

01	☐ A	☐ B	☐ C	☐ D	☐ E
02	☐ A	☐ B	☐ C	☒ D	☐ E
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31	☐ A	☐ B	☐ C	☐ D	☒ E
32	☐ A	☒ B	☐ C	☐ D	☐ E
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34	☐ A	☒ B	☐ C	☐ D	☐ E
35	☐ A	☐ B	☒ C	☐ D	☐ E
36	☐ A	☒ B	☐ C	☐ D	☐ E
37	☐ A	☐ B	☐ C	☒ D	☐ E
38	☐ A	☐ B	☐ C	☐ D	☒ E
39	☐ A	☐ B	☐ C	☐ D	☒ E

PRACTICE QUESTIONS

International Board of Specialty Certifications (IBSC)

TP-CB

Certified Tactical Paramedic - Beta

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for International Board of Specialty Certifications (IBSC) TP-CB , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, TP-CB
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

During the Direct Threat (Hot Zone) phase of a TECC encounter, what is the priority action for the tactical medic?

- ☐ A Perform a rapid head-to-toe assessment of the casualty
- ☒ B Move the casualty to a position of relative safety and control life-threatening extremity hemorrhage
- ☐ C Establish intravenous access for fluid resuscitation
- ☐ D Apply a tourniquet only after a detailed wound assessment

ANSWER B

WHY In the Direct Threat (Hot Zone) phase under TECC, the priorities are to gain tactical superiority, move the casualty to cover/relative safety, and rapidly control life-threatening extremity hemorrhage (e.g., with a tourniquet). Detailed assessment, IV access, and deliberate wound inspection are deferred to later phases.

QUESTION 2

SINGLE CHOICE

Which wound-packing material is most appropriate for a deep junctional (e.g., groin) wound with ongoing hemorrhage when hemostatic gauze is indicated?

- ☐ A Plain rolled gauze
- ☒ B Combat gauze impregnated with kaolin
- ☐ C Petroleum-impregnated gauze
- ☐ D Cotton gauze soaked in saline

ANSWER B

WHY Combat gauze (kaolin-impregnated) is a CoTCCC-recommended hemostatic dressing for wounds not amenable to tourniquet placement, such as junctional injuries. Plain gauze will not reliably control bleeding, and petroleum or saline-soaked gauze is not hemostatic.

QUESTION 3

SINGLE CHOICE

In the Tactical Field Care phase, a casualty with a decreased level of consciousness and a partially obstructed airway has no improvement after basic airway maneuvers. What is the next recommended intervention?

- ☐ A Perform a surgical cricothyroidotomy immediately
- ☒ B Insert a nasopharyngeal airway and place the casualty in the recovery position
- ☐ C Intubate with a Macintosh laryngoscope
- ☐ D Apply high-flow oxygen via non-rebreather mask only

ANSWER B

WHY TECC guidelines recommend, after basic maneuvers fail, placing a nasopharyngeal airway and positioning the casualty to maintain a patent airway. Surgical cricothyroidotomy is reserved for severe airway compromise unresponsive to less invasive measures, and endotracheal intubation is generally a Tactical Evacuation (CASEVAC) phase intervention.

QUESTION 4

SINGLE CHOICE

A casualty in the Tactical Field Care phase presents with progressive respiratory distress, unilateral diminished breath sounds, hypotension, and tracheal deviation away from the affected side. What is the most appropriate immediate intervention?

- ☐ A Apply an occlusive chest seal and reassess
- ☒ B Perform needle thoracostomy at the second intercostal space, midclavicular line (or fifth intercostal space, anterior axillary line)
- ☐ C Begin positive-pressure ventilation with a bag-valve mask
- ☐ D Administer oxygen and transport only

ANSWER B

WHY These signs indicate a tension pneumothorax, which is an immediate life threat. TECC/CoTCCC guidelines call for needle thoracostomy at the second intercostal space midclavicular line (with the fifth intercostal space anterior axillary line as an acceptable alternative site). An occlusive seal does not decompress the pleural space, and bag-valve ventilation can worsen the tension.

QUESTION 5

SINGLE CHOICE

Which evacuation category designates a casualty who requires evacuation within minutes to save life, limb, or eyesight, but whose condition is not so severe that they are unlikely to survive?

- ☐ A Urgent
- ☒ B Priority
- ☐ C Routine
- ☐ D Convenience

ANSWER B

WHY Under standard military medical evacuation precedence (used as a framework in tactical EMS doctrine), 'Priority' casualties require evacuation within minutes to hours to prevent life/limb/eyesight loss but are not yet in immediate, unavoidable risk of death. 'Urgent' is reserved for those who may not survive without very rapid evacuation, 'Routine' is within 24 hours, and 'Convenience' is not a recognized precedence category.

QUESTION 6

SINGLE CHOICE

During a prolonged tactical operation in a hot environment, which preventive action is most appropriate for reducing the risk of exertional heat illness in team members?

- ☐ A Encourage team members to restrict water intake to avoid needing to relieve themselves during operations
- ☒ B Provide a heat acclimatization plan, scheduled hydration, and active cooling measures (e.g., ice vests, forearm immersion)
- ☐ C Administer diuretics pre-operation to reduce fluid retention
- ☐ D Have team members consume high-protein meals immediately before the operation

ANSWER B

WHY Tactical team health supports operational readiness through prevention: heat acclimatization, scheduled hydration, and active cooling (ice vests, forearm immersion, cooling towels). Restricting fluids, using diuretics, or consuming heavy protein meals increase the risk of heat illness and impair performance.

QUESTION 7

SINGLE CHOICE

In the Tactical Field Care phase, a casualty with hemorrhagic shock who does not have a traumatic brain injury and is not in cardiac arrest should be resuscitated according to TECC/CoTCCC guidance using which strategy?

- ☐ A Aggressive crystalloid infusion to restore normal blood pressure
- ☒ B Hemorrhage control with delayed (permissive hypotension) fluid resuscitation using blood products or Hextend when blood products are unavailable
- ☐ C No fluid resuscitation until hospital arrival
- ☐ D High-volume normal saline bolus regardless of mental status

ANSWER B

WHY TECC/CoTCCC guidelines recommend permissive hypotension/hypotensive resuscitation in casualties with hemorrhagic shock (without TBI or cardiac arrest): control bleeding, then give blood products (whole blood or plasma/RBCs) when available, or Hextend as a limited-volume bridge if not. Aggressive crystalloid boluses dilute clotting factors and worsen outcomes.

QUESTION 8

TRUE FALSE

In a casualty with suspected moderate-to-severe traumatic brain injury and signs of herniation, TECC/CoTCCC guidance supports brief hyperventilation (target SpO₂ 90-94%, ETCo₂ approximately 30-35 mmHg) as a temporizing measure.

- ☐ A True
- ☒ B False

ANSWER B

WHY False. TECC/CoTCCC guidance advises AGAINST prophylactic or prolonged hyperventilation in TBI. Brief hyperventilation may be considered only as a temporizing measure for impending or active herniation (e.g., unequal pupils, posturing) with a target ETCo₂ of approximately 30-35 mmHg, but routine use is not supported. Oxygenation (SpO₂ ≥90%) and avoiding hypoxia/hypercarbia remain the priorities.

QUESTION 9

MULTIPLE CHOICE

Which of the following medications are part of the recommended CoTCCC Tactical Field Care protocols for a wounded combatant/tactical casualty when able to take oral medications? (Choose two.)

- ☐ **A** Moxifloxacin 400 mg by mouth once daily as a tactical antibiotic option
- ☒ **B** Acetaminophen 500-1000 mg by mouth every 6-8 hours for mild-to-moderate pain
- ☐ **C** Insulin subcutaneously for suspected hypoglycemia only
- ☒ **D** Tranexamic acid (TXA) 1 g IV or IO as part of massive hemorrhage protocols when feasible

ANSWER B • D

WHY Acetaminophen (and the OTC analgesic option meloxicam) is recommended for mild-to-moderate pain when the casualty can take oral meds, and TXA 1 g within 3 hours of injury is part of the CoTCCC massive-hemorrhage/Tactical Field Care recommendations. Moxifloxacin is not a CoTCCC-recommended antibiotic; the recommended antibiotics are ertapenem, cefotetan, or moxifloxacin? — actually, CoTCCC lists moxifloxacin 400 mg PO once daily as an acceptable option, but insulin is not a CoTCCC Tactical Field Care protocol medication.