

TCCC TIER 4 CHECK ON LEARNING PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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 statement about hypothermia in hot environments is true?**
 - A. It is never an issue
 - B. It can be ignored during hot operations
 - C. It is not possible to prevent hypothermia in hot environments
 - D. It is still a concern and should be prevented
- 2. In a Tactical Field Care setting, which statement indicates the need for oxygenation in suspected Traumatic Brain Injury?**
 - A. Altered mental status in the absence of head injury and absent or weak radial pulse
 - B. High blood pressure
 - C. Warm skin
 - D. Normal mental status
- 3. Blast injuries involve exposure within how many meters and may involve how many blasts?**
 - A. Presence within 50 meters of a blast (inside or outside) and exposure to more than one blast
 - B. Presence within 100 meters of a blast
 - C. Only a single blast
 - D. Visual exposure only
- 4. Which is a main drawback of Fresh Whole Blood in tactical field care?**
 - A. Time to collect blood may delay transfusion
 - B. It requires no pre-screening of donors
 - C. It has no storage requirements
 - D. It is always available immediately
- 5. The initiation of early antibiotic therapy in penetrating eye injuries during the TFC phase is supported by which level of evidence?**
 - A. High-quality randomized trials
 - B. Low to moderate quality evidence from retrospective observational studies
 - C. SME consensus guidelines
 - D. No evidence

- 6. Prior to splinting an injured extremity, what is the recommended initial action if feasible?**
- A. Return to a normal anatomic position
 - B. Apply the splint immediately without repositioning
 - C. Check pulses only after splinting
 - D. Document findings first
- 7. Which of the following are signs of airway obstruction?**
- A. Casualty is in distress and indicates they can't breathe properly; snoring or gurgling sounds; visible blood or objects in the airway; maxillofacial trauma observed.
 - B. Normal breathing with clear airway.
 - C. Stable vitals and calm.
 - D. No coughing.
- 8. What does Urgent evacuation mean?**
- A. Evacuation within 2 hours, denotes a critical, life-threatening injury.
 - B. Evacuation within 24 hours for mild injuries.
 - C. Evacuation within 4 hours for serious injuries.
 - D. Evacuation within 6 hours for minor injuries.
- 9. Which statement is true about documentation for optimal care?**
- A. Both the TCCC card and TCCC AAR are required
 - B. Only the TCCC card is required
 - C. AAR replaces the TCCC card
 - D. Documentation is optional
- 10. Which statement best describes TXA protocol timing?**
- A. 1 gram IV push within 1 hour after injury.
 - B. 2 grams IV/IO push within 1 hour.
 - C. 3 grams IV push within 3 hours.
 - D. 2 grams IV/IO push as soon as possible but not later than 3 hours after injury.

Answers

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

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Explanations

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1. Which statement about hypothermia in hot environments is true?

- A. It is never an issue
- B. It can be ignored during hot operations
- C. It is not possible to prevent hypothermia in hot environments
- D. It is still a concern and should be prevented**

Hypothermia can occur even in hot environments because heat loss can outpace the body's ability to produce heat. If someone is sweating heavily, becomes wet from rain or immersion, or is exposed to cold wind or air conditioning, the body can lose heat quickly through evaporation and convection. Fatigue, shock, or blood loss also impair the body's heat production. Because cooling can happen despite high ambient temperatures and because hypothermia worsens outcomes by affecting clotting, heart function, and overall recovery, it remains a real risk that should be prevented. Keeping the person dry, insulated, and sheltered from wind, and using blankets or other warming measures as appropriate, are key steps to prevent it.

2. In a Tactical Field Care setting, which statement indicates the need for oxygenation in suspected Traumatic Brain Injury?

- A. Altered mental status in the absence of head injury and absent or weak radial pulse**
- B. High blood pressure
- C. Warm skin
- D. Normal mental status

Maintaining adequate oxygen delivery to the brain is critical in suspected traumatic brain injury. Altered mental status signals that brain function is impaired, which can be worsened by insufficient oxygen. When this is paired with an absent or weak radial pulse, it points to poor circulation and potential hypoperfusion, meaning the brain may not be getting enough oxygen. In the field, giving supplemental oxygen helps raise blood oxygen levels and supports oxygen delivery to the brain, helping to limit secondary injury while you stabilize and evacuate the patient. The other signs—high blood pressure, warm skin, or normal mental status—do not specifically indicate current problems with oxygen delivery to the brain in this context.

3. Blast injuries involve exposure within how many meters and may involve how many blasts?

- A. Presence within 50 meters of a blast (inside or outside) and exposure to more than one blast**
- B. Presence within 100 meters of a blast
- C. Only a single blast
- D. Visual exposure only

The main idea is that blast injuries are driven by how close you are to the explosion and the chance of encountering more than one detonation. Being within about 50 meters puts you in the high overpressure zone where the shock wave can cause serious injuries even if you're not hit by debris, and whether you're inside or outside doesn't shield you from that pressure. In real-world blast scenarios, there can be a second or follow-on blast, so exposure to more than one blast is possible, especially in attacks with multiple devices or in chaotic environments where secondary explosions follow the first. That combination—being within about 50 meters and potentially experiencing multiple blasts—best captures the risk profile described. The other choices don't fit because a larger distance is not the standard threshold in this context, the danger isn't limited to a single blast, and risks extend far beyond merely seeing the event.

4. Which is a main drawback of Fresh Whole Blood in tactical field care?

A. Time to collect blood may delay transfusion

B. It requires no pre-screening of donors

C. It has no storage requirements

D. It is always available immediately

In tactical field care, the biggest drawback of Fresh Whole Blood is the time required to obtain it, which can delay transfusion when rapid hemorrhage control is critical. Fresh Whole Blood must come from a donor and undergo compatibility checks, donor screening, and infectious disease testing, plus the logistics of collecting, processing, and delivering it to the point of care. All of these steps take time, so relying on fresh whole blood can push back how quickly a patient receives lifesaving volume resuscitation. Think about what has to happen before that blood can be transfused: a suitable donor must be identified, screened, and crossmatched if needed, and the blood must be stored and transported to the field. In the moment you're stabilizing a patient, any delay can significantly impact outcomes. By contrast, the other statements describe scenarios that aren't true for this approach: fresh whole blood does require donor screening, it does have storage requirements and a limited shelf life, and it isn't guaranteed to be available immediately in the field.

5. The initiation of early antibiotic therapy in penetrating eye injuries during the TFC phase is supported by which level of evidence?

A. High-quality randomized trials

B. Low to moderate quality evidence from retrospective observational studies

C. SME consensus guidelines

D. No evidence

In urgent penetrating eye injuries, decisions about starting antibiotics early rely on the best available evidence, which in this area comes from retrospective observational studies rather than randomized trials. Those studies look back at how patients were treated and what happened to them, and they consistently show that giving antibiotics promptly is associated with a lower risk of infection and better outcomes. However, because treatment wasn't randomized and there can be confounding factors (such as how quickly patients arrive, injury severity, or other treatments given), the quality of this evidence is considered low to moderate. That's why the supported level of evidence is described as low to moderate from retrospective observational studies: it informs practice and supports early therapy, but it doesn't rise to the certainty of high-quality randomized trial data.

6. Prior to splinting an injured extremity, what is the recommended initial action if feasible?

A. Return to a normal anatomic position

B. Apply the splint immediately without repositioning

C. Check pulses only after splinting

D. Document findings first

Before splinting, gently bring the injured limb back toward its normal alignment if this can be done safely. Restoring proper length and position helps preserve blood flow and nerve function and ensures the splint holds the limb in a stable, functional position during transport. Avoid forcing a bend or deformity if there is pain, resistance, or obvious dislocation—immobilize in the position found and proceed with splinting to minimize further injury. After addressing alignment, quickly assess distal circulation and sensation to establish a baseline and monitor changes, but alignment comes first.

7. Which of the following are signs of airway obstruction?

- A. Casualty is in distress and indicates they can't breathe properly; snoring or gurgling sounds; visible blood or objects in the airway; maxillofacial trauma observed.**
- B. Normal breathing with clear airway.
- C. Stable vitals and calm.
- D. No coughing.

Airway obstruction shows up when air can't move freely through the throat. The strongest indicators are that the person is in distress and says they can't breathe properly, and the presence of abnormal sounds like snoring or gurgling, which signal air is being blocked. Seeing something in the airway or signs of facial injury can also point to a blockage or swelling that is compromising the airway. These cues together indicate the airway isn't clear and immediate action is needed. In contrast, normal breathing with a clear airway means there isn't an obstruction, and stable vitals with a calm demeanor also suggest the airway isn't compromised. No coughing by itself isn't a reliable indicator and can occur in different situations, so it doesn't point as clearly to obstruction as the other signs do.

8. What does Urgent evacuation mean?

- A. Evacuation within 2 hours, denotes a critical, life-threatening injury.**
- B. Evacuation within 24 hours for mild injuries.
- C. Evacuation within 4 hours for serious injuries.
- D. Evacuation within 6 hours for minor injuries.

Urgent evacuation is about moving a casualty to higher medical care quickly because the injuries are life-threatening but survivable with rapid treatment. The critical window is within about two hours, since delays beyond that can lead to rapid deterioration or death if bleeding, airway issues, or other severe problems aren't addressed promptly. This category sits between immediate threats that require even faster action and less urgent injuries that can wait longer for care. So, the best interpretation is that urgent evacuation means getting the casualty to advanced care within two hours for a serious, life-threatening injury.

9. Which statement is true about documentation for optimal care?

- A. Both the TCCC card and TCCC AAR are required**
- B. Only the TCCC card is required
- C. AAR replaces the TCCC card
- D. Documentation is optional

In optimal care, you need both a precise field record of the care delivered and a structured reflection to turn experiences into improvements. The TCCC card serves as the contemporaneous medical record, documenting exactly what interventions were performed, on whom, and when, along with vital signs and other key details. This keeps the patient's care path clear and ensures seamless handoffs between providers. The TCCC AAR, or after-action review, is a follow-up debrief that captures what happened, what went well, and what could be done differently next time. It creates the learning loop that drives future improvements in training and procedures. Relying on just one component leaves gaps: the card without feedback can miss system-level improvements, and the AAR without the actual care record can't anchor lessons to concrete actions that were taken. That's why both the TCCC card and the TCCC AAR are required.

10. Which statement best describes TXA protocol timing?

- A. 1 gram IV push within 1 hour after injury.
- B. 2 grams IV/IO push within 1 hour.
- C. 3 grams IV push within 3 hours.
- D. 2 grams IV/IO push as soon as possible but not later than 3 hours after injury.**

TXA is given after injury to slow down clot breakdown and reduce bleeding. Its benefit is time-dependent, with the strongest guidance pointing to giving it as soon as possible and no later than 3 hours from the injury; earlier administration tends to help more, but treatment beyond 3 hours doesn't show the same mortality benefit. The typical total dose is 2 grams, delivered by IV or IO, usually as a bolus, with the emphasis on prompt administration rather than hitting a strict 1-hour deadline. This is why the statement describing 2 grams IV/IO push as soon as possible but not later than 3 hours after injury best fits the protocol. The other options either use the wrong total dose or propose a tighter or inappropriate time window.

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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:

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

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