

TCCC Test Practice | 60 Questions with 100% Correct Answers | Verified | Latest Update 2024

After administering one unit of whole blood to an unconscious casualty in hemorrhagic shock, her mental status has not improved and her radial pulse remains absent. At this point you should: -

✓✓ Administer a second unit of whole blood

Which of the following is NOT part of the nine-line evacuation request? - ✓✓ Ages of the casualties

A Combat Gauze dressing is used for: - ✓✓ Control of severe external bleeding not amenable to tourniquet use

What is the recommended initial dose of IM ketamine in TCCC? - ✓✓ 50 mg

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 next best step? - ✓✓ Needle decompression for a suspected tension pneumothorax

The minimum amount of time in which a casualty could bleed to death from a femoral wound with heavy bleeding is approximately: - ✓✓ 3 minutes

A common side effect of ketamine given at the TCCC-recommended analgesic dose is: - ✓✓ Cardiac function is stimulated

Which of the following is NOT an advantage of fentanyl lozenges in the tactical setting? - ✓✓ No potential for respiratory depression

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? - ✓✓ Allow him to continue to sit up and lean forward as care is rendered

Tccc Test Questions And Answers

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USMC Tactical Combat Casualty Care (TCCC / TC3) Guidelines ,2013-10-28 Tactical Combat Casualty Care Guidelines 28 October 2013 All changes to the guidelines made since those published in the 2010 Seventh Edition of the PHTLS Manual are shown in bold text The most recent changes are shown in red text These recommendations are intended to be guidelines only and are not a substitute for clinical judgment Basic Management Plan for Care Under Fire 1 Return fire and take cover 2 Direct or expect casualty to remain engaged as a combatant if appropriate 3 Direct casualty to move to cover and apply self aid if able 4 Try to keep the casualty from sustaining additional wounds 5 Casualties should be extricated from burning vehicles or buildings and moved to places of relative safety Do what is necessary to stop the burning process 6 Airway management is generally best deferred until the Tactical Field Care phase 7 Stop life threatening external hemorrhage if tactically feasible Direct casualty to control hemorrhage by self aid if able Use a CoTCCC recommended tourniquet for hemorrhage that is anatomically amenable to tourniquet application Apply the tourniquet proximal to the bleeding site over the uniform tighten and move the casualty to cover

USMC FIELD MEDICAL SERVICE

TECHNICIAN FMST TCCC Manual , The FIELD MEDICAL SERVICE TECHNICIAN provides medical and dental services for personnel in field units also provides technical and administrative assistance to support the mission and functions of the Navy and Marine Corps field units Maintains organizational level AMAL s and ADAL s Assits in the procurement and distribution of supplies and equipment for field use and combat areas Maintains field treatment facilities Renders first aid and emergency medical and dental treatment to unt personnel combatants Coordinates and performs medical evacuation procedures Ensures observance of field sanitary measures and preventive measures in specialized warfare Conducts first aid and health education training programs COURSE DESCRIPTION During this 8 week course you will have a mix of classroom and field training Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care TCCC This includes familiarization with USMC organization and procedures logistics and administrative support in a field environment Additionally training will include general military subjects individual and small unit tactics military drills physical training conditioning and weapons familiarization with the opportunity to fire the rifle Completion of FMST results in the student receiving Navy Enlisted Classification HM 8404 MEDICAL SPECIFIC CONTENT PREVENTIVE MEDICINE Treat Dehydration FMST 201 Treat Environmental Heat Injuries FMST 202 Manage Environmental Cold Injuries FMST 203 Perform Care of the Feet FMST 204 Perform Water Purification for Individual Use FMST 205 Supervise Field Waste Disposal FMST 206 Manage Envenomation Injuries FMST 207 Review Questions COMBAT MEDICINE Introduction to Tactical Combat Casualty Care FMST 401 Manage Shock Casualties FMST 402 Manage Hemorrhage FMST 403 Maintain Airway FMST 404 Perform Emergency Cricothyroidotomy FMST 405 Manage Respiratory Trauma FMST 406 Manage Abdominal Injuries FMST 407 Manage Musculoskeletal Injuries FMST 408 Manage Head Neck and Face Injuries FMST 409 Tactical

Fluid Resuscitation FMST 410 Perform Casualty Assessment FMST 411 Medication Appendix Review Questions
COMPONENTS OF FIELD MEDICINE Blast Related Injuries FMST 501 Traumatic Brain Injury TBI FMST 502 Manage Burn
Casualties FMST 503 Conduct Triage FMST 504 Coordinate Casualty Tactical Evacuation FMST 505 Perform Aid Station
Procedures FMST 506 Medical Support for Military Operations in Urban Terrain MOUT FMST 507 Review Questions

USMC COMBAT LIFESAVER / TACTICAL COMBAT CASUALTY CARE TCCC TRAINER COURSE INSTRUCTOR & STUDENT CURRICULUM , BACKGROUND IN 1996 THE NAVAL SPECIAL WARFARE COMMAND DEVELOPED A NEW SET OF TACTICALLY APPROPRIATE BATTLEFIELD TRAUMA CARE GUIDELINES NAMED TCCC THE TCCC GUIDELINES WERE ADOPTED BY THE U S SPECIAL OPERATIONS COMMAND USSOCOM AND APPROVED BY THE AMERICAN COLLEGE OF SURGEONS ACS AND THE NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS THE COMMITTEE ON TCCC WAS ESTABLISHED IN 2001 AND WAS DIRECTED TO FURTHER DEVELOP THE TCCC STANDARDS AND GUIDELINES THE COMMITTEE ON TCCC FUNCTIONS AS A WORKING GROUP OF THE TRAUMA AND INJURY SUBCOMMITTEE OF THE DEFENSE HEALTH BOARD DHB WHICH HAS A CHARTER TO PROVIDE MEDICAL RECOMMENDATIONS TO ASD HA AND THE SERVICE SURGEONS GENERAL TCCC CONCEPTS WERE INCORPORATED INTO THE 8404 CORPSMAN TRAINING CURRICULUM IN 2005 THE TCCC CLS TRAINER COURSE WAS DEVELOPED IN 2006 TO PROVIDE CORPSMEN AS TRAINERS TO TEACH AND SUSTAIN TCCC STANDARDS TO CORPSMEN AND CLS SKILLS TO SELECTED MARINES WITHIN THE OPERATING FORCES THE IMPLEMENTATION OF TCCC ACROSS ALL SERVICES HAS BEEN IDENTIFIED AS ONE OF THE CONTRIBUTING FACTORS TO THE HIGHEST COMBAT CASUALTY SURVIVAL RATES IN HISTORY AND IS RECOMMENDED BY ASD HA FOR USE WHEN TRAINING COMBAT MEDICAL PERSONNEL REF B TCCC INFORMATION IS PUBLISHED IN THE PREHOSPITAL TRAUMA LIFE SUPPORT MANUAL PHTLS MILITARY EDITION WHICH IS UPDATED EVERY FOUR YEARS DEPARTMENT OF DEFENSE DOD APPROVED TCCC TRAINING CURRICULA ARE UPDATED ON THE DOD WEBSITE MHS OSD MIL EDUCATION AND TRAINING TCCC ASPX AS THE TCCC GUIDELINES CHANGE GOAL ELIMINATE PREVENTABLE LOSS OF LIFE ON THE BATTLEFIELD IN ACCOMPLISHING THIS GOAL THE MOST RECENT TCCC GUIDELINES APPROVED BY DOD ARE TO BE UTILIZED AS A MEANS OF PROVIDING STANDARDIZED TRAINING TO THE MARINE CORPS AND IMPROVING FIRST RESPONDER CARE AT THE POINT OF INJURY HISTORY OF TCCC a It is important to realize that civilian trauma care in a non tactical setting is dissimilar to trauma care in a combat environment TCCC and CLS are an attempt to better prepare medical and non medical personnel for the unique factors associated with combat trauma casualties b Historical data shows that 90% of combat wound fatalities die on the battlefield before reaching a military treatment facility This fact illustrates the importance of first responder care at the point of injury c TCCC was originally a US Special Operations research project which was composed of trauma management guidelines focusing on casualty care at the point of injury d TCCC guidelines are currently used

throughout the US Military and various allied countries the TCCC guidelines were first introduced in 1996 for use by Special Operations corpsmen medics and pararescue PJs. The TCCC guidelines are currently endorsed by the American College of Surgeons Committee on Trauma and the National Association of Emergency Medical Technicians. The guidelines have been incorporated into the Prehospital Trauma Life Support (PHTLS) text since the 4th edition. STUDENT CURRICULUM Tactical Combat Casualty Care (TCCC) Overview Identify Medical Fundamentals Manage Hemorrhage Maintain Casualty Airway Manage Penetrating Chest Injuries Manage Hemorrhagic Shock Manage Burn Casualties Perform Splinting Techniques Administer Battlefield Medications Perform Casualty Movement Perform Combat Lifesaver Triage Perform Combat Lifesaver Care

U.S. Army 68W Healthcare Provider Job Book, Tactical Combat Casualty Care TCCC Visual Slides & Training Support Package, 2015-07-08 68W Healthcare Provider JOB BOOK This book is designed to help you in maintaining accountability of your training performance of skills and continuing education requirements for recertification as a Nationally Registered Emergency Medical Technician Basic. This job book is required to be with you while in the performance of your duties. This will allow senior medical personnel to fill in areas when skills or training have been performed or completed. This will allow you the greatest opportunity for success when it is time to recertify your certification. This is a tool for you to remain successful while as a 68W. Good luck and enjoy your time as an Army Medic Trained to Save. Training Support Package Contents: Introduction, Terminal Learning Objective, Perform Tactical Combat Casualty Care Presentation, Enabling Learning Objective A Describe Care Under Fire, Tactical Field Care and Tactical Evacuation Care, Enabling Learning Objective B Identify items used in first aid, Enabling Learning Objective C Perform Care under Fire, Enabling Learning Objective D Perform Tactical Field Care, Enabling Learning Objective E Perform Tactical Evacuation Care, Enabling Learning Objective F Initiate a Field Medical Card and TCCC Card. *Department of Transportation and Related Agencies Appropriations for Fiscal Year 1996: Department of Transportation*, United States. Congress. Senate. Committee on Appropriations. Subcommittee on Transportation and Related Agencies, 1995. *Department of Transportation and Related Agencies Appropriations for Fiscal Year 1995: Department of Transportation, Washington Metropolitan Area Transit Authority*, United States. Congress. Senate. Committee on Appropriations. Subcommittee on Transportation and Related Agencies, 1995. Test of Reasoning and General Intelligence V.V.K. Subburaj, 2004-09

U.S. NAVY HOSPITAL CORPSMAN & USMC FIELD MEDICAL SERVICE TECHNICIAN FMST TACTICAL COMBAT CASUALTY TCCC 2013 & 2014 STUDENT HANDBOOK, 2017-01-01 The FIELD MEDICAL SERVICE TECHNICIAN provides medical and dental services for personnel in field units; also provides technical and administrative assistance to support the mission and functions of the Navy and Marine Corps field units. Maintains organizational level AMALS and ADALS. Assists in the procurement and distribution of supplies and equipment for field use and combat areas. Maintains field treatment facilities. Renders first aid and emergency medical and dental treatment to unit personnel, combatants. Coordinates and performs

medical evacuation procedures Ensures observance of field sanitary measures and preventive measures in specialized warfare Conducts first aid and health education training programs

COURSE DESCRIPTION During this 8 week course you will have a mix of classroom and field training Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care TCCC This includes familiarization with USMC organization and procedures logistics and administrative support in a field environment Additionally training will include general military subjects individual and small unit tactics military drills physical training conditioning and weapons familiarization with the opportunity to fire the rifle Completion of FMST results in the student receiving Navy Enlisted Classification HM 8404 *Marine Corps Publications Combined: USMC Battle Skills Test Study Materials* , Mission Effective 1 January 2018 the total force will conduct the training and evaluation of 30 tasks designated in the BST program in order to sustain skills common for all Marines

Execution Commanders Intent The BST Program provides a structured approach for the service to ensure all Marines sustain proficiency in 30 of the 178 common skills taught during entry level training The program will emphasize training using a leader led face to face approach Small unit leaders noncommissioned officers and above will be the primary trainers and evaluators Marines private through general will annually demonstrate their mastery of these common skills Commanders will have flexibility in their approach to training and evaluating their units

Concept of Operations The BST Program effectively begins 1 January 2018 as a calendar year requirement However commanders can immediately start incorporating BST training into their unit training plans and are encouraged to begin preparing their small unit leaders to conduct and evaluate the 30 common skills Training support packages TSP and associated performance evaluation checklists for each of the 30 BST skills are online to assist small unit leaders The TSPs provide small unit leaders the required information performance steps and evaluation criteria to facilitate leader led training The training is designed to be conducted in any environment from garrison to field on the flight line in the motor pool maintenance bay or on ship Units may find that many of these skills are already embedded in their unit training plan thereby minimizing the impact of the BST Program Commanders determine how and when the training and evaluation will occur throughout the calendar year Options range from training and evaluation over the course of a year to training throughout the year and then consolidating evaluation into a culminating event to foster esprit de corps For example training and evaluation can be combined in a teach it test it method where Marines are evaluated immediately after the training is conducted or Marines can be trained and then evaluated on a later date All Marines have previously been taught these skills during entry level training thus the expectation is that Marines have the ability to easily refresh and sustain these skills However if unable to pass Marines will have multiple opportunities to remediate Commanders have the entire calendar year to ensure their Marines train and pass all 30 of the skills and will ensure that training is recorded The 30 skills of BST Program are Basic Infantry skills Conduct observation Defend a position Describe the use of deadly force Employ a map and compass Handle detainees Identify anomalies Perform actions with a

service rifle Perform immediate action upon contact with the enemy Perform weapons handling procedures with a service rifle Search an individual Stand a sentry post Visually identify indicators of improvised explosive devices Communications Communicate using hand and arm signals Operate a VHF radio Submit a message First Aid Apply a tourniquet Describe phases of tactical combat casualty care Treat a cold weather injury Treat a heat injury History Identify significant events in Marine Corps history Identify the historical significance of Marine Corps uniform items Leadership Apply the components of the decision cycle OODA loop Describe Marine air ground task force organizations Describe operational security Describe stresses of combat Describe The Code of Conduct Describe rights of a prisoner of war Prepare for combat Uniform Code of Military Justice Describe Article 15 Non Judicial Punishment Describe Article 31 Rights of the Accused FIELD MEDICAL SERVICE TECHNICIAN STUDENT HANDBOOK VERSION 4.1 With Block 1 & 2 Student Outlines And Visual Presentations , Over 2 300 total pages OVERVIEW Tactical Combat Casualty Care TCCC was developed to emphasize the need for continued improvement in combat pre hospital care The Committee on Tactical Combat Casualty Care CoTCCC was established in 2001 and is part of the Defense Health Board CoTCCC is a standing multi service committee charged with monitoring medical developments in regards to practice technology pharmacology and doctrine New concepts in hemorrhage control airway management fluid resuscitation analgesia antibiotics and other lifesaving techniques are important steps in providing the best possible care for our Marines and Sailors in combat The TCCC guidelines are published every 4 years in the Prehospital Trauma Life Support manual It has been recognized that TCCC guidelines and curriculum will need to change more often than the 4 year cycle of the PHTLS textbook publication The National Association of Emergency Medical Technicians NAEMT will include the updated TCCC guidelines and curriculum on its website as they are approved as a way to help get this new information out to the combat medical personnel in the military that need it PRINCIPLES OF TACTICAL COMBAT CASUALTY CARE TCCC The principles of Tactical Combat Casualty Care are fundamentally different from those of traditional civilian trauma care where most medical providers and medics train These differences are based on both the unique patterns and types of wounds that are suffered in combat and the tactical conditions medical personnel face in combat Unique combat wounds and tactical conditions make it difficult to determine which intervention to perform at what time Besides addressing a casualty s medical condition responding medical personnel must also address the tactical problems faced while providing care in combat A medically correct intervention at the wrong time may lead to further casualties Put another way good medicine may be a bad tactical decision which can get the rescuer and the casualty killed To successfully navigate these issues medical providers must have skills and training oriented to combat trauma care as opposed to civilian trauma care The specifics of casualty care in the tactical setting will depend on the tactical situation the injuries sustained by the casualty the knowledge and skills of the first responder and the medical equipment at hand In contrast to a hospital Emergency Department setting where the patient IS the mission on the battlefield care of casualties sustained is only PART of the

mission TCCC recognizes this fact and structures its guidelines to accomplish three primary goals 1 Treat the casualty 2 Prevent additional casualties 3 Complete the mission In thinking about the management of combat casualties it is helpful to divide care into three distinct phases each with its own characteristics and limitations

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