# TCCC FC1 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


SAMPLE

# 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 the maximum amount of Hextend that should be given to a casualty pre-hospital?**

   A. 1000 mL

   B. 500 mL

   C. 1500 mL

   D. 2000 mL

2. **Which statement is true about pneumothorax progression?**

   A. A simple pneumothorax can progress to a tension pneumothorax

   B. A simple pneumothorax cannot progress

   C. Pneumothorax is harmless

   D. None of the above

3. **TIC stands for Tenderness, Instability, and Crepitus. Which of the following is NOT part of TIC?**

   A. Tenderness

   B. Instability

   C. Crepitus

   D. Temperature

4. **Which artery is most commonly injured in combat?**

   A. The superficial femoral artery

   B. The brachial artery

   C. The carotid artery

   D. The popliteal artery

5. **Type of shock when infection causes damage to the walls of the blood vessels, causing vasodilation and leakage of fluid from capillaries into the interstitial space?**

   A. Septic shock

   B. Hypovolemic shock

   C. Neurogenic shock

   D. Anaphylactic shock

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**6. Abrupt drop in blood pressure, weak rapid pulse, cyanosis and chest pain are signs of which condition?**

A. An air embolism

B. A pulmonary embolism

C. Anaphylaxis

D. Hypovolemia

**7. The visceral pleura is the membrane attached to which structure?**

A. Surface of the lung

B. Surface of the heart

C. Lining of the chest wall

D. Membrane around the diaphragm

**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. 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. A present femoral pulse indicates a systolic blood pressure of at least...**

A. 50 mmHg

B. 60 mmHg

C. 70 mmHg

D. 80 mmHg

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# Answers

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

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# Explanations

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## 1. What is the maximum amount of Hextend that should be given to a casualty pre-hospital?

A. 1000 mL

B. 500 mL

C. 1500 mL

D. 2000 mL

*In prehospital care under TCCC, the goal is to restore perfusion quickly while avoiding the risks that come with large-volume resuscitation. Hextend is a 6% hetastarch plasma volume expander used to raise circulating volume, but the field dose is limited to 1,000 mL. Exceeding this amount increases the risk of dilutional coagulopathy, electrolyte imbalances, kidney concerns, and can delay rapid evacuation and definitive care. Therefore, the maximum amount you should administer before arriving at the hospital is 1,000 mL. If perfusion remains inadequate after that, prioritize hemorrhage control and rapid evacuation, with additional fluid or blood products handled in-hospital as appropriate.*

## 2. Which statement is true about pneumothorax progression?

A. A simple pneumothorax can progress to a tension pneumothorax

B. A simple pneumothorax cannot progress

C. Pneumothorax is harmless

D. None of the above

*Progression happens because air can continue to leak into the pleural space and raise intrapleural pressure, creating a one-way-valve effect that traps air during inspiration but limits its exit. With ongoing air entry and rising pressure, the lung on the affected side collapses further and the mediastinum can shift, compressing the heart and great vessels and impairing venous return. This is the scenario of a tension pneumothorax, a life-threatening condition requiring immediate decompression. A simple pneumothorax may be stable at first, but it is not guaranteed to stay the same; it can worsen and become a tension pneumothorax under the right (or wrong) circumstances. Therefore, the statement that a simple pneumothorax can progress to a tension pneumothorax is true. The other options—claiming it cannot progress or that pneumothorax is harmless—are not accurate.*

## 3. TIC stands for Tenderness, Instability, and Crepitus. Which of the following is NOT part of TIC?

A. Tenderness

B. Instability

C. Crepitus

D. Temperature

*This question tests your ability to recall what the TIC mnemonic includes. TIC stands for Tenderness, Instability, and Crepitus—three physical signs that point to a fracture or joint disruption. Tenderness means pain on palpation at the injured site, Instability refers to abnormal movement of the joint or bone fragments under stress, and Crepitus is the crackling sensation or sound from rough bone edges or gas in tissue. Temperature, while important for noticing infection or inflammation, is not part of this mnemonic. So the sign that does not fit TIC is Temperature.*

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## 4. Which artery is most commonly injured in combat?

A. The superficial femoral artery

B. The brachial artery

C. The carotid artery

D. The popliteal artery

*The key idea is that battlefield penetrating trauma frequently hits the thigh, where a large, main leg artery runs in a location that is readily struck. The superficial femoral artery is the main vessel in the thigh and lies along a trajectory that many gunshot or shrapnel paths follow, making it the artery most commonly injured in combat. Its size and prominence in the mid-thigh mean significant hemorrhage can occur quickly, so injuries here are more common than those to arteries in the neck or knee regions. In contrast, the carotid artery sits in the neck protected by bone and soft tissues, the brachial artery is in the upper limb and less often on a typical combat trajectory, and the popliteal artery lies behind the knee, a less exposed area. Thus, while injuries to those vessels happen, they are less frequent than injuries to the superficial femoral artery.*

## 5. Type of shock when infection causes damage to the walls of the blood vessels, causing vasodilation and leakage of fluid from capillaries into the interstitial space?

A. Septic shock

B. Hypovolemic shock

C. Neurogenic shock

D. Anaphylactic shock

*Infection-driven systemic inflammation leads to septic shock, where the body's response to infection causes widespread vasodilation and damage to the lining of blood vessels. This increases capillary permeability, so fluid leaks from the vessels into the interstitial space, reducing circulating blood volume and impairing organ perfusion. The description—an infection causing damage to vessel walls, followed by vasodilation and fluid leakage into surrounding tissues—is the hallmark of septic shock. Other shocks don't fit this scenario as well. Hypovolemic shock results mainly from a loss of blood or fluids, not from infection-driven vessel changes. Neurogenic shock stems from loss of sympathetic nerve tone after injury, leading to vasodilation but not from an infectious process. Anaphylactic shock involves a severe allergic reaction with massive vasodilation and capillary leak, but it's triggered by allergens, not by infection.*

## 6. Abrupt drop in blood pressure, weak rapid pulse, cyanosis and chest pain are signs of which condition?

A. An air embolism

B. A pulmonary embolism

C. Anaphylaxis

D. Hypovolemia

*Abrupt obstruction of circulation by air entering the veins points to an air embolism. When air bubbles invade the venous system, they can travel to the heart and lungs and block blood flow, causing a sudden drop in cardiac output and oxygen delivery. That leads to a rapid, weak pulse, a sudden fall in blood pressure, and cyanosis from severe hypoxemia. Chest discomfort or pain can follow as the heart and lungs struggle under the blocked flow. This scenario is a medical emergency and is most commonly linked to procedures or events that introduce air into the circulation, such as IV catheter manipulation or central line placement. While other conditions can cause some similar signs, the exact combination of an abrupt hypotensive collapse with rapid pulse, cyanosis, and chest pain most strongly points to an air embolism.*

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## 7. The visceral pleura is the membrane attached to which structure?

A. Surface of the lung

B. Surface of the heart

C. Lining of the chest wall

D. Membrane around the diaphragm

*The main idea is that the visceral pleura is the inner lining that directly covers the lung tissue. It forms a thin, continuous layer that adheres to the lung's surface and follows its contours and fissures. Between the visceral pleura and the chest wall lies the pleural cavity, lined by the parietal pleura, which covers the inner chest wall, the superior diaphragm, and the mediastinum. In contrast, the heart is enclosed by the visceral pericardium, not pleura, and the diaphragm is lined by parietal pleura over its surface. So the visceral pleura is attached to the surface of the lung.*

## 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. 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.*

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**10. A present femoral pulse indicates a systolic blood pressure of at least...**

A. 50 mmHg

B. 60 mmHg

C. 70 mmHg

D. 80 mmHg

*Palpable pulses at different sites map to approximate minimum systolic blood pressures. If you can feel a femoral pulse, the systolic pressure is about 70 mmHg or higher. This is lower than the threshold for a radial pulse (about 80 mmHg) and higher than the threshold for a carotid pulse (about 60 mmHg). So a present femoral pulse indicates SBP around 70 mmHg or greater.*

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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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