USMLE Step 3 · CCS Cheat Sheet

Stabilize → Diagnose → Treat → Monitor → Prevent

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13	10–20	25–30%	2–2.5%	198	220–230
CASES	MIN / CASE	OF TOTAL SCORE	PER CASE	PASSING, JUL 2025	TYPICAL RANGE

00 The Six Pillars of Scoring

what every case is graded on

1. Physical exam and monitoring
2. Diagnostic orders
3. Treatment and monitoring
4. Location and timing
5. Procedures, when indicated
6. Preventive care

01 Stabilize HAVOCC

acute presentations — do this first

H	**Hurting**	Provide pain control
A	**Access**	IV access, fluids, accu-check
V	**Vitals**	Repeat frequently if unstable
O	**Oxygen**	Add pulse oximetry — consider naloxone if indicated
C	**Cardiac monitor**	Add an EKG
C	**C-spine**	Immobilization — especially in trauma

02 Diagnose I-BOUP

first pass, then add the two buckets

I	**Imaging**	CXR, CT, echo, and other imaging as indicated
B	**Blood**	Use the blood panel mnemonic below
O	**Other**	Stool tests, rheumatologic panels, other targeted tests
U	**Urine**	UA, culture, ketones, protein, related studies
P	**Pregnancy**	In all women of childbearing age

+ MICRO
Cultures — blood, urine, sputum, LP if needed

+ TOXINS
Urine tox, ethanol, acetaminophen, salicylates

03 Blood Panel

"Cool Cats Crush Mice, Playing Cleverly Under Angry Lamps"

Cool	CBC
Cats	CK
Crush	Cardiac enzymes
Mice	CMP
Playing	Pancreatic enzymes
Cleverly	Coags
Under	Urinalysis
Angry	ABG
Lamps	Lactate

Preventive Care, Scoring & Prep

The two-minute drill — and the points people leave behind

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04 Vaccines P-MiST

run these on every applicable case

- **P** Pneumococcal
- **M** Meningococcal
- **I** Influenza
- **S** Shingles
- **T** Tdap

05 Screening & Counseling PMC CREA4S

the four S's close it out

- **P** Pap smear
- **M** Mammogram
- **C** Colonoscopy
- **C** Counseling — diagnosis, meds, lifestyle
- **R** Reassurance
- **E** Exercise and diet
- **A** Alcohol cessation
- **S** Safe sex
- **S** Seatbelt
- **S** Smoking cessation
- **S** Social work

06 Rules That Cost Points

where most candidates lose credit

- → **Sequencing and timing matter.** Delayed orders may score little or no credit.
- → **Unnecessary or harmful orders can penalize you.** Every order should have a reason.
- → **Aim for safety and logic** rather than completeness.
- → **Avoid over-intervention** when watchful waiting is appropriate.
- → **Do not skip preventive orders at the end.** Omitting them may cost points.

07 The Minimalist Prep Plan

work smarter, not longer

Timing	Take it early — ideally within the first 6 to 9 months of PGY-1, while you are still in test-brain mode.
UWorld	About 10% of the QBank, focused on biostats, ethics, and management. Chase competence, not completion.
CCS	Twenty cases on CCSCases.com. By case 20 you will have the rhythm — it is variations on the same logic.
Biostats	One Dr. Randy playlist. One evening, one coffee.
Anki	Ten to fifteen minutes per day, selectively — only topics that keep tripping you up.

08 Quick Answers

How much of Step 3 is CCS?
Roughly 25% to 30% of your total score, with each of the 13 cases worth about 2% to 2.5%.

What is the passing score?
As of July 2025, the passing score is 198. Most examinees score between 220 and 230.

Are preventive orders weighted heavily?
They count, especially if you use them consistently — but timing and clinical context are key.