

ANNEX D PROLONGED CASUALTY CARE (PCC) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. **Annex __ is the medical services portion of the operation plan that provides a summary of medical threats, diseases, assets, and prophylactic guidance.**
 - A. M
 - B. Q
 - C. T
 - D. S
2. **Bradypnea can be caused by which of the following?**
 - A. Oversedation
 - B. Hypothyroidism
 - C. Fever
 - D. Pain
3. **The lethal diamond includes hypocalcemia as one of its components.**
 - A. False
 - B. True
 - C. Coagulopathy
 - D. Hypothermia
4. **Which statement about end-of-life care goals is accurate?**
 - A. Management of resources is a key goal
 - B. Comfort and symptom relief are primary goals
 - C. Aggressive interventions are the main focus
 - D. Delayed family support is prioritized
5. **Which of the following is included in the six P's used to assess burn complications?**
 - A. Pain
 - B. Palpable pulse
 - C. Pulse
 - D. Temperature

- 6. Which nursing intervention is recommended for preventing deep vein thrombosis?**
- A. Compression stockings or elastic bandage
 - B. Leg and foot exercise
 - C. Ice packs
 - D. Bed rest
- 7. What are the indications for a supraglottic airway device in PCC?**
- A. As first-line in all patients regardless of airway condition.
 - B. If basic maneuvers fail to maintain airway patency or ventilation and trained to place it.
 - C. Only after a cricothyrotomy is attempted.
 - D. Never use in the field.
- 8. Trending vital signs can help identify:**
- A. Early deterioration
 - B. Need for intervention
 - C. Dehydration
 - D. All of the above
- 9. What is the recommended management for a suspected tension pneumothorax in PCC?**
- A. Ignore it if there is no immediate distress.
 - B. If trained and if equipment is available, perform needle decompression per protocol and continue evacuation; monitor for clinical improvement.
 - C. Place a chest tube immediately.
 - D. Wait for definitive surgery.
- 10. What infection prevention practices are essential during prolonged care?**
- A. Hand hygiene only during dressing changes.
 - B. Reuse of dressings to save supplies.
 - C. Hand hygiene, sterile dressing changes when possible, use of clean gloves, and minimizing wound exposure.
 - D. Avoiding hand hygiene to prevent skin irritation.

Answers

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1. B
2. A
3. B
4. B
5. A
6. B
7. D
8. D
9. D
10. C

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Explanations

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1. Annex __ is the medical services portion of the operation plan that provides a summary of medical threats, diseases, assets, and prophylactic guidance.

- A. M
- B. Q**
- C. T
- D. S

Medical planning in an operation plan is organized around a dedicated annex that brings together the health threat picture, disease risks, medical assets, and prophylaxis guidance so the team can anticipate and mitigate medical risk throughout the operation. The medical services annex is specifically designed to capture these elements in one place, summarizing what medical threats and diseases are anticipated, what medical resources are available (medics, facilities, evacuation routes), and what prophylactic measures should be taken (vaccinations, chemoprophylaxis, bite/arthropod precautions, field hygiene, PPE). This alignment ensures medical planning informs decisions and actions across the plan, from risk assessment to healthcare delivery and casualty management. Other annexes focus on different domains—logistics, operations, intelligence, etc.—and do not cover the medical threat landscape and prophylaxis in this integrated way. So the item described matches the medical services annex.

2. Bradypnea can be caused by which of the following?

- A. Oversedation**
- B. Hypothyroidism
- C. Fever
- D. Pain

Bradypnea is a slower-than-normal breathing rate. It is most often caused by oversedation from opioids or other sedatives that depress the brainstem's respiratory drive, leading to slower and shallower breaths. That direct effect on the respiratory center makes oversedation the best explanation for a slowed breathing rate. Hypothyroidism can influence breathing indirectly but doesn't typically produce a sudden, marked slowdown in respiration. Fever tends to increase, not decrease, the breathing rate as the body meets higher metabolic demand, and pain likewise often causes faster breathing due to stress and sympathetic activation.

3. The lethal diamond includes hypocalcemia as one of its components.

- A. False
- B. True**
- C. Coagulopathy
- D. Hypothermia

The lethal diamond expands the traditional lethal triad by adding hypocalcemia as a fourth critical factor. In severe bleeding and rapid resuscitation, citrate from stored blood can bind calcium, lowering ionized calcium levels. Calcium is essential for the coagulation cascade and for the heart's ability to pump effectively; when calcium drops, clotting worsens and perfusion can deteriorate, creating a deadly cycle. So, stating that hypocalcemia is included in the lethal diamond is correct. Hypothermia and coagulopathy are also part of this framework, highlighting how these factors interact to drive worsening hemorrhagic shock.

4. Which statement about end-of-life care goals is accurate?

- A. Management of resources is a key goal
- B. Comfort and symptom relief are primary goals**
- C. Aggressive interventions are the main focus
- D. Delayed family support is prioritized

End-of-life care centers on reducing suffering and preserving quality of life. The statement that comfort and symptom relief are primary goals reflects this focus: actively easing pain, breathlessness, nausea, agitation, and other distressing symptoms, while respecting the patient's values and preferences and supporting family and dignity. While decisions about resource use or avoiding aggressive treatments may shape the overall plan, they are not the primary aim of the care itself. The care plan is oriented toward what brings relief and comfort to the patient, not towards pursuing invasive measures at the end of life.

5. Which of the following is included in the six P's used to assess burn complications?

- A. Pain**
- B. Palpable pulse
- C. Pulse
- D. Temperature

In burn complication assessment, the six Ps provide a quick checklist for neurovascular compromise: Pain, Pallor, Paresthesias, Paralysis, Pulselessness, and Poikilothermia. Pain is included because it is a patient-reported signal of tissue injury and can warn of evolving problems such as swelling pressing on nerves or vessels or deeper tissue damage. A sudden or disproportionately high level of pain often triggers urgent reassessment and intervention. Palpable pulse isn't itself one of the six Ps; the sign related to pulses is pulselessness (absence of pulse). Temperature changes relate to Poikilothermia, another of the six signs, but the direct match among the given options is Pain, which is why it's the best answer.

6. Which nursing intervention is recommended for preventing deep vein thrombosis?

- A. Compression stockings or elastic bandage
- B. Leg and foot exercise**
- C. Ice packs
- D. Bed rest

Promoting venous return in the legs is the key to preventing deep vein thrombosis. Regular leg and foot exercises, like ankle pumps and calf muscle activations, stimulate the calf muscle pump to push blood upward toward the heart. This movement reduces venous pooling in the legs, diminishing stasis that can lead to clot formation. The benefits are practical and immediate: it's simple, safe, requires no special equipment, and can be done frequently in bed or while seated, making it a core part of prophylaxis for patients at risk. While compression stockings can also aid venous return, active movement directly improves blood flow. Ice packs don't affect venous flow, and prolonged bed rest increases stasis, so those options aren't preventive strategies for DVT.

7. What are the indications for a supraglottic airway device in PCC?

- A. As first-line in all patients regardless of airway condition.
- B. If basic maneuvers fail to maintain airway patency or ventilation and trained to place it.
- C. Only after a cricothyrotomy is attempted.
- D. Never use in the field.**

The main idea here is recognizing when a supraglottic airway serves as a rescue airway in prolonged casualty care. It is indicated when basic airway maneuvers fail to maintain a patent airway or adequate ventilation and the clinician is trained to place the device. In PCC, this device provides a rapid, reliable way to ventilate when bag-valve-mask ventilation is inadequate or when endotracheal intubation isn't immediately achievable, acting as a bridge to definitive airway management. It is not intended to be the universal first-line airway for every patient, and field use is common among trained responders. Statements asserting it should never be used in the field are incorrect because, in practice, supraglottic devices are a practical option for rapid airway control in many prehospital scenarios.

8. Trending vital signs can help identify:

- A. Early deterioration
- B. Need for intervention
- C. Dehydration
- D. All of the above**

Tracking how vital signs change over time lets you see how a patient's condition is evolving, not just what a single value shows. This is crucial for spotting early deterioration: small, progressive increases in heart rate or respiratory rate, or a change in mental status, can signal worsening before blood pressure drops. Recognizing those trends prompts timely intervention, guiding decisions about fluids, oxygen, pain control, or escalation to higher levels of care. Trends are also helpful for identifying dehydration, since the body's response to fluid loss often includes a rising heart rate and, as dehydration becomes more severe, potential drops in blood pressure and changes in mental status. By watching the trajectory of vitals, you can detect problems earlier, decide when to intervene, and catch dehydration early.

9. What is the recommended management for a suspected tension pneumothorax in PCC?

- A. Ignore it if there is no immediate distress.
- B. If trained and if equipment is available, perform needle decompression per protocol and continue evacuation; monitor for clinical improvement.
- C. Place a chest tube immediately.
- D. Wait for definitive surgery.**

Rapid relief of the pressure causing the tension pneumothorax is the priority in the field. In PCC, if you are trained and have the equipment, perform needle decompression according to protocol and continue evacuating the casualty, while monitoring for clinical improvement. Relieving the intrathoracic pressure restores venous return and cardiac output, buying time to reach definitive care. A chest tube can be placed as soon as feasible, but the immediate action in the field is rapid decompression rather than waiting for surgery or delaying care.

10. What infection prevention practices are essential during prolonged care?

- A. Hand hygiene only during dressing changes.
- B. Reuse of dressings to save supplies.
- C. Hand hygiene, sterile dressing changes when possible, use of clean gloves, and minimizing wound exposure.
- D. Avoiding hand hygiene to prevent skin irritation.

Preventing infection during prolonged care hinges on breaking the chain of infection through proper hand hygiene, aseptic dressing changes when possible, using clean gloves, and minimizing how long the wound is exposed. Hand hygiene is the foundation: clean hands before touching the wound or performing any care, and again after removing gloves or after contact with wound drainage or contaminated surfaces. Keeping dressing changes as sterile as possible helps maintain a clean wound environment and lowers the chance that bacteria enter the wound. Using clean gloves protects both patient and caregiver from cross-contamination, and changing gloves between tasks prevents spread of organisms. Minimizing wound exposure reduces opportunities for environmental pathogens to reach the wound and helps preserve the wound's healing environment. Together, these practices cover the main ways infections can be introduced or spread during ongoing care. Reusing dressings or skipping hand hygiene undermines safety, so they are not acceptable approaches.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://annexdpcc.examzify.com>

We wish you the very best on your exam journey. You've got this!

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