



Tactical Emergency Casualty Care
V1.3

Tactical Emergency Casualty Care (TECC) V1.3

1. Which of the following is not a principle of TECC?
 - a. Treat the casualty
 - b. Prevent additional casualties
 - c. Complete the mission
 - d. Develop a mission specific medical plan

2. Which of the following is NOT one of the three phases of care in TECC?
 - a. Direct Threat Care
 - b. Indirect Treat Care
 - c. Evacuation Care
 - d. Rescue Taskforce Care

3. Which of the following is the preferred pain medication for someone who has wounds that are moderately painful but not life-threatening and that do not keep a patient from functioning effectively as a combatant?
 - a. Morphine IV
 - b. Morphine IM
 - c. Mobic and Tylenol ER
 - d. Aspirin

4. The most common cause of preventable death in a tactical situation is which of the following?
 - a. Failure to use a tourniquet to control severe extremity bleeding.
 - b. Failure to maintain an open airway.
 - c. Not establishing an IV soon enough.
 - d. Failure to maintain spinal stabilization.

5. Which of the following are the best field indicators of shock during Indirect Threat Care?
 - a. Heart rate and face color
 - b. Level of consciousness and quality of the radial pulse
 - c. Rapid heart rate
 - d. Blood pressure

6. Administering large quantities of IV crystalloids to a casualty who has bleeding sites inside the chest or abdomen may worsen hemorrhage by which of the following mechanisms?
 - a. Diluting clotting factors or by interfering with clot formation at the bleeding site.
 - b. Increasing Intracranial Pressure
 - c. By displacing hemoglobin
 - d. By increasing the vascular wall permeability.

7. A oropharyngeal airway (OPA) is contraindicated under which circumstances?
 - a. Victim with a gag reflex
 - b. Victim that has sustained Head and Facial trauma
 - c. Shock of unknown origin
 - d. Pediatric patient

8. Which of the following conditions is most likely to worsen the outcome from TBI?
 - a. Hypotension
 - b. Hypothermia
 - c. Hypertension
 - d. Hypernatremia

9. What is the most appropriate next step to maintain an open airway after the chin-lift/jaw-thrust method has been used to successfully open the airway of a casualty who is unconscious from a blast injury during the Indirect Threat Care phase of care?
 - a. Nasopharyngeal airway
 - b. King LT airway
 - c. Tracheal intubation
 - d. Laryngeal Mask Airway (LMA)

10. As a Tactical Medic/EMT you are confronted with the following casualties. Which one should be cared for first?
 - a. Casualty A – shot in the head and unconscious
 - b. Casualty B – shot in the abdomen – awake and alert
 - c. Casualty C – heavy bleeding from a thigh wound
 - d. Casualty D – traumatic cardiac arrest

11. A casualty has sustained 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?
 - a. Tracheal intubation
 - b. Put in a chest tube
 - c. Needle decompression
 - d. Bag-mask ventilation

12. A casualty has sustained a gunshot wound to the face. He is conscious and maintaining his airway by sitting up and leaning forward. A Medic/EMT arrives on the scene. How should the casualty's airway be managed?
 - a. Place him in the supine position and intubate him
 - b. Allow him to continue to sit up and lean forward
 - c. Perform a surgical airway
 - d. Place a nasopharyngeal airway (NPA)

13. What is the best quick-check method to determine if the patient has an adequate airway?
 - a. Ask a question that requires a response from the casualty
 - b. Check for a bluish color of the nail beds
 - c. Determine the casualty's respiratory rate
 - d. Auscultate the chest

14. Which of the following is an acceptable site for needle decompression?
 - a. 4th or 5th intercostal space at the anterior axillary line
 - b. 1st or 2nd intercostal space at the anterior axillary line
 - c. 2nd or 3rd intercostal space at the sternal border
 - d. Just lateral of the Angle of Louis

15. What level of blood loss is likely to be associated with death from hemorrhagic shock?
 - a. 0.5 liters
 - b. 1.0 liter
 - c. 1.5 liters
 - d. 2.5 liters

16. Giving a rapid infusion of IV fluids to casualties may have a negative impact on outcome with the exception of which of the following conditions?
 - a. Uncontrolled bleeding into the abdomen
 - b. A junctional bleeding wound
 - c. Dehydration
 - d. Traumatic Brain Injury

17. Which of the following casualties has the greatest need for an emergent evacuation?
 - a. A casualty of an IED who 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 now has an absent radial pulse.
 - d. A casualty in traumatic cardiac arrest

18. What is the most important thing to do after splinting an open fracture?
 - a. Check to ensure that the pulses distal to the splint have not been reduced by the splint
 - b. Check to ensure that the extremity is completely covered by the wrapping material used in splinting
 - c. Check to ensure that the extremity is in perfect alignment
 - d. Check the remaining extremities for fractures

19. Which of the following is an appropriate reason to give casualty morphine?
 - a. His wounds are minor and he can continue to fight
 - b. He is in shock
 - c. He has a chest wound and is in respiratory distress
 - d. He has burns over 40% BSA

20. Which of the following statements about Tactical Casualty Care is true?
 - a. Extremity hemorrhage is the most frequent cause of preventable deaths in the tactical situation.
 - b. Most tactical fatalities die from airway problems
 - c. Life-threatening extremity bleeding is treated in the Direct Threat Care phase with Hemostatic Gauze
 - d. Airway management is accomplished in the Direct Threat Care phase

21. 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?
 - a. Nasopharyngeal airway placement
 - b. Endotracheal intubation
 - c. Surgical airway
 - d. Bag-mask ventilation

22. During an early morning high risk warrant service in a rural area 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 helicopter evacuation platform will arrive at your location in one-half hour. The closest trauma center is 15 minutes away by air. Which is the best strategy for dealing with the tourniquet on your leg?
 - a. Replace the tourniquet with a Hemostatic Gauze dressing
 - b. Loosen the tourniquet to see if the bleeding stopped
 - c. Construct a pressure dressing over your leg wound, and remove the tourniquet yourself
 - d. Leave the tourniquet in place

23. Which of the following statements concerning Tactical Casualty Care is true?
 - a. Casualties who are alert and can swallow should not be allowed to take fluids by mouth.
 - b. The intraosseous method 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 during helicopter Tactical Evacuation Care.
 - d. All combat wounds produce severe pain.

24. Fluid resuscitation to treat shock is first considered in which phase of care?
- Direct Threat Care
 - Indirect Threat Care
 - Evacuation Care
 - Hospital Care
25. Which statement concerning hypothermia is true?
- Much easier to prevent than treat
 - Not an issue in modern military or civilian helicopters
 - Improves trauma patient outcome
 - Impossible to prevent in all casualties
26. All of the following are an advantage of fentanyl lozenges over morphine except which one?
- No need to start an IV to administer
 - Works faster than IM morphine
 - No potential for respiratory depression
 - Cheaper than morphine per dose
27. Which of the following describes the correct landmarks for performing a needle decompression (on the side of the chest with the injury)?
- Second intercostal space, mid-clavicular line
 - Second intercostal space, mid-axillary line
 - Fourth intercostal space, mid-clavicular line
 - Third intercostal space, mid-axillary line
28. In a hazardous environment, what is the initial treatment of choice for stopping severe extremity hemorrhage?
- Direct pressure
 - Pressure point compression
 - Elevation of the extremity
 - A tourniquet
29. What is the primary role for Hemostatic Gauze dressings?
- Control of severe external bleeding
 - Abdominal wounds without severe external bleeding
 - Open head wounds with minor bleeding and brain matter exposed
 - Control of major intrathoracic hemorrhage

30. You have a casualty with severe external bleeding from a groin wound. During Indirect Threat Care, you packed the wound with hemostatic gauze but were unsuccessful at stopping the hemorrhage. What should you do next?
- Stop and take a few minutes to think about what to do next.
 - Revert to a standard gauze dressing to control bleeding.
 - Remove the first hemostatic gauze and replace with a second.
 - Stick your finger into the wound and block the bleeding blood vessel
31. A casualty with a decreased level of consciousness (without TBI) and an abnormal radial pulse is considered as which of the following?
- Immediately pre-terminal
 - Herniating
 - Experiencing acute onset of PTSD
 - In shock
32. Which is the best route for administering morphine to a trauma patient?
- Intramuscular
 - Subcutaneous
 - Intravenous
 - Sublingual
33. In addition to treating the casualty and completing the mission, what is the third objective of TECC?
- Stop tactical movement to arrange medical care
 - Evacuate all casualties via Helicopter EMS
 - Prevent additional injuries and minimize public harm
 - Ensure all casualties receive IV's
34. A casualty with a sucking chest wound has been treated with an non-vented occlusive dressing. She begins to have increasing difficulty breathing. Which of the following is the correct first action?
- Put in a chest tube
 - Lift one side of the occlusive dressing
 - Perform a needle decompression.
 - increase the amount of oxygen administered
35. Positive pressure ventilation and the use of an unvented chest seal may predispose a patient to which of the following complications?
- Increased hemorrhage
 - Flail chest
 - Tension pneumothorax
 - Carotid artery embolus

36. Which of the following is the preferred IV/IM antibiotic in TECC?
- Cefazolin
 - Ertapenem
 - Gentamicin
 - Penicillin
37. How should tourniquets be applied in Direct Threat Care?
- Distal to the injury
 - Loose to be tightened later if all other attempts at bleeding control fail
 - Exactly 1.5 to 2 inches above the injury with no clothing between the tourniquet and the casualty's skin
 - High and tight
38. Before giving narcotic analgesia to a combatant, the provider should first take which of the following actions?
- Place a large bore IV
 - Disarm the combatant
 - Ask permission from the combatant's physician
 - Make sure the combatant is on an evacuation platform before receiving analgesia
39. Why is ketamine useful in trauma?
- It has less of an effect on blood pressure than morphine or Fentanyl
 - It can be given IV
 - It is less of a vasoconstrictor
 - The casualty can still fight after administration
40. All of the following will make a TBI worse except which finding?
- Hypovolemic shock
 - Hypothermia
 - Hypoxia
 - CO₂ level of 35-45
41. Which statement about tourniquets is false?
- Damage to an arm or a leg is rare if the tourniquet is left on for less than two hours.
 - Tourniquets are often left in place for several hours during surgical procedures.
 - Training tourniquets can be used on missions if they have only been used for less than six months.
 - All unit members should have a tourniquet at a standard location on their battle gear.

42. Which of the following statements regarding TXA is false?
- It promotes new clot formation.
 - It prevents the breakdown of forming clots.
 - The survival benefit is greatest if it is given within one hour of injury.
 - A second dose should be given after initial fluid resuscitation is completed.
43. What should a provider do if a patient's blood pressure drops while receiving TXA?
- Speed up the infusion
 - Add an additional gram of TXA to the infusion
 - Slow down the infusion
 - Immediately administer Anti-TXA antidote
44. The goals of fluid resuscitation are a palpable radial pulse and which of the following?
- B/P of at least 110 systolic
 - Heart rate greater than 120
 - End points defined by the Parkland formula
 - Improved level of consciousness in the absence of a traumatic brain injury
45. When dealing with pediatric casualties, which of the following may enhance airway positioning?
- Elevating the casualty's feet
 - Early intubating all pediatrics
 - Elevation of the casualty's shoulders
 - Withholding Oxygen to promote a hypoxic drive
46. How does TXA work?
- Prevents clots that are forming from being broken down by the body
 - Elevates ATP production resulting in increased energy
 - Blocks the Krebs Cycle, thus decreasing acidosis
 - Help carry oxygen to cells
47. Which of the following is a common site for junctional hemorrhage?
- Back of the head
 - Area between fingers
 - Area behind the knee
 - Base of the neck

48. What is the most appropriate type of catheter to use to decompress a tension pneumothorax?
- a. As short as commercially available
 - b. 20 gauge X 1.25 inches
 - c. Bi-beveled trocar
 - d. 10-14 gauge X 3.25 inches
49. Which term describes air between the lung and chest wall due to an injury to the lung (either open or closed)?
- a. Traumatic fistula
 - b. Empyema
 - c. Pleural effusion
 - d. Pneumothorax
50. How long does it take to bleed to death from a complete femoral artery and vein disruption?
- a. Hours to days
 - b. Femoral artery injuries are extremely rare and are not a concern
 - c. Instantly
 - d. As little as 3 minutes