

1. What is the most preventable cause of death in casualties?
2. What are the steps for care under fire?
3. What are the major goals of CUF?
4. What is a Basic Management Plan for Care Under Fire?
5. What are the characteristics of life threatening bleeding?
6. What types of tourniquets should be used to control extremity bleeding?
7. What is proper method of CAT application?
8. What is tactical field care?
9. What actions are taken during Tactical Field Care?
10. What remains paramount in tactical field care?
11. What is MARCH?
12. What does M mean in MARCH?

13. What are common TQ mistakes you should avoid?
14. What does A mean in MARCH?
15. What is one of the most common forms of airway obstruction?
16. What are the procedures for aiding an unconscious casualty with no airway obstruction?
17. What are the actions for aiding a casualty with an airway obstruction?
18. What are considerations for dealing with thoracic trauma?
19. What does R mean in MARCH?
20. How is thoracic trauma addressed during tactical field care?
21. What is tension pneumothorax? When is tension pneumothorax considered?
22. When should you consider the use of a NCD?
23. Using a 14 gauge needle, where should the NCD be placed?

24. Where should a Second NCD be placed?
25. How do you unclog a NCD?
26. How should sucking chest wounds be treated?
27. What does C mean in MARCH?
28. What are the common points for checking pulses?
29. How to check carotid pulse?
30. How to check femoral pulse?
31. How do you check the radial pulse?
32. How do you check the posterior tibial pulse?
33. Why is it a bad idea to check a casualty's pulse using your thumb?
34. What interventions should be applied for suspected pelvic fracture?

35. Limb tourniquets and junctional tourniquets should be converted to hemostatic or pressure dressings asap if what 3 criteria are met?
36. Every effort should be made to convert tourniquets in less than ____ hours if bleeding can be controlled with other means.
37. What is a method for TQ conversion?
38. What are some Methods for releasing a TQ?
39. IV or IO access is indicated if the casualty is in hemorrhagic shock or at significant risk of shock (and therefore may need fluid resuscitation). For IV, an ____-gauge IV or saline lock is preferred.
40. What does H mean in MARCH?
41. Why is it important to evaluate a casualty for shock?
42. Why is hypovolemic shock a concern with casualties?
43. Once a casualty is in shock, he is susceptible to the lethal triad. What is the lethal triad?
44. What are the 9 most common symptoms of shock?

45. What are considerations for hypothermia management?

46. What steps can be taken to reduce the risk of hypothermia?

47. What actions are taken if an eye injury is noted or suspected?

48. What is the goal of analgesia?

49. What is the goal of sedation?

50. How is pain management achieved?

51. How are burns to be treated?

52. What is triage?

53. What are considered immediate casualties?

54. What are considered delayed casualties?

55. What are considered minimal casualties?

56. What are considered expectant casualties?
57. What are considered Urgent, or category A casualties?
58. What are considered Priority, or category B casualties?
59. What are considered Routine, or Category C casualties?
60. What actions are taken for fractures?
61. What are signs of a traumatic brain injury?
62. What are considerations for dealing with head injuries?
63. What is a concussion?
64. What is the procedure for applying a pressure dressing?
65. What are the steps for applying combat gauze?
66. What 3 types of combat gauze are approved for use?

67. What is the hemostatic dressing of choice for a compressible/external hemorrhage not amenable to limb tourniquet use or as an adjunct to tourniquet removal?
68. Hemostatic agents should be applied with at least how many minutes of direct pressure?
69. What is the only hemostatic dressing that is not to be removed in the field?
70. Is cervical spine stabilization necessary for casualties who have sustained only penetrating trauma?
71. Do not remove a tourniquet that has been in place more than ___ hours unless close monitoring and lab capability are available.
72. True or False: all TCCC interventions can be performed on or through burned skin in a burn casualty.
73. True or False: resuscitation on the battlefield for victims of blast or penetrating trauma who have no pulse, no ventilations, or other signs of life should be attempted.
74. Document clinical assessments, treatments rendered, and changes in the casualty's status on DD form _____.
75. The term "tactical evacuation" includes both _____ and _____.

76. What are indicators of a source of bleeding?

77. What does it mean to compress the wound?

78. What is X-stat best used for?

79. What is useful for external hemorrhage of the head and neck?

80. What are alternate hemostatic agents?

81. What should be done with burn casualties?

82. What is a concern for casualties with facial burns?

83. Burn patients are particularly susceptible to hypothermia. What does this mean?

84. What are considerations for casualties in CBRN environments?

85. Assessment and treatment of casualties in CBRN environments follows what algorithm?

86. What does the acronym CRESS used for?

87. What is the 9 Line MEDEVAC?

88. What information is outlined in LINE 1?

89. What information is outlined in LINE 2?

90. What information is outlined in LINE 3?

91. What information is outlined in LINE 4?

92. What information is outlined in LINE 5?

93. What information is outlined in LINE 6?

94. What information is outlined in LINE 7?

95. What information is outlined in LINE 8?

96. What information is outlined in LINE 9?

97. What is the format for a MIST report?

98. Casualties need to be disarmed after being given what treatments?

99. What are the characteristics of Tactical Evacuation care?
100. What are the goals of fluid resuscitation therapy?
101. What are the characteristics of acetaminophen?
102. What are the characteristics of ERTAPENEM (INVANZ)?
103. What are the characteristics of FENTANYL ORAL LOZENGE / ORAL TRANSMUCOSAL FENTANYL CITRATE (OTFC)?
104. What are the characteristics of KETAMINE (KETALAR)?
105. What are the characteristics of MELOXICAM (MOBIC)?
106. What are the characteristics of MORPHINE SULFATE (MSO4)?
107. What are the characteristics of MOXIFLOXACIN (AVELOX)?
108. What are some of the characteristics of NALOXONE (NARCAN)?

109. What are some of the characteristics of ONDASETRON ORAL DISSOLVING TABLET (ZOFRAN)?
110. What are some of the characteristics of ONDASETRON INJECTION (ZOFRAN)?
Class: GI agent - 5-HT₃ antagonist, antiemetic
111. What are some of the characteristics of TRANEXEMIC ACID (TXA, CYKLOKAPRON)?
112. What is the MARCH algorithm for K9?
113. Why is it a sound practice to apply a muzzle when treating a canine casualty?
114. What is the process for massive bleeding control for canines?
115. What is the process for conducting blood sweeps on a K9?
116. When turning a dog over, why should you turn them abdomen down?
117. How do we maintain airways for canine casualties?
118. How do we maintain respiration for canine casualties?

119. How do you maintain circulation for canine casualties?

120. How do you check the capillary refill time?

121. How do we prevent hypothermia due to hypovolemia in a canine casualty?

122. What does the acronym PAWS mean?

Intellectual Infantryman