TACTICAL COMBAT CASUALTY CARE – COMBAT MEDIC/ CORPSMAN (TCCC□CMC) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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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.

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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!

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Questions

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1. What is one of the purposes of completing the DD Form 1380?

A. To document the time of evacuation
B. To provide a legal record for reimbursement
C. To give other providers essential patient information
D. To track medication administration

2. How do superficial burns typically present on the skin?

A. Reddened with blistering
B. Dry and leathery
C. Pale and cool
D. Reddened without blistering

3. When should a rigid eye shield be placed over both eyes?

A. When the casualty is fully conscious
B. When both eyes are confirmed or strongly suspected to be injured
C. When the casualty experiences severe pain
D. When structural integrity of the eye is compromised

4. Which tool can be used to assess a casualty for signs of a head injury?

A. ABCs checklist
B. IED checklist
C. PQRST method
D. SWOT analysis

5. What is the recommended dosage for Meloxicam?

A. 10 mg PO daily
B. 15 mg PO daily
C. 20 mg PO daily
D. 25 mg PO daily

6. Which condition can cause impaired readings on a pulse oximeter?

A. Nail polish
B. High blood pressure
C. Diabetes
D. Age

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7. What route is NOT used for administering ertapenem?

A. Intravenous

B. Intraosseous

C. Oral

D. Intramuscular

8. At what percentage of total body surface area (TBSA) burned should fluid resuscitation be initiated?

A. 10% TBSA

B. 15% TBSA

C. 20% TBSA

D. 25% TBSA

9. What position should conscious patients be allowed to remain in to maintain their airway?

A. Supine position

B. Position of maximal comfort

C. Recovery position

D. Trendelenburg position

10. Within what time limit should bleeding be stopped with a tourniquet?

A. 5 minutes

B. 30 seconds

C. 1 minute

D. 10 minutes

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Answers

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

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Explanations

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1. What is one of the purposes of completing the DD Form 1380?

A. To document the time of evacuation

B. To provide a legal record for reimbursement

C. To give other providers essential patient information

D. To track medication administration

Completing the DD Form 1380, also known as the Tactical Combat Casualty Care (TCCC) card, serves several essential purposes in the context of patient care on the battlefield. One significant purpose is to provide other providers with crucial patient information. This includes details about the patient's injuries, vital signs, treatments administered, and any specific medical history that may be pertinent. This information is vital for continuity of care, ensuring that receiving medical personnel can make informed decisions about further treatment based on the patient's condition and previous interventions. Effective communication of this information can significantly influence patient outcomes and facilitate a more efficient and coordinated medical response.

2. How do superficial burns typically present on the skin?

A. Reddened with blistering

B. Dry and leathery

C. Pale and cool

D. Reddened without blistering

Superficial burns, also known as first-degree burns, typically present as reddened skin without the formation of blisters. This type of burn affects only the outer layer of the skin, which is the epidermis. The skin may appear red and feel painful but does not usually result in the blistering observed in deeper burns. The presence of redness indicates an inflammatory response due to the injury, and the absence of blisters distinguishes it from superficial partial-thickness burns (which would show blistering). Understanding the characteristics of superficial burns is important for appropriate treatment and management, as they often heal naturally without special intervention. In contrast, deeper burns may result in dry and leathery skin due to their severity and damage to multiple skin layers. Pale and cool skin is indicative of a significantly deeper and more severe burn, where blood flow may be compromised. Recognizing the differences in presentation helps in effective assessment and treatment planning.

3. When should a rigid eye shield be placed over both eyes?

A. When the casualty is fully conscious

B. When both eyes are confirmed or strongly suspected to be injured

C. When the casualty experiences severe pain

D. When structural integrity of the eye is compromised

A rigid eye shield should be placed over both eyes when both eyes are confirmed or strongly suspected to be injured because this practice helps protect the injured eyes from further damage and reduces the risk of worsening any existing injuries. Covering both eyes can also help limit movement, which is essential since even minor eye movements can exacerbate the situation if one eye is injured. Furthermore, the eyes work together, and protecting both ensures that any potential injury is managed appropriately. Addressing the context of the other choices, placing a shield when the casualty is fully conscious may not provide essential protective benefits if injuries to the eyes are not evident. Similarly, the display of severe pain does not directly indicate that injuries are present; thus, shielding should not occur solely based on pain levels. Finally, if the structural integrity of the eye is compromised, it's vital to protect the affected eye but would not necessitate covering the uninjured eye unless both are suspected or confirmed to be injured. Hence, option B is the best choice for ensuring comprehensive protection in suspected dual injuries.

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4. Which tool can be used to assess a casualty for signs of a head injury?

A. ABCs checklist

B. IED checklist

C. PQRST method

D. SWOT analysis

The tool that is most relevant for assessing a casualty for signs of a head injury is the ABCs checklist. This assessment framework focuses on the primary needs of a patient: maintaining the airway, ensuring breathing, and circulation. In the context of a head injury, the ABCs allows the medic or corpsman to quickly evaluate the patient's airway for signs of obstruction, observe their breathing patterns, and monitor for circulation issues like altered mental status which may indicate a head injury. While the IED checklist, PQRST method, or SWOT analysis have their applications in specific military or medical contexts, they do not specifically focus on the primary assessment of traumatic injuries like the ABCs checklist. The ABCs is designed for immediacy and effectiveness in emergency care, making it the most appropriate tool for assessing head injury indicators such as loss of consciousness, confusion, or abnormal respiratory patterns that accompany head trauma.

5. What is the recommended dosage for Meloxicam?

A. 10 mg PO daily

B. 15 mg PO daily

C. 20 mg PO daily

D. 25 mg PO daily

The recommended dosage for Meloxicam in adults is generally considered to be 15 mg taken orally once daily. This dosage is often used for the treatment of conditions such as osteoarthritis, rheumatoid arthritis, and juvenile idiopathic arthritis. The reason this dosage is effective is that it provides anti-inflammatory and analgesic effects for a 24-hour period with once-daily dosing, which can improve patient compliance. In some cases, the dosage may start lower and adjustments can be made based on individual patient response and tolerability, but 15 mg is commonly recognized as the appropriate daily dosage for management in many scenarios. Higher doses, such as 20 mg or 25 mg, are not standard and could increase the risk of adverse effects without additional therapeutic benefit, while lower doses like 10 mg might not provide sufficient relief for moderate to severe symptoms.

6. Which condition can cause impaired readings on a pulse oximeter?

A. Nail polish

B. High blood pressure

C. Diabetes

D. Age

Nail polish can indeed cause impaired readings on a pulse oximeter. This device works by passing light through a vascular area, typically a fingertip or earlobe, to measure the oxygen saturation in the blood. Nail polish, particularly darker colors or even acrylic nails, can obstruct the light transmission necessary for the pulse oximeter to function properly. As a result, it may lead to inaccurately low readings of oxygen saturation, which can mislead healthcare providers. It's crucial for those administering pulse oximetry to check for these potential interferences to ensure accurate assessments of a patient's respiratory status. High blood pressure, diabetes, and age may affect overall health and can have various impacts on a person's physiological state, but they do not directly influence the functioning of the pulse oximeter in the same way.

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7. What route is NOT used for administering ertapenem?

A. Intravenous

B. Intraosseous

C. Oral

D. Intramuscular

Ertapenem is a type of carbapenem antibiotic that is typically administered via intravenous (IV) or intramuscular (IM) routes to ensure effective delivery and absorption in the bloodstream for systemic infections. The intraosseous route, while less common, is sometimes used in emergency situations when IV access is difficult. The oral route is not used for administering ertapenem because the antibiotic is not formulated for oral delivery; it requires parenteral administration to achieve the necessary therapeutic concentrations in the body. Orally administered forms of medication are often subjected to metabolism in the gastrointestinal tract and liver, which can significantly reduce their efficacy. Therefore, the correct answer highlights the route that is not applicable for administering ertapenem.

8. At what percentage of total body surface area (TBSA) burned should fluid resuscitation be initiated?

A. 10% TBSA

B. 15% TBSA

C. 20% TBSA

D. 25% TBSA

Fluid resuscitation is a critical intervention for patients who have sustained burns. The initiation of fluid resuscitation is based on the extent of burn injury, specifically the percentage of total body surface area (TBSA) affected by burns. When burns account for 20% or more of TBSA in adults, the risk of hypovolemic shock increases significantly, necessitating immediate fluid resuscitation to restore circulatory volume and prevent complications. The rationale for starting resuscitation at this threshold is that burns can cause significant fluid loss through the damaged skin, leading to a decrease in circulating blood volume. This can compromise vital organ perfusion and potentially lead to life-threatening conditions. By initiating fluid resuscitation at 20% TBSA, healthcare providers can counteract these effects more effectively and ensure better patient outcomes. In pediatric populations, the threshold for initiating fluid resuscitation may differ, but for adult patients, 20% TBSA is the critical benchmark established by guidelines on burn management and tactical combat casualty care. This evidence-based approach helps ensure that interventions are timely and appropriate given the severity of the injury.

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9. What position should conscious patients be allowed to remain in to maintain their airway?

A. Supine position

B. Position of maximal comfort

C. Recovery position

D. Trendelenburg position

The position of maximal comfort is often the best choice for conscious patients when it comes to maintaining their airway. This position allows the patient to find a stance that feels the least stressful and most natural, while also helping to keep the airway open and unobstructed. By encouraging the patient to stay in a position that they find comfortable, you can also reduce anxiety and assist in keeping them calm, which can further support their overall condition and help maintain their vital functions. In contrast, while the recovery position is designed specifically to maintain an open airway, it is typically more suited for unconscious patients who require airway protection due to the risk of aspiration. The supine position might be acceptable in some situations but can pose risks of airway compromise if the patient is not fully conscious or has any reduced ability to protect their airway. The Trendelenburg position is generally not recommended as it can lead to increased intracranial pressure and does not directly facilitate airway maintenance for conscious patients. Therefore, emphasizing the position of maximal comfort aligns with the priorities of airway management in conscious individuals.

10. Within what time limit should bleeding be stopped with a tourniquet?

A. 5 minutes

B. 30 seconds

C. 1 minute

D. 10 minutes

The appropriate time frame to effectively apply a tourniquet and stop bleeding is ideally within one minute. Rapid application is crucial because severe bleeding can lead to life-threatening conditions in a short period of time. When trauma occurs, especially in combat situations, the priority is to control hemorrhage to maximize the chances of survival. It is essential to apply the tourniquet high and tight on the limb and to ensure that it completely occludes blood flow. This rapid response can drastically reduce the risk of shock and other complications resulting from significant blood loss. Delaying beyond this timeframe may result in increased risk for the patient, as severe hemorrhage can result in irreversible damage and potential death within minutes if not addressed urgently. Therefore, the one-minute guideline stresses the need for quick action in imposing a tourniquet when faced with a life-threatening bleeding situation.

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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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