Tactical Paramedic Certification (TP-C) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

SAMPLE

1. What is the maximum hourly fluid rate based on the ISR Rule of Tens?

A. BSA x 5 cc/hour

B. BSA x 10 cc/hour

C. BSA x 15 cc/hour

D. BSA x 20 cc/hour

2. Which route should not be used for medication administration in tactical paramedicine?

A. IV

B. IM

C. PO

D. IO

3. What does VBIED stand for?

A. Vehicle Borne IED

B. Command Borne IED

C. Variety Borne IED

D. Volatile Borne IED

4. What behavior is advised to prevent hypothermia in patients?

A. Wearing tight clothing

B. Staying still in one spot

C. Wearing clean, dry, and layered clothing

D. Overdressing in heavy clothing

5. What is the only treatment provided during Care Under Fire for compressible hemorrhage?

A. Direct pressure only

B. Tourniquets

C. Surgical measures

D. Topical hemostatics

SAMPLE

6. Which of the following injuries is NOT commonly associated with a Suicide Vest?

- **A. Frag of bone and teeth**
- **B. Shrapnel injuries**
- **C. Inhalation burns**
- **D. Superficial scratches**

7. Which of the following conditions may prevent a determination of death despite cardiac arrest?

- **A. Severe dehydration**
- **B. Hypothermia**
- **C. Anaphylaxis**
- **D. Head trauma**

8. Secondary blast injuries are primarily caused by which of the following?

- **A. Blast wave exposure**
- **B. Flying objects striking individuals**
- **C. Striking other casualties**
- **D. Fall from height**

9. How long can Fresh Frozen Plasma be used after thawing?

- **A. 1 day**
- **B. 5 days**
- **C. 12 days**
- **D. 26 days**

10. What medical condition is characterized by signs such as trismus and sustained tetanic muscle contractions?

- **A. Malignant Hyperthermia**
- **B. Neuromuscular blockade**
- **C. Hyperkalemia**
- **D. Chronic pain syndrome**

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the maximum hourly fluid rate based on the ISR Rule of Tens?

A. BSA x 5 cc/hour

B. BSA x 10 cc/hour

C. BSA x 15 cc/hour

D. BSA x 20 cc/hour

The maximum hourly fluid rate based on the ISR (Initial Stabilization and Resuscitation) Rule of Tens is calculated using the patient's Body Surface Area (BSA). The correct choice, which is BSA multiplied by 10 cc/hour, aligns with the established guidelines for fluid resuscitation in tactical medical environments. This guideline is particularly significant because it provides a standardized approach ensuring that patients receive an adequate volume of fluids without excessive fluid resuscitation, which can lead to complications. The use of BSA is critical as it allows for a more tailored fluid resuscitation plan based on the patient's size and metabolic needs. Understanding the Rule of Tens helps in making informed decisions during emergency situations, ensuring that providers can efficiently perform their duties without risking the patient's wellbeing by either under-resuscitating or over-resuscitating them. It also emphasizes the importance of calculating fluid rates based on physiological parameters, which is a fundamental concept in tactical and trauma medicine.

2. Which route should not be used for medication administration in tactical paramedicine?

A. IV

B. IM

C. PO

D. IO

In tactical paramedicine, the route for medication administration must be chosen based on factors such as speed of onset, ease of access, environmental considerations, and patient condition. The intramuscular (IM) route is typically slower to achieve therapeutic effects compared to other routes like intravenous (IV) or intraosseous (IO) administration. In a tactical environment, time is often critical, and the IM route may not provide the rapid response needed for emergency care, especially in acute scenarios where immediate medication effects are required, such as in the case of life-threatening conditions. Furthermore, there may be challenges in accessing large muscle groups for IM injections in certain tactical situations, and muscle bleeding from trauma could inhibit the efficacy of the medication administered this way. The IV and IO routes allow for rapid administration of medications and fluids, which is crucial in emergencies and trauma situations. The oral (PO) route, while non-invasive, is also less desirable due to the delay associated with gastrointestinal absorption and the potential difficulties in administering medications to patients who are unconscious or have an altered level of consciousness. Thus, in tactical scenarios where quick action is vital, and considering the limitations and drawbacks of the IM route, it should not be the preferred choice for medication administration.

SAMPLE

3. What does VBIED stand for?

A. Vehicle Borne IED

B. Command Borne IED

C. Variety Borne IED

D. Volatile Borne IED

VBIED stands for Vehicle Borne Improvised Explosive Device. This term is commonly used in both military and emergency response contexts to refer to explosives that are placed in or on a vehicle and then used to carry out an attack. The designation highlights the key element of the device being associated with a vehicle, which can transport the explosive to a target, increasing the potential for mass casualties and damage. Understanding the terminology is crucial in tactical scenarios, especially for paramedics operating in high-risk environments. Recognizing a VBIED can be critical for situational awareness and safety, allowing first responders to implement appropriate risk mitigation measures while attending to the incident. Awareness of such threats ensures that tactical paramedics can adapt their strategies for patient care and evacuation under potentially hostile conditions. The other terms provided do not align with accepted definitions within the field of explosive ordnance or tactical response, clearly differentiating them from the correct terminology.

4. What behavior is advised to prevent hypothermia in patients?

A. Wearing tight clothing

B. Staying still in one spot

C. Wearing clean, dry, and layered clothing

D. Overdressing in heavy clothing

To prevent hypothermia in patients, wearing clean, dry, and layered clothing is essential. This approach allows for effective insulation while also enabling moisture to escape, which can help maintain body temperature. Layers trap air between them, providing better insulation compared to a single heavy garment. Additionally, wearing dry clothing is crucial because wet clothing loses its insulating properties and can lead to a quicker drop in body temperature. This layered clothing strategy facilitates warmth while allowing for flexibility in adjusting to environmental changes, such as varying temperatures or levels of activity. In contrast, tight clothing can restrict blood flow and may not provide adequate insulation. Remaining still in one spot can contribute to heat loss, especially in windy or damp conditions, as the body generates less heat when stationary. Overdressing in heavy clothing might lead to sweating, further increasing the risk of wet clothing and, consequently, hypothermia. Thus, the best practice involves dressing in layers that are both clean and dry.

SAMPLE

5. What is the only treatment provided during Care Under Fire for compressible hemorrhage?

A. Direct pressure only

B. Tourniquets

C. Surgical measures

D. Topical hemostatics

In the context of Care Under Fire, the focus is on managing life-threatening hemorrhage quickly and effectively while still in a hazardous environment. The primary treatment for compressible hemorrhage in this phase is the use of tourniquets. Tourniquets are highly effective in controlling severe bleeding from extremities and can be applied swiftly to improve the likelihood of survival when immediate transport to definitive care is not possible. During Care Under Fire, rapid decision-making is vital, and the deployment of a tourniquet allows for compression of blood vessels and ceases blood loss effectively. This is particularly important as it minimizes the time the patient is exposed to the risk of exsanguination while still in a dangerous situation. Other methods like direct pressure, surgical measures, or topical hemostatics are either not feasible due to the environment or do not provide the same immediate benefit as a tourniquet.

6. Which of the following injuries is NOT commonly associated with a Suicide Vest?

A. Frag of bone and teeth

B. Shrapnel injuries

C. Inhalation burns

D. Superficial scratches

Injuries caused by a suicide vest typically result from explosive devices designed to cause significant harm to individuals in close proximity. Such devices often cause a range of severe traumas, including shrapnel injuries that can penetrate the body, leading to deep lacerations and organ injuries. The energy released in such blasts can also result in severe skeletal damage, including fractures of bone and teeth due to the shockwave and flying debris. Inhalation burns may occur if a suicide vest creates a fireball or produces hot gases upon detonation. These injuries are less common compared to the immediate shrapnel and blunt force trauma effects but can occur in certain scenarios, especially in enclosed spaces where the explosion causes burning debris and superheated air. Superficial scratches, however, are not typically associated with the extensive harm produced by a suicide vest. While minor injuries may occur on the surface, they are not characteristic of the significant, life-threatening trauma generally expected from such an explosive device. Thus, superficial scratches would be the injury least likely to be connected to the explosive force and shrapnel of a suicide vest detonation.

SAMPLE

7. Which of the following conditions may prevent a determination of death despite cardiac arrest?

A. Severe dehydration

B. Hypothermia

C. Anaphylaxis

D. Head trauma

The determination of death in the context of cardiac arrest is a complex process that can be influenced by various physiological conditions. Hypothermia is a significant factor that can mask the signs of death, as it can preserve metabolic processes for a longer period than normal body temperatures would allow. In cases of severe hypothermia, the body's vital signs can appear to be absent, leading to a state that mimics death. This phenomenon occurs because the body's low temperature can significantly slow down metabolism and the physiological functions that typically accompany cardiac arrest, including heart function and brain activity. In instances of severe hypothermia, resuscitation efforts can sometimes successfully revive the individual even after an extended period of cardiac arrest. Therefore, the presence of hypothermia must be thoroughly assessed before making a determination of death, as it can lead to a reversible state if appropriate measures are taken in time. Other conditions, although they can present serious challenges during a cardiac arrest scenario, do not possess the same potential for metabolic preservation and can be more straightforward in the determination of death. Thus, hypothermia stands out as a condition that can complicate the determination, making it necessary to consider it carefully.

8. Secondary blast injuries are primarily caused by which of the following?

A. Blast wave exposure

B. Flying objects striking individuals

C. Striking other casualties

D. Fall from height

Secondary blast injuries are primarily caused by flying objects striking individuals. In the context of explosive incidents, these injuries occur when objects in the vicinity of the explosion are propelled by the force of the blast. As the explosive material detonates, it creates a shock wave and causes debris and shrapnel to be thrust into the air, which can then strike bystanders or individuals within the blast radius, leading to penetrating wounds, fractures, and other serious injuries. While blast wave exposure does contribute to primary blast injuries and the shockwave can impact individuals, the secondary blast injuries specifically refer to harm inflicted by the debris itself. Other options like striking other casualties or falling from height may occur in chaotic environments following a blast, but they do not specifically characterize the mechanism of secondary blast injuries, which distinctly involve the impact from flying objects as a direct result of the explosion. Thus, the accurate identification of flying debris as the leading cause underscores the significance of situational awareness and protective measures in environments where explosions may occur.

SAMPLE

9. How long can Fresh Frozen Plasma be used after thawing?

A. 1 day

B. 5 days

C. 12 days

D. 26 days

Fresh Frozen Plasma (FFP) is a critical resource in emergency medical situations and trauma care, particularly for patients who require immediate replacement of clotting factors. After FFP has been thawed, it is essential to understand its stability and the time frame for which it can be safely used. Thawed FFP is typically indicated for transfusion within 5 days. This time frame balances the need for the transfusion to be used effectively while also ensuring patient safety. As FFP contains active clotting factors that begin to degrade after thawing, the 5-day window allows healthcare providers to administer it before the quality of the product diminishes significantly. Understanding this time constraint is crucial when making decisions about transfusions in time-sensitive situations such as surgeries, trauma care, or when dealing with coagulopathy. Proper knowledge of FFP storage and use is vital for tactical paramedics, as it allows for the best outcomes in critical care environments.

10. What medical condition is characterized by signs such as trismus and sustained tetanic muscle contractions?

A. Malignant Hyperthermia

B. Neuromuscular blockade

C. Hyperkalemia

D. Chronic pain syndrome

Malignant hyperthermia is a serious condition often triggered by certain anesthetic agents during surgery. It is characterized by a hypermetabolic reaction to these agents, leading to significant muscle contraction, increased metabolic activity, and an accompanying increase in body temperature. The signs of trismus, which refers to the inability to open the mouth due to muscle spasms in the jaw, can also occur. Sustained tetanic muscle contractions are another hallmark of this condition, as the excessive calcium release from the sarcoplasmic reticulum within the muscle cells leads to uncontrolled muscle contraction. In contrast, neuromuscular blockade refers to the use of medications to induce temporary paralysis, which would not present with the muscle spasm symptoms seen in malignant hyperthermia. Hyperkalemia primarily causes cardiac disturbances and may lead to muscle weakness rather than sustained contractions. Chronic pain syndrome is defined by persistent pain that may not correlate with an identifiable physical injury but does not typically present with the acute muscle contractions seen in malignant hyperthermia. Thus, malignant hyperthermia is the most fitting condition characterized by the specified signs.

SAMPLE