

TCCC FC1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 is the leading cause of death on the battlefield?**
 - A. Hemorrhage
 - B. Infection
 - C. Respiratory failure
 - D. Traumatic brain injury
- 2. Which structures constitute the lower airway according to the material?**
 - A. Trachea, bronchi and bronchioles and lungs
 - B. Nasal cavity and pharynx
 - C. Larynx and vocal cords
 - D. Alveoli only
- 3. Which of the following is NOT a sign of tension pneumothorax?**
 - A. Fever
 - B. JVD
 - C. Cyanosis
 - D. Tracheal deviation
- 4. The nasal and oral cavities are parts of which airway region?**
 - A. Upper airway
 - B. Lower airway
 - C. Trachea
 - D. Larynx
- 5. During septic shock, what happens to circulating fluid?**
 - A. It is retained in the vascular space
 - B. It leaks into the interstitial space
 - C. It becomes hyperviscous
 - D. It is rapidly converted to plasma
- 6. At what point does casualty evacuation begin?**
 - A. After stabilization
 - B. Once transport is ready
 - C. As soon as medical personnel receive the patient
 - D. When the evacuation site is prepared

- 7. Stimulation of which nerve will lead to bradycardia and hypotension?**
- A. The sympathetic nerve
 - B. The vagus nerve
 - C. The phrenic nerve
 - D. The hypoglossal nerve
- 8. For arterial hemorrhage control in wounds of the neck, axillary region, or inguinal region, what is the best method?**
- A. Apply hemostatic agents
 - B. Elevate the limb and wait
 - C. Apply cold packs
 - D. Direct pressure only
- 9. During needle decompression, the entry point is the second intercostal space at the midclavicular line. Which rib is directly beneath this entry point?**
- A. Third rib
 - B. Fourth rib
 - C. Second rib
 - D. Fifth rib
- 10. What information does the DD Form 1380 Field Medical Card carry to the MTF?**
- A. Casualty medical information
 - B. Flight data
 - C. Unit payroll
 - D. Ammunition type

Answers

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

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Explanations

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1. What is the leading cause of death on the battlefield?

- A. Hemorrhage**
- B. Infection
- C. Respiratory failure
- D. Traumatic brain injury

Blood loss from traumatic injuries is the most immediate and deadly threat on the battlefield. When a limb or torso is torn open or a blast rips vessels, rapid and extensive bleeding can overwhelm the body's ability to maintain circulation within minutes, leading to shock and death if not stopped quickly. The reason this is the primary cause is that you can intervene in the field with simple, time-critical measures—direct pressure, tourniquets, wound packing, and hemostatic dressings—and those actions dramatically improve survival. In contrast, infections take longer to kill and respiratory failure or brain injury, though serious, are less likely to cause death before bleeding is controlled in the prehospital environment. So the focus on rapid hemorrhage control is what saves the most lives on the battlefield.

2. Which structures constitute the lower airway according to the material?

- A. Trachea, bronchi and bronchioles and lungs**
- B. Nasal cavity and pharynx
- C. Larynx and vocal cords
- D. Alveoli only

The lower airway includes the main conducting airways from the windpipe down through the branching tubes, plus the lung structures where gas exchange happens. So listing the trachea, bronchi and bronchioles along with the lungs captures both the air-conducting pathways and the site of gas exchange, which is why this option is the best match. The nasal cavity and pharynx belong to the upper airway, the larynx is usually considered part of the upper airway as well, and alveoli by themselves don't represent the full lower-airway pathway.

3. Which of the following is NOT a sign of tension pneumothorax?

- A. Fever**
- B. JVD
- C. Cyanosis
- D. Tracheal deviation

Tension pneumothorax produces rapid, life-threatening cardiopulmonary compromise from trapped air shifting the mediastinum and impeding venous return. The signs you look for reflect that acute pressure effect: neck vein distension from increased intrathoracic pressure, tracheal deviation away from the affected side due to mediastinal shift, and cyanosis from severe hypoxemia. Fever does not fit this acute physiology; it signals infection or inflammation rather than the immediate pressure mechanics of a tension pneumothorax. So fever isn't a sign of this condition, whereas the other findings are.

4. The nasal and oral cavities are parts of which airway region?

A. Upper airway

B. Lower airway

C. Trachea

D. Larynx

The nasal and oral cavities are part of the upper airway. The upper airway includes the entryways for air—the nose, nasal cavity, and mouth—plus the pathways that connect to the throat (pharynx) and larynx. Air is warmed, humidified, and filtered here before moving down into the lower airway, which begins after the larynx and includes the trachea, bronchi, and lungs. So these cavities sit in the upper portion of the airway, not the lower.

5. During septic shock, what happens to circulating fluid?

A. It is retained in the vascular space

B. It leaks into the interstitial space

C. It becomes hyperviscous

D. It is rapidly converted to plasma

In septic shock, inflammatory mediators raise vascular permeability, so fluid normally contained in the blood vessels leaks into the interstitial space. This shifts volume out of the intravascular compartment (third spacing), contributing to hypovolemia, hypotension, and reduced tissue perfusion. Hence circulating fluid moves into the interstitial space. The other ideas don't fit: fluid isn't retained in the vascular space, blood viscosity isn't characteristically increased, and there isn't a rapid conversion of fluid into plasma.

6. At what point does casualty evacuation begin?

A. After stabilization

B. Once transport is ready

C. As soon as medical personnel receive the patient

D. When the evacuation site is prepared

Casualty evacuation starts the moment medical personnel take responsibility for the casualty. As soon as a medic or corpsman receives the patient, planning and initiating the move to the next level of care should begin. This ensures continuous monitoring and treatment while rapidly transferring to higher medical capability, which is the core aim of evacuation. Waiting for full stabilization can delay definitive care, and waiting for transport to be ready or for an evacuation site to be prepared can introduce dangerous delays. Early evacuation doesn't mean abandoning life-saving care; it means moving the patient to advanced care as quickly as possible while continuing treatment en route.

7. Stimulation of which nerve will lead to bradycardia and hypotension?

- A. The sympathetic nerve
- B. The vagus nerve**
- C. The phrenic nerve
- D. The hypoglossal nerve

Parasympathetic control of the heart is being tested here. The vagus nerve provides the main parasympathetic input to the heart. When it's stimulated, acetylcholine is released onto the SA and AV nodes, binding to M2 muscarinic receptors. This slows the pace of the SA node, lengthens AV conduction, and modestly decreases contractility. The result is a slower heart rate and lower cardiac output, which can lead to hypotension. In contrast, stimulating the sympathetic nerve would raise heart rate and blood pressure, while the phrenic nerve and hypoglossal nerve mainly control breathing-related diaphragm movement and tongue muscles, with no direct primary effect on heart rate or blood pressure.

8. For arterial hemorrhage control in wounds of the neck, axillary region, or inguinal region, what is the best method?

- A. Apply hemostatic agents**
- B. Elevate the limb and wait
- C. Apply cold packs
- D. Direct pressure only

The key idea is that arterial bleeding in junctional areas (neck, axilla, groin) is hard to control with pressure alone, because these regions are difficult to compress effectively and the high-pressure vessels can continue to bleed. Hemostatic agents activate and accelerate the body's clotting response right at the wound surface, helping to form a clot quickly and seal the bleed. Using a hemostatic dressing or gauze impregnated with clotting agents and applying firm, steady pressure speeds up achieving hemostasis where direct pressure by hand might not be enough. Elevation and cooling packs don't reliably stop arterial flow, and waiting is dangerous when a life-threatening bleed is present.

9. During needle decompression, the entry point is the second intercostal space at the midclavicular line. Which rib is directly beneath this entry point?

- A. Third rib**
- B. Fourth rib
- C. Second rib
- D. Fifth rib

This entry point sits in the second intercostal space along the midclavicular line, which is the gap between the second and third ribs. Therefore, the rib directly beneath the site is the third rib. In practice, you insert the needle just above the superior border of that lower rib to avoid the intercostal vessels that run along the inferior border of each rib. The second rib lies above the space, while the fourth and higher ribs lie further down, so they aren't the ribs directly under this entry point.

10. What information does the DD Form 1380 Field Medical Card carry to the MTF?

A. Casualty medical information

B. Flight data

C. Unit payroll

D. Ammunition type

The main idea is that the DD Form 1380 Field Medical Card provides the receiving medical facility with the casualty's essential medical information so care can continue without gaps. It typically includes identifying data, medical history such as allergies and current medications, immunizations, injuries or diagnoses, treatments given in the field, vital signs, blood type, and evacuation status. This ensures the MTF understands the casualty's condition and what has been done, guiding safe, continuous care. Items like flight data, payroll, or ammunition type aren't part of this medical documentation and don't contribute to patient care at the receiving facility.

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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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