

Test Answers for TCCC-MP 1708

| | Question | Answer |
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| 1. | Which of the following is a principle of TCCC? a. Treat the casualty b. Prevent additional casualties c. Complete the mission d. All the above | d |
| 2. | Which of the following is NOT one of the three phases of care in TCCC? a. Care Under Fire b. Tactical Field Care c. Tactical Evacuation Care d. Combat Life Saving Care | d |
| 3. | The preferred pain medication for someone who has wounds that are moderately painful but not life-threatening and that do not keep him from functioning effectively as a combatant: a. OTFC b. Ketamine IM c. Meloxicam and Tylenol ER d. Aspirin | c |

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| 4. | <p>True or False:</p> <p>The most common cause of potentially preventable death on the battlefield is blood loss from non-compressible hemorrhage.</p> | T |
| 5. | <p>The best battlefield indicators of shock during Tactical Field Care are:</p> <ul style="list-style-type: none">a. Heart rate and face colorb. State of consciousness and quality of the radial pulsec. Rapid heart rated. None of the above | b |
| 6. | <p>True or False:</p> <p>All combat casualties should have an IV started as soon as possible.</p> | F |

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| 7. | <p>True or False:</p> <p>A casualty has sustained a gunshot wound to the chest. She should be allowed to take fluids by mouth if she is conscious and able to swallow.</p> | T |
| 8. | <p>True or False:</p> <p>Administering large quantities of fluids to a casualty who has bleeding sites inside the chest or abdomen may worsen his or her hemorrhage by diluting clotting factors or by interfering with clot formation at the bleeding site.</p> | T |
| 9. | <p>True or False:</p> <p>Antibiotics are recommended for all combat casualties who sustain open wounds.</p> | T |

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| 10. | <p>Which of the following is NOT appropriate to the Care Under Fire phase?</p> <ul style="list-style-type: none">a. Starting an IVb. Controlling life-threatening extremity bleeding with a limb tourniquetc. Returning fire as necessaryd. All the above | a |
| 11. | <p>To be most effective at preventing infections, moxifloxacin should be given when after wounding:</p> <ul style="list-style-type: none">a. As soon as possibleb. Wheneverc. Within 4 hoursd. None of the above | a |
| 12. | <p>What is the next step in airway management for a corpsman who has just used the chin-lift/jaw-thrust method to successfully open the airway of a casualty who is unconscious from a blast injury during the Tactical Field Care phase:</p> <ul style="list-style-type: none">a. Nasopharyngeal airwayb. Surgical airwayc. Tracheal intubationd. None of the above | a |

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| 13. | <p>As a corpsman, you are confronted with the following three casualties. Which one should be cared for first?</p> <ul style="list-style-type: none">a. Casualty A – shot in the head and unconsciousb. Casualty B – shot in the abdomen – awake and alertc. Casualty C – heavy bleeding from a thigh wound | c |
| 14. | <p>True or False:</p> <p>The ideal management of a casualty in a combat setting is not necessarily the same as for the identical injury in a civilian setting.</p> | T |
| 15. | <p>True or False:</p> <p>The Tactical Combat Casualty Care guidelines presented in this course should be followed exactly no matter what the tactical context in which the casualties must be treated.</p> | F |

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| 16. | <p>A casualty has suffered a gunshot wound to the chest. As you watch him, he is having more and more trouble with his breathing. What is the best next step:</p> <ul style="list-style-type: none">a. Endotracheal intubationb. Put in a chest tubec. Needle decompression for a suspected tension pneumothoraxd. Supraglottic airway | c |
| 17. | <p>A casualty has sustained a gunshot wound to the face. He is conscious and maintaining his airway by sitting up and leaning forward. A corpsman arrives on the scene. How should the casualty's airway be managed?</p> <ul style="list-style-type: none">a. Place him in the supine position and intubate himb. Allow him to continue to sit up and lean forward as care is renderedc. Perform a surgical airwayd. None of the above | b |
| 18. | <p>What is the best quick check for an adequate airway:</p> <ul style="list-style-type: none">a. Ask a question that requires a verbal response from the casualtyb. Check for a bluish color of the nail bedsc. Determine the casualty's respiratory rated. Auscultate the chest | a |

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| 19. | <p>The minimum amount of time in which a casualty could bleed to death from a femoral (thigh) wound with heavy bleeding is approximately:</p> <ul style="list-style-type: none">a. 3 minutesb. 10 minutesc. 15 minutesd. 30 minutes | a |
| 20. | <p>True or False:</p> <p>A casualty who has lost a liter of blood is in danger of dying from hemorrhagic shock.</p> | F |
| 21. | <p>In an adult male, what level of blood loss is likely to be associated with death from hemorrhagic shock?</p> <ul style="list-style-type: none">a. 0.5 litersb. 1.0 literc. 1.5 litersd. 2.5 literse. None of the above | d |

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| 22. | <p>The preferred antibiotic in the Tactical Field Care phase is moxifloxacin. This medicine is preferred because it:</p> <ul style="list-style-type: none">a. Is effective against most bacteriab. Has a relatively mild side effect profilec. Can be taken by mouthd. Is inexpensivee. All the above | e |
| 23. | <p>True or False:</p> <p>Giving a rapid infusion of IV fluids to casualties with uncontrolled bleeding (such as casualties with wounds of the chest or abdomen) was shown to increase the mortality rate in the largest study done to date on this issue.</p> | T |
| 24. | <p>Which of the following three casualties has the greatest need for an emergent CASEVAC:</p> <ul style="list-style-type: none">a. A casualty who stepped on a land mine and has a traumatic amputation of the leg at the knee with bleeding controlled by a tourniquet.b. A casualty who was shot in the head and is unconscious with a significant amount of brain tissue exposed.c. A casualty who was shot in the abdomen and who now has an absent radial pulse. | c |

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| 25. | <p>What is the most important thing to do after splinting an open fracture:</p> <ul style="list-style-type: none">a. Check to ensure that the pulses distal to the splint have not been reduced by the splintb. Check to ensure that the extremity is completely covered by wrapping material used in splintingc. Check to ensure that the extremity is in perfect alignmentd. None of the above | a |
| 26. | <p>Which of the following is a good reason NOT to give casualty morphine?</p> <ul style="list-style-type: none">a. His wounds are minor and he can continue to fightb. He is in shockc. He has a chest wound and is in respiratory distressd. All the above | d |
| 27. | <p>In Tactical Field Care, you are treating a casualty with a gunshot wound to his lower jaw which severely disrupts the oropharyngeal anatomy. He suddenly develops complete airway obstruction, struggles briefly, and loses consciousness. What is the airway intervention of choice at this point?</p> <ul style="list-style-type: none">a. Nasopharyngeal airway and recovery positionb. Endotracheal intubationc. Surgical airway using the Cric-Key techniqued. Sit the casualty up and attempt two rescue breaths | c |

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| 28. | <p>After a brief skirmish with the enemy 10 minutes ago, your unit is holding temporarily in a secure area. During the firefight, you sustained a gunshot wound to your right thigh that produced heavy arterial bleeding. You initially controlled the hemorrhage by applying your own tourniquet. There are no other medics in your unit, and the CASEVAC helicopter will arrive at your location in one-half hour. The MTF is 10 minutes away by air. Which is the best strategy for dealing with the tourniquet on your leg?</p> <ul style="list-style-type: none">a. Replace the tourniquet with a Combat Gauze dressing and direct pressureb. Replace the tourniquet with XStat without direct pressurec. Construct a pressure dressing over your leg wound, and remove the tourniquet yourselfd. Leave the tourniquet in place | d |
| 29. | <p>Which of the following statements is true?</p> <ul style="list-style-type: none">a. Casualties who are alert and can swallow should not be allowed to take fluids by mouth.b. The F.A.S.T.-1 intraosseous device is a good way to obtain vascular access for a casualty in whom an IV cannot be started.c. Pulse oximetry and other electronic monitoring are not useful in a helicopter during Tactical Evacuation Care.d. All combat wounds produce severe pain. | b |
| 30. | <p>Which of the following statements best applies to the provision of care to wounded hostile combatants?</p> <ul style="list-style-type: none">a. Wounded hostile combatants may still inflict deadly force on you and your unit.b. No care should rendered until the wounded hostile combatant has dropped all weapons, indicated that he wishes to surrender, and been searched and secured by those members of the unit designated as prisoner handlers.c. Once secure, the same care should be rendered to the POW as accorded U.S. and friendly forces.d. All the above are true. | d |

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| 31. | True or False: Fluid resuscitation to treat shock is not considered part of Care Under Fire. | T |
| 32. | True or False: Moxifloxacin requires only once-a-day dosing. | T |
| 33. | Why is Hextend preferred over Lactated Ringer's or Plasma-Lyte A for combat casualties who often have a prolonged delay to evacuation? a. It's cheaper b. It's made by Halliburton c. The intravascular volume expansion lasts much longer than that achieved with Lactated Ringer's or Plasma-Lyte A. d. None of the above | c |

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| 34. | <p>Which of the following is NOT part of the nine-line evacuation request?</p> <ul style="list-style-type: none">a. Pick-up locationb. Ages of the casualtiesc. Number of casualties to be evacuatedd. Special equipment required | b |
| 35. | <p>Which of the following is NOT an advantage of fentanyl lozenges over morphine in the tactical setting?</p> <ul style="list-style-type: none">a. No need to start an IV to administerb. Works faster than IM morphinec. No potential for respiratory depressiond. All the above are true. | c |
| 36. | <p>The correct landmarks for performing a needle decompression (on the side of the chest with the penetrating trauma) are:</p> <ul style="list-style-type: none">a. Second intercostal space, mid-clavicular lineb. Second intercostal space, mid-axillary linec. Fourth intercostal space, mid-clavicular lined. Fourth intercostal space, mid-axillary line | a |

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| 37. | In a tactical environment, the initial treatment of choice for stopping severe distal extremity hemorrhage is: a. Direct pressure b. Pressure point compression c. A pressure dressing d. A tourniquet | d |
| 38. | A Combat Gauze dressing is used for: a. Control of severe external bleeding b. Abdominal wounds without severe external bleeding c. Open head wounds with minor bleeding and brain matter exposed d. Control of minor superficial bleeding | a |
| 39. | You have a casualty with severe external bleeding from a groin wound during Tactical Field Care. You apply a Combat Gauze dressing deep in the wound, but it is unsuccessful at stopping the hemorrhage. What should you do next? a. Stop and take a few minutes to think about what to do next. b. Revert to a standard gauze dressing to control bleeding. c. Use a second Combat Gauze on the bleeding site. d. Move on to the next casualty | c |

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| 40. | <p>True or False:</p> <p>A casualty with a palpable radial pulse has a systolic blood pressure of approximately 80 mm Hg or higher.</p> | T |
| 41. | <p>You are treating a casualty in Tactical Field Care with a severe crush injury to his right knee. The pain is so severe he can barely concentrate on your questions, but he answers appropriately. His radial pulse is 120 and strong. You are in a secure area and an evacuation helicopter will arrive in 35 minutes. Which is the best pain management regimen for this casualty?</p> <ul style="list-style-type: none">a. Ketamine 20 mg slow IV.b. Morphine 5 mg IO every 10 minutes as needed.c. OTFC 800 micrograms. Repeat in 15 minutes if needed.d. Combat Wound Medication Pack PO | c |
| 42. | <p>After administering one unit of whole blood to an unconscious casualty, her mental status has not improved and her radial pulse remains absent. At this point you should:</p> <ul style="list-style-type: none">a. Maintain a saline lockb. Administer a second unit of whole bloodc. Administer 1,000 ml of Hextendd. Administer 2,000 ml of Ringer's Lactate at a wide-open rate | b |

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| 43. | <p>A casualty with a sucking chest wound has been treated with an occlusive dressing. She begins to have increasing difficulty breathing. You suspect a developing tension pneumothorax. Which of the following is the preferred first step to manage this condition in Tactical Field Care?</p> <ul style="list-style-type: none">a. Put in a chest tubeb. Lift one side of the occlusive dressing to allow air to escape from the chestc. Perform a needle decompression.d. Allow her to sit up. | b |
| 44. | <p>True or False:</p> <p>Combat Gauze should be applied to the bleeding site with at least 3 minutes of direct pressure.</p> | T |
| 45. | <p>Which of the following is the preferred IV/IM antibiotic in TCCC?</p> <ul style="list-style-type: none">a. Cefazolinb. Ertapenemc. Gentamicind. Penicillin | b |

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| 46. | <p>True or False:</p> <p>Infection may be a leading cause of late morbidity in combat casualties when antibiotic administration is delayed.</p> | T |
| 47. | <p>Why is meloxicam (Mobic) preferred over other non-steroidal anti-inflammatory medications such as aspirin and ibuprofen?</p> <ul style="list-style-type: none">a. It is more effective at relieving pain than aspirin and ibuprofenb. It is less expensive than aspirin and ibuprofenc. It does not interfere with platelet function and so does not increase your chance of bleeding to death if wounded - as aspirin and ibuprofen dod. None of the above are true | c |
| 48. | <p>Why is treatment of hypothermia important in the management of combat casualties?</p> <ul style="list-style-type: none">a. Shock interferes with the body's ability to produce heatb. Lack of heat production makes the casualty more susceptible to hypothermiac. Hypothermia interferes with blood clotting and increases mortality in casualties with severe injuriesd. All the above are true | d |

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| 49. | <p>True or False:</p> <p>TCCC requires combat medical personnel to combine good medicine with good tactics on the battlefield.</p> | T |
| 50. | <p>What is the main thing that you do not want to do for a casualty with a suspected penetrating eye injury?</p> <ul style="list-style-type: none">a. Have him take moxifloxacin from his Combat Pill Pack as soon as possible.b. Apply an eye patch to keep gentle pressure on the injured globe.c. Put on his tactical eye protection.d. Check his visual acuity. | b |
| 51. | <p>Which hemostatic dressings is best for use in deep, narrow-tract junctional wounds?</p> <ul style="list-style-type: none">a. Combat Gauzeb. XStatc. ChitoGauzed. Celox Gauze | b |

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| 52. | <p>Which analgesic agent is NOT part of the TCCC- recommended Triple-Option analgesia plan?</p> <ul style="list-style-type: none">a. Meloxicamb. Morphine IMc. Oral transmucosal fentanyl citrated. Ketamine | b |
| 53. | <p>True or False:</p> <p>Opioid analgesics have the potential to decrease blood pressure and depress respirations which can worsen hypovolemic shock.</p> | T |
| 54. | <p>True or False:</p> <p>Ketamine is known to decrease blood pressure and suppress laryngeal reflexes in casualties with hypovolemic shock.</p> | F |

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| 55. | What is the recommended initial dose of IM ketamine in TCCC? a. 50 mg b. 20 mg c. 15 mg d. 800 ug | a |
| 56. | What is the recommended initial dose of fentanyl (OTFC) in TCCC? a. 50 mg b. 80 mg c. 800 ug d. 650 mg | c |
| 57. | True or False: Inadequate battlefield analgesia is associated with an increase in PTSD. | T |

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| 58. | Which of the following can make TBI worse? a. Hypovolemic shock b. Hypothermia c. Hypoxia d. All the above | d |
| 59. | Which of the following is an indicator of shock that can be most readily assessed on the battlefield? a. Systolic blood pressure less than 90 mm Hg b. Weak or absent radial pulse c. Loss of sensation in the hands and feet d. Diaphoresis | b |
| 60. | What is the target blood pressure for a casualty WITHOUT associated TBI? a. 80-90 mm Hg b. 90 mm Hg or higher c. Palpable carotid pulse d. None of the above | a |

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| 61. | What is the target blood pressure for a casualty WITH associated TBI? a. 80-90 mm Hg b. 90 mm Hg or higher c. Palpable carotid pulse d. None of the above | b |
| 62. | Which of the following is not a CoTCCC-recommended junctional tourniquet? a. SJT b. CRoC c. JETT d. AAT | d |
| 63. | As a combat medic, what is your first priority during Care Under Fire? a. Ignore hostile fire to treat the casualty. b. Return fire and take cover. c. Remove the casualty from a burning vehicle. d. Make sure the casualty has a patent airway. | b |

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| 64. | Who is the BEST person to move a casualty to cover during Care Under Fire? a. The medic because he knows how to protect the casualty's cervical spine. b. The aid-and-litter team. c. A casualty should never be moved during Care Under Fire. d. The casualty herself. | d |
| 65. | What is the number one medical treatment priority during Care Under Fire? a. Protect the casualty from hostile fire b. Have the casualty move himself to cover c. Control life-threatening bleeding d. Suppression of enemy fire | c |
| 66. | True or False: A C.A.T. should be loosened for one minute every 30 minutes to prevent ischemic damage to the limb. | F |

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| 67. | <p>What is the correct treatment for pain caused by a tourniquet that is effectively controlling life-threatening bleeding?</p> <ul style="list-style-type: none">a. Ice packsb. Analgesia as recommended in TCCC guidelinesc. Periodically loosen the tourniquet to relieve limb ischemiad. Splint the limb to which the tourniquet is applied | b |
| 68. | <p>Why should hemostatic dressings be avoided during Care Under Fire?</p> <ul style="list-style-type: none">a. They take up too much space in a medic's ruck.b. A C.A.T. can control any life-threatening bleeding.c. The minimum of three minutes of holding direct pressure on the dressing is a long time to be exposed to enemy fire.d. Assuring a patent airway is a greater priority than hemorrhage control during Care Under Fire. | c |
| 69. | <p>During Care Under Fire, a device to stabilize the cervical spine should not be applied:</p> <ul style="list-style-type: none">a. For penetrating neck trauma alone.b. If the risk of the medic or the casualty being hit by enemy fire is greater than the risk of spinal cord injury due to movement with an unstable cervical spine.c. Unless the casualty has sustained significant blunt trauma.d. All the above. | d |

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| 70. | <p>A nasopharyngeal airway is better than an oropharyngeal airway because:</p> <ul style="list-style-type: none">a. It is less likely to cause gagging in a conscious casualty.b. It does not need to be taped in place.c. A casualty has two nostrils but only one mouth.d. It is cheaper. | a |
| 71. | <p>The best site to insert a needle to decompress a tension pneumothorax is:</p> <ul style="list-style-type: none">a. The second ICS at the MCLb. Just medial to the nipple on the injured side of the chestc. The 4th or 5th ICS at the AALd. Both a. and c. are acceptable sites. | d |
| 72. | <p>What is the best dressing to put over a sucking chest wound?</p> <ul style="list-style-type: none">a. A vented chest seal.b. An unvented chest seal.c. Petrolatum gauze.d. A sucking chest wound should not be covered because it may lead to a tension pneumothorax. | a |

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| 73. | <p>Which statement about tourniquets is not true?</p> <ul style="list-style-type: none">a. Damage to an arm or a leg is rare if the tourniquet is left on for less than two hours.b. Tourniquets are often left in place for several hours during surgical procedures.c. Training tourniquets can be issued for use on missions if they have been used in training courses for less than six months.d. All unit members should have a tourniquet at a standard location on their battle gear. | c |
| 74. | <p>Why would you consider not starting an IV during Tactical Field Care?</p> <ul style="list-style-type: none">a. If a casualty has only minor wounds, he will not need fluid resuscitation or parenteral meds.b. You can't carry unlimited supplies, so IV fluids should be reserved for those casualties who seriously need them.c. Starting an IV may critically delay tactical movement.d. All the above. | d |
| 75. | <p>Which of the following is a contraindication to the use of a FAST1?</p> <ul style="list-style-type: none">a. The presence of hemorrhagic shockb. A sternal fracturec. Female casualtyd. Parenteral medications are needed urgently | b |

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| 76. | <p>Which of the following statements regarding TXA is not true?</p> <ul style="list-style-type: none">a. It promotes new clot formation.b. It prevents the breakdown of forming clots.c. The survival benefit associated with TXA administration is greatest if it is given as soon as possible after injury.d. A second dose should be given after initial fluid resuscitation is completed. | a |
| 77. | <p>True or False: In the resuscitation of a casualty with hemorrhagic shock, infusion of fluids takes precedence over hemorrhage control.</p> | F |
| 78. | <p>Which of the following factors does not cause inaccurate oxygen saturation values on pulse oximeters?</p> <ul style="list-style-type: none">a. Hypovolemic shockb. Hypothermiac. Carbon monoxide poisoningd. High altitude | d |

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| 79. | <p>True or False:</p> <p>The presence of a suspected penetrating injury to the eye is an absolute contraindication to the use of ketamine.</p> | F |
| 80. | <p>True or False:</p> <p>It is safe to give ketamine to a casualty who has previously received morphine or OTFC.</p> | T |
| 81. | <p>Which of the following statements about ketamine is not true?</p> <ul style="list-style-type: none">a. It presents no risk of respiratory depression.b. It stimulates cardiac function.c. It has a very favorable safety profile.d. It can be safely given to a casualty who was previously treated with OTFC. | a |

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| 82. | <p>Which of the following is not a clue to the presence of a closed fracture?</p> <ul style="list-style-type: none">a. Trauma with significant pain and marked swellingb. Different length of a limb compared to the contralateralc. Presence of bounding pulses distal to the injuryd. Crepitus | c |
| 83. | <p>Which of the following is not a reason to splint a fracture?</p> <ul style="list-style-type: none">a. To protect blood vessels and nervesb. To prevent further injury from the movement of sharp bone endsc. To reduce paind. To reduce the chance of wound infection | d |
| 84. | <p>Under what circumstance would you consider performing CPR during Tactical Field Care?</p> <ul style="list-style-type: none">a. After you have performed bilateral needle decompressions to rule out tension pneumothorax.b. Cardiac arrest due to electrocution.c. A casualty with bilateral lower leg amputations has no obvious thoracic trauma.d. A casualty with a gunshot wound to his abdomen has not responded to fluid resuscitation. | b |

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| 85. | <p>True or False:</p> <p>Only medical personnel should fill out the TCCC Casualty Card.</p> | F |
| 86. | <p>True or False:</p> <p>Every intervention shown on the TCCC Casualty Card should be completed for each casualty.</p> | F |
| 87. | <p>Which statement about Casualty Collection Points is not correct?</p> <ul style="list-style-type: none">a. They should be located reasonably far away from the fighting.b. They should provide both cover and concealment.c. They should have ready access to evacuation routes.d. All the statements above are correct. | a |

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| 88. | <p>Using JTS-recommended evacuation categories, which of the following casualties would not be categorized Urgent?</p> <ul style="list-style-type: none">a. Shrapnel injury to the abdomenb. High lower extremity amputation and pelvic injury from a dismounted IED attackc. Extremity injury with absent distal pulsesd. Casualty with ongoing airway difficulty | c |
| 89. | <p>True or False:</p> <p>Soft tissue injuries are common and may look bad, but usually don't kill unless associated with shock.</p> | T |
| 90. | <p>Which definition below is correct?</p> <ul style="list-style-type: none">a. CASEVAC is using medical platforms to evacuate tactical casualties.b. MEDEVAC is using tactical platforms for medical evacuation missions.c. En Route Care is casualty care rendered at translocation facilities.d. TACEVAC refers to evacuation of combat casualties by both dedicated medical platforms and tactical vehicles of opportunity. | d |

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| 91. | <p>What is the primary difference between Tactical Field Care and Tactical Evacuation Care?</p> <ul style="list-style-type: none">a. The guidelines are markedly different.b. Extra medical personnel and equipment may allow for a greater level of care in Tactical Evacuation Care.c. The difficulties involved in delivering medical care in a moving vehicle mean that a lesser level of care can be delivered in Tactical Evacuation Care.d. There is no real difference. | b |
| 92. | <p>Which of the following are concerns associated with increasing altitude during evacuation?</p> <ul style="list-style-type: none">a. A casualty with a chest wound may develop tension pneumothorax.b. Pulse oximeter readings will drop.c. Air-filled cuffs on endotracheal tubes may expand enough to cause tissue damage.d. All the above. | d |
| 93. | <p>Some casualties may benefit from supplemental oxygen if it is available during Tactical Evacuation Care. Which of these casualties is not in that group?</p> <ul style="list-style-type: none">a. A casualty with an abdominal wound who is in shockb. A semi-conscious casualty with TBIc. A casualty with a below-knee amputation, normal mental status, bleeding controlled by a tourniquetd. A casualty with a bullet wound through his right chest, entrance and exit wounds covered by vented chest seals | c |

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| 94. | During Tactical Evacuation Care, a casualty with TBI should be monitored for: a. O2 saturation >90% b. Systolic blood pressure >90 mm Hg c. Decreasing level of consciousness d. All the above | d |
| 95. | A casualty who has suffered a severe TBI may exhibit signs of cerebral herniation. If unilateral pupillary dilation occurs with a decreasing level of consciousness during Tactical Evacuation Care, all the following should be performed except: a. Hyperventilation with oxygen b. Administer 250 cc of 3% or 5% hypertonic saline IV bolus c. Cool the casualty by removing the HPMK, and protective gear, and clothing d. Elevate the casualty's head to 30 degrees | c |
| 96. | Under what circumstances would you consider performing CPR during Tactical Evacuation Care? a. The casualty's wounds are not obviously fatal and he will receive surgical care soon. b. Performing CPR will not deny life-saving care to other casualties. c. Performing CPR will not compromise the mission. d. All the above must be true. | d |

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| 97. | <p>When should combat medical personnel provide care to wounded hostile combatants?</p> <ul style="list-style-type: none">a. Neverb. When they have surrendered and other members of the unit have taken actions to assure they no longer represent a threatc. After care to the unit's wounded is completedd. Once they reach a POW Collection Point | b |
| 98. | <p>Indications for leaving a tourniquet in place include all the following except:</p> <ul style="list-style-type: none">a. The tourniquet has been on for more than six hoursb. The casualty will receive surgical care within two hours of the tourniquet's applicationc. The casualty's vital signs remain normal three hours after the tourniquet was appliedd. The extremity distal to the tourniquet has been traumatically amputated | c |
| 99. | <p>True or False:</p> <p>Direct pressure is a proven practical and effective way to maintain control of heavy bleeding while moving a casualty.</p> | F |

Test Answers for TCCC-MP 1708

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| 100. | During Care Under Fire when the casualty and the medic are under effective hostile fire, the best location to apply a limb tourniquet when the most proximal source of bleeding is not readily visible is: a. Three inches above the most proximal blood stain on the casualty's uniform. b. Over the casualty's uniform as high on the injured limb as possible. c. Two to three inches above the most proximal wound you can find after cutting the casualty's uniform away to expose the entire injured limb. d. Two to three inches above the joint that is immediately proximal to the blood on the casualty's uniform, if it is possible to apply a limb tourniquet there. | b |
| 101. | The phrase "tourniquet conversion" refers to: a. Removing a limb tourniquet after surgical control of hemorrhage has been achieved. b. Removing a limb tourniquet that was erroneously placed on an unwounded limb. c. Periodically loosening a limb tourniquet to prevent strangulation of the limb and compartment syndrome. d. Transitioning from control of hemorrhage by a limb tourniquet to control of hemorrhage by a hemostatic dressing and a pressure dressing. | d |
| 102. | The following statements are true EXCEPT: a. When properly applied, a limb tourniquet will stop bleeding from distal wounds and eliminate distal pulses. b. If a limb tourniquet is not applied tightly enough, it may occlude venous return but not arterial flow into the limb distally, leading to compartment syndrome. c. Once a limb tourniquet has been applied tightly enough to stop bleeding and eliminate distal pulses, re-bleeding from distal wounds is uncommon. d. You can apply a second limb tourniquet side-by-side with the first if the first fails to stop bleeding and eliminate pulses. | c |

Test Answers for TCCC-MP 1708

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| 103. | <p>Which of the following is NOT an indication that a limb tourniquet should be converted as soon as possible?</p> <ul style="list-style-type: none">a. The tourniquet is not placed above an amputation.b. The casualty is not in shock.c. You can monitor the wound closely for re-bleeding.d. The tourniquet has been in place for seven hours and the Combat Support Hospital is one hour away. | d |
| 104. | <p>Which of the following is not a reason why ondansetron was selected to replace promethazine for the treatment of nausea and vomiting in combat trauma victims?</p> <ul style="list-style-type: none">a. Ondansetron has been used safely and effectively in combat theaters.b. Ondansetron is frequently used as the antiemetic of choice in civilian prehospital trauma care.c. The side effects profile of ondansetron is about the same as that of promethazine.d. Ondansetron carries no FDA Black Box warnings. | c |
| 105. | <p>Which of the following statements is incorrect?</p> <ul style="list-style-type: none">a. Ondansetron Oral Disintegrating Tablet works almost as quickly as the oral (PO) tablet.b. Ondansetron does not cause hypotension.c. Ondansetron, in the doses recommended, is unlikely to cause sedation.d. The antiemetic effect of ondansetron is just as strong as that of promethazine. | a |

Test Answers for TCCC-MP 1708

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| 106. | <p>Which of the following is the preferred option for cricothyroidotomy?</p> <ul style="list-style-type: none">a. Bougie-aided open surgical technique.b. Standard open surgical technique.c. Cric-Key technique.d. Percutaneous cricothyrotomy. | c |
| 107. | <p>Advantages of the Cric-Key technique for cricothyroidotomy include all except:</p> <ul style="list-style-type: none">a. The rounded, anterior-facing tip of the Cric-Key allows you to feel the tracheal rings as it slides over them.b. If the Cric-Key is inserted under the skin overlying the trachea, the tip will produce visible tenting of the skin in front of the neck.c. The Melker airway is flanged, and therefore unlikely to disappear down the casualty's trachea.d. The Cric-Key eliminates the need to make an incision through the cricothyroid membrane. | d |
| 108. | <p>You are treating a casualty whose only injury is a shrapnel wound to the inside of his left arm high up in his armpit. Blood is flowing heavily from the wound. The wound tract is deep and narrow, and too proximal to get a limb tourniquet above it. You have already used your only CRoC on another casualty. You are in a Tactical Field Care situation, but your unit must leave the area as soon as possible. Which is the best plan for controlling this bleeding?</p> <ul style="list-style-type: none">a. Combat Gauze plus pressure dressing.b. XStat plus pressure dressing.c. Pressure dressing alone.d. TXA plus pressure dressing. | b |

Test Answers for TCCC-MP 1708

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| 109. | Your casualty has a deep, narrow wound to his inner, upper right thigh that is bleeding copiously. Your best course of action for controlling the hemorrhage is: a. Pack the wound with Combat Gauze and hold direct pressure for at least three minutes, then apply a pressure dressing. b. Have a helper hold direct pressure on the wound while you prepare to apply a junctional tourniquet. c. Pack the wound with Chito Gauze then quickly apply a pressure dressing. d. Pack the wound with XStat, then have a helper hold direct pressure on the wound while you prepare to apply a junctional tourniquet. | d |
| 110. | The best time to give the first dose of TXA to a casualty with non-compressible hemorrhage is: a. Within an hour after injury. b. Within three hours after injury. c. As soon as possible and before three hours after injury. d. More than three hours after injury if evacuation is delayed. | c |