that require this medication. This dosage is effective for managing pain and inflammation while minimizing the risk of side effects associated with higher doses. It aligns with the accepted protocols for using meloxicam effectively while considering safety and efficacy. The other options do not align with recommended practices for dosing meloxicam for most indications. For instance, a dosage of 30 mg twice daily exceeds the recommended maximum and increases the risk of adverse effects. Similarly, dosages such as 10 mg once daily and 5 mg every 12 hours do not reflect the most commonly employed dosing regimen for this medication, particularly in the context of its typical uses.

## 8. What is the revised time for applying direct pressure to control bleeding?

- A. 1 minute.
- B. 2 minutes.
- C. 3 minutes.**
- D. 4 minutes.

The revised time for applying direct pressure to control bleeding is set at 3 minutes. This emphasizes the importance of effectively stemming blood loss in trauma situations where rapid intervention is crucial. During this timeframe, individuals applying pressure must be focused on maintaining consistent and steady pressure to achieve hemostasis, which can be vital in preventing shock or other complications from significant blood loss. By allowing for 3 minutes, the guidelines recognize that while immediate action is necessary, there may be situations where it takes a bit longer to get the bleeding under control, especially in cases involving severe injuries. Emphasizing this timeframe helps ensure that responders are adequately trained to apply direct pressure appropriately without prematurely transitioning to other methods of bleeding control, such as applying a tourniquet or using hemostatic agents, unless absolutely necessary. This understanding is critical in the field of Tactical Combat Casualty Care, where timely and accurate interventions can mean the difference between life and death for injured individuals.

**9. How many routes of medication administration are there in TCCC?**

- A. Four routes**
- B. Five routes**
- C. Six routes**
- D. Seven routes**

In Tactical Combat Casualty Care (TCCC), there are six established routes of medication administration. Understanding these routes is crucial for effective patient care in tactical environments where injuries may require rapid and efficient treatment. The six routes typically include: 1. **\*\*Intravenous (IV)\*\*** - This is often the preferred method for administering fluids and medications quickly and effectively to combat hemorrhagic shock. 2. **\*\*Intraosseous (IO)\*\*** - This route is used when IV access is not available, allowing for medications to be administered directly into the bone marrow, facilitating rapid absorption. 3. **\*\*Intramuscular (IM)\*\*** - This route is common for administering medications such as analgesics and certain emergency medications when other routes are impractical. 4. **\*\*Sublingual (SL)\*\*** - This method allows for quick absorption of some medications under the tongue, providing rapid onset of action without the need for injections. 5. **\*\*Transdermal\*\*** - Used for delivering medications through the skin for systemic effects, particularly useful in providing sustained medication administration without the need for repeated dosing. 6. **\*\*Oral\*\*** - This method involves swallowing medication, typically used for less urgent treatments or when intravenous routes are not feasible. Being familiar with these routes ensures that combat

**10. Which intervention is NOT prioritized in TCCC?**

- A. Controlling massive hemorrhage**
- B. Establishing airway with advanced tools**
- C. Providing comfort measures**
- D. Utilizing appropriate evacuation techniques**

The focus of Tactical Combat Casualty Care (TCCC) is primarily on interventions that can significantly impact the immediate survival and stabilization of casualties in combat situations. Among the priorities outlined in TCCC, controlling massive hemorrhage is critical, as it is one of the leading causes of preventable death on the battlefield. Similarly, establishing a clear airway, particularly using advanced tools when necessary, is essential for ensuring that the casualty can breathe effectively and maintain adequate oxygenation. Utilizing appropriate evacuation techniques also plays a crucial role in TCCC, as timely transport to higher levels of care can be vital for the survival and recovery of the injured. While providing comfort measures can be beneficial in addressing pain or emotional distress, it is typically not prioritized in the acute management phase of TCCC. Comfort measures may be important in a different context but do not directly address life-threatening conditions and injuries, which are the primary concerns in tactical environments. Thus, option C is the least prioritized intervention in TCCC, as the immediate needs of the casualty take precedence in high-stress situations where rapid lifesaving measures are required.



## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://tccctier3.examzify.com>**

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