

TCCC FC1 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. Which of the following lists the signs and symptoms of tension pneumothorax?**
 - A. JVD, cyanosis, progressive respiratory distress, anxiety, tracheal deviation**
 - B. Headache, itchy skin**
 - C. Fever only**
 - D. Nausea and vomiting**

- 2. Which symptom is included in the signs and symptoms of tension pneumothorax?**
 - A. Anxiety**
 - B. Rash**
 - C. Abdominal pain**
 - D. Nausea**

- 3. Which intervention is described as best for arterial hemorrhage control in neck, axillary, inguinal wounds?**
 - A. Apply hemostatic agents**
 - B. Use antiseptic cleansing**
 - C. Apply loose bandage**
 - D. Ignore and monitor**

- 4. Which pair of procedures is included in the term 'advanced airway skills'?**
 - A. Endotracheal intubation and Emergency Cricothyroidotomy**
 - B. Oral suction and nasogastric tube placement**
 - C. Trauma chest drain and needle thoracostomy**
 - D. Laryngeal mask airway insertion and bronchoscopy**

- 5. When should the medic inform the tactical leader of the need for medical evacuation?**
 - A. As soon as the medic identifies the need for evacuation**
 - B. After stabilizing all casualties**
 - C. Only after evacuation assets arrive**
 - D. At the end of the mission**

- 6. Which of the following is a listed preventative measure for phlebitis?**
- A. Keep the infusion flowing at the prescribed rate**
 - B. Select a small vein when using irritating drugs**
 - C. Change tubing every 24 hours**
 - D. Change IV site every 7 days**
- 7. Which blast injury results from being thrown into a solid object?**
- A. Secondary blast injury**
 - B. Tertiary blast injury**
 - C. Quaternary blast injury**
 - D. Quinary blast injury**
- 8. Which statement accurately describes the rib arrangement in relation to the sternum?**
- A. 12 pairs. 10 attached to the sternum and two connected to the sternum by cartilage**
 - B. 10 pairs attached directly to the sternum**
 - C. 14 pairs, all connected to the sternum by cartilage**
 - D. 24 ribs, none attached to the sternum**
- 9. Which amount represents the total bleeding from a typical adult chest cavity across both sides?**
- A. 3000 milliliters**
 - B. 1500 milliliters**
 - C. 6000 milliliters**
 - D. 1000 milliliters**
- 10. True or false: A simple pneumothorax can progress to a tension pneumothorax?**
- A. True**
 - B. False**
 - C. Not sure**
 - D. Not applicable**

Answers

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

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Explanations

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1. Which of the following lists the signs and symptoms of tension pneumothorax?

A. JVD, cyanosis, progressive respiratory distress, anxiety, tracheal deviation

B. Headache, itchy skin

C. Fever only

D. Nausea and vomiting

When air accumulates under pressure in the chest, it pushes on the lung and the great vessels, producing a characteristic emergency pattern. Jugular venous distension occurs because the increased intrathoracic pressure impedes return of blood to the heart. Cyanosis appears as oxygenation drops. Progressive respiratory distress reflects the collapsing lung and limited ability to exchange gases. Anxiety stems from sudden difficulty breathing and hypoxia. The pressure also shifts the mediastinal structures, so the trachea deviates away from the affected side. This combination is the classic signal of tension pneumothorax and requires IMMEDIATE action. Headache and itchy skin, fever, or nausea/vomiting don't align with the underlying chest-pressurization and impaired venous return seen in tension pneumothorax, so they don't fit this emergency pattern.

2. Which symptom is included in the signs and symptoms of tension pneumothorax?

A. Anxiety

B. Rash

C. Abdominal pain

D. Nausea

Anxiety is the best choice because tension pneumothorax causes severe breathing difficulty and falling oxygen levels, which trigger a sympathetic, alarmed response. The trapped air increases intrathoracic pressure, collapses the lung, and impairs venous return, quickly leading to distress and restlessness. This anxious, agitated state is a common early sign of the condition. Rash, abdominal pain, and nausea aren't characteristic features of this specific chest emergency and don't reflect the primary respiratory and circulatory compromise occurring in tension pneumothorax.

3. Which intervention is described as best for arterial hemorrhage control in neck, axillary, inguinal wounds?

- A. Apply hemostatic agents**
- B. Use antiseptic cleansing**
- C. Apply loose bandage**
- D. Ignore and monitor**

Hemorrhage control in junctional areas like the neck, armpit, and groin is especially challenging because direct compression alone can be hard to maintain and large vessels are involved. Hemostatic agents help by actively triggering clotting at the wound site, accelerating the formation of a stable clot and stopping arterial bleeding more quickly than a standard dressing. In practice, you would apply the agent to the wound and pack as needed, then maintain pressure to help seal the bleed. Antiseptic cleansing helps with infection prevention but does not stop active arterial bleeding. A loose bandage won't provide the sustained, high-pressure control needed for arterial flow in these regions, and simply ignoring the bleed is dangerous. Therefore, using a hemostatic agent is the most effective option for rapid arterial control in neck, axillary, and inguinal wounds.

4. Which pair of procedures is included in the term 'advanced airway skills'?

- A. Endotracheal intubation and Emergency Cricothyroidotomy**
- B. Oral suction and nasogastric tube placement**
- C. Trauma chest drain and needle thoracostomy**
- D. Laryngeal mask airway insertion and bronchoscopy**

Advanced airway skills focus on securing a definitive airway beyond basic maneuvers. Endotracheal intubation places a tube into the trachea to provide controlled ventilation and protect against aspiration. When intubation isn't possible or fails, an emergency cricothyroidotomy offers a rapid alternate airway route by creating an opening through the cricothyroid membrane. Together, these two procedures represent the ability to both establish and, if needed, quickly switch to a backup airway in critical situations. The other options involve airway-related tasks that don't provide a definitive airway or are not primarily about securing the airway (such as suctioning, NG tube placement, chest interventions, or diagnostic/alternative airway devices), so they don't fit the concept of advanced airway skills.

5. When should the medic inform the tactical leader of the need for medical evacuation?

- A. As soon as the medic identifies the need for evacuation**
- B. After stabilizing all casualties**
- C. Only after evacuation assets arrive**
- D. At the end of the mission**

The main idea being tested is timely communication of medical evacuation needs. In a tactical setting, once the medic identifies that a casualty requires evacuation, informing the tactical leader right away allows for rapid planning, secure evacuation routes, and the allocation of evacuation assets. This proactive coordination helps ensure patients receive care without delaying movement or exposing them and the team to greater risk. If you wait until stabilization, you may miss a window where condition could deteriorate or where quicker transport could have made a bigger difference. Waiting for evacuation assets to arrive or waiting until the mission ends delays care and can jeopardize both the casualty and the unit's safety and effectiveness. By notifying immediately, the medic enables informed decisions and smoother execution of the evacuation plan.

6. Which of the following is a listed preventative measure for phlebitis?

- A. Keep the infusion flowing at the prescribed rate**
- B. Select a small vein when using irritating drugs**
- C. Change tubing every 24 hours**
- D. Change IV site every 7 days**

Phlebitis happens when the vein becomes inflamed from IV therapy, often due to irritation from the drug or the way it's delivered. Keeping the infusion flowing at the prescribed rate helps prevent this by avoiding high local concentrations of the solution against the vein wall and reducing mechanical irritation from fluctuating flow. A steady, correct rate means the drug reaches the vein gradually and consistently, which minimizes chemical and physical stress on the vessel. The other options either increase irritation or aren't specifically aimed at preventing phlebitis: choosing a small vein for irritating drugs concentrates the irritant on a thinner vein wall; changing tubing every 24 hours is primarily an infection-control step and doesn't directly prevent vein inflammation; changing the IV site every 7 days ignores early signs of irritation and may leave the same irritated site for too long. Keeping to the prescribed rate directly reduces the risk of phlebitis.

7. Which blast injury results from being thrown into a solid object?

- A. Secondary blast injury
- B. Tertiary blast injury**
- C. Quaternary blast injury
- D. Quinary blast injury

Tertiary blast injuries happen when the force of the explosion throws the body, and the person crashes into a solid object. The resulting blunt trauma can cause broken bones, internal injuries, and organ damage from the impact. This is different from primary injuries, which come from the blast's pressure wave affecting air-filled or hollow organs; secondary injuries come from projectiles or shrapnel; and quaternary injuries include burns, inhalation injuries, or other effects not due to the direct impact.

8. Which statement accurately describes the rib arrangement in relation to the sternum?

- A. 12 pairs. 10 attached to the sternum and two connected to the sternum by cartilage**
- B. 10 pairs attached directly to the sternum
- C. 14 pairs, all connected to the sternum by cartilage
- D. 24 ribs, none attached to the sternum

Ribs relate to the sternum in three groups. Seven ribs (the true ribs) attach directly to the sternum through their costal cartilage. Three ribs (the false ribs) do not attach directly to the sternum; instead their cartilage joins the cartilage of the rib above, producing an indirect connection to the sternum. The remaining two ribs (the floating ribs) do not attach to the sternum at all. In total, there are 12 rib pairs. So, while the count of ribs is correct, the description of how many attach directly to the sternum is not. Only seven ribs attach directly to the sternum; the others connect indirectly via cartilage or not at all. This highlights how the sternum serves as the direct anchor for the upper ribs, with lower ribs joining through cartilage or not at all.

9. Which amount represents the total bleeding from a typical adult chest cavity across both sides?

- A. 3000 milliliters**
- B. 1500 milliliters
- C. 6000 milliliters
- D. 1000 milliliters

Understanding how much blood the chest can hold helps gauge the severity of a hemothorax. Each side of the chest can hold roughly 1.5 liters of blood, so the total across both sides is about 3 liters. That makes 3000 milliliters the best answer. A single side holding 1500 mL would miss the total across both sides, while 6000 mL would exceed the combined capacity, and 1000 mL is far below the typical total.

10. True or false: A simple pneumothorax can progress to a tension pneumothorax?

A. True

B. False

C. Not sure

D. Not applicable

A pneumothorax can worsen into a tension pneumothorax when air continues to enter the pleural space but cannot escape. This creates increasing intrapleural pressure with each breath, which collapses the affected lung and pushes the mediastinum toward the opposite side. That shift compresses the heart and great vessels, reducing venous return and causing rapid deterioration in circulation. Because this progression is possible, the statement is true. In practice, any patient with a pneumothorax who develops worsening shortness of breath, chest pain, hypoxia, or signs of hemodynamic instability should be treated as evolving tension pneumothorax and managed urgently with decompression.

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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://tcccfc1.examzify.com>

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

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