

Army Deployed Medical Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. When implementing Care Under Fire procedures, which option is the correct sequence?**
 - A. Ignore bleeding and focus on calling for support.**
 - B. Treat the casualty's injuries in order of severity before addressing threats.**
 - C. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.**
 - D. Wait for more fire superiority to ensure safety.**

- 2. Which form is used to document casualty data, injuries, and medical interventions?**
 - A. DD Form 1380**
 - B. SF 600**
 - C. DD Form 285**
 - D. DD Form 2879**

- 3. In a Tactical Field Care scenario in which an NPA has been inserted, how should you position the casualty when seeking medical aid?**
 - A. Supine**
 - B. Prone**
 - C. On their side with their hand supporting their head (recovery position)**
 - D. Seated upright**

- 4. A casualty has a tourniquet placed correctly and needs to be treated for hypothermia. Which choice represents the correct application of an active warming device?**
 - A. Cover completely except the face**
 - B. Leave the face completely covered**
 - C. Use a warming device on the torso only**
 - D. Place heat packs around the arms**

- 5. Casualty monitoring during Tactical Field Care (TFC) should occur as follows:**
- A. Monitor the casualty every 5 to 10 min for changes until medical personnel arrive.**
 - B. Monitor every 60 minutes only if the casualty is stable**
 - C. Monitor the casualty only if the casualty shows distress**
 - D. Monitoring is optional once bleeding has been controlled**
- 6. Which is one phase of Tactical Combat Casualty Care?**
- A. Care Under Fire**
 - B. Tactical Field Care**
 - C. Tactical Evacuation Care**
 - D. Care Under Fire, Tactical Field Care, & Tactical Evacuation Care**
- 7. Burn coverage percentage documentation is recorded on which form?**
- A. DD Form 1380**
 - B. DD Form 2567**
 - C. DD Form 93**
 - D. DD Form 2650**
- 8. When operating under Care Under Fire, which action is performed first for a casualty with injuries?**
- A. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.**
 - B. Ignore threats and begin bleeding control immediately.**
 - C. Withdraw to a secure zone before providing care.**
 - D. Finish a rapid, full-body assessment before any action.**
- 9. What is the purpose of the analgesic found in the CWMP?**
- A. Treat infection**
 - B. Help control pain**
 - C. Stabilize vital signs**
 - D. Accelerate healing**

10. Before attempting to move an injured casualty during the CUF phase, you should consider the following to reduce the risk to rescuers.

- A. The location of the nearest cover**
- B. The best way to move the casualty to cover (drag/carry)**
- C. The use of suppressive fire and smoke**
- D. All of the above**

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Answers

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

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Explanations

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1. When implementing Care Under Fire procedures, which option is the correct sequence?

- A. Ignore bleeding and focus on calling for support.**
- B. Treat the casualty's injuries in order of severity before addressing threats.**
- C. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.**
- D. Wait for more fire superiority to ensure safety.**

In a Care Under Fire situation, safety comes first. The correct sequence is to first return fire or move to cover to regain safety, then, if it can be done without compromising that safety, you control life-threatening bleeding on the casualty. Once bleeding is addressed as feasible, you continue with casualty care and evacuation as the tactical situation allows. Why this fits: you cannot save someone's life if you're not in a position to do so without becoming another casualty yourself. Addressing threats first minimizes ongoing danger and protects both you and the casualty, making subsequent bleeding control possible. In contrast, ignoring bleeding delays critical care; treating injuries by severity before threats ignores the dangerous environment; and waiting for fire superiority is too passive and wastes precious moments that could cost lives.

2. Which form is used to document casualty data, injuries, and medical interventions?

- A. DD Form 1380**
- B. SF 600**
- C. DD Form 285**
- D. DD Form 2879**

In the field, you need a compact, portable record that travels with the casualty and captures what happened, what injuries were found, and what medical interventions were performed. The field medical card is specifically designed for this purpose. It lets the medic log casualty data, injuries, vital signs, treatments given, and the times these actions occurred, so the next medical team can quickly understand the patient's status and continue care without delays. This card supports clear handoffs during evacuation and provides a concise, accessible history of the care provided on the front lines. The other forms aren't built for frontline documentation. They're used in different medical settings or for different administrative purposes, such as longer clinic records or non-field documentation, and don't offer the streamlined, point-of-care format needed to document battlefield casualty data and interventions efficiently.

3. In a Tactical Field Care scenario in which an NPA has been inserted, how should you position the casualty when seeking medical aid?

A. Supine

B. Prone

C. On their side with their hand supporting their head (recovery position)

D. Seated upright

Positioning the casualty in the recovery position with a nasal airway in place protects the airway and reduces the risk of aspiration while you seek medical aid. The nasal airway helps keep the airway patent, but an unconscious person can still have the tongue fall back or vomit secretions into the airway. Lying on the side allows secretions and vomitus to drain away from the airway by gravity, keeps the airway open by supporting the head so the airway remains aligned, and makes it easier for you to monitor breathing and assist if needed. Supine can allow the tongue to occlude the airway and doesn't drain secretions well. Prone makes airway management and monitoring more difficult and can hinder ventilation. Seated upright offers poor protection against aspiration and doesn't optimize airway patency.

4. A casualty has a tourniquet placed correctly and needs to be treated for hypothermia. Which choice represents the correct application of an active warming device?

A. Cover completely except the face

B. Leave the face completely covered

C. Use a warming device on the torso only

D. Place heat packs around the arms

The key idea is warming the casualty's core while preserving airway monitoring. In hypothermia care, you want heat to stay where it can raise the core temperature most effectively, which means insulating the body and applying active warming to the trunk area. Keeping the face exposed lets you see the casualty's breathing and quickly spot any airway issues, which is critical if their condition changes. Covering the body completely except for the face also minimizes heat loss from the torso while still allowing you to assess and manage the airway as needed. Heating the limbs or concentrating heat on the arms is less effective for core rewarming and can distract heat toward the periphery, potentially slowing stabilization.

5. Casualty monitoring during Tactical Field Care (TFC) should occur as follows:

A. Monitor the casualty every 5 to 10 min for changes until medical personnel arrive.

B. Monitor every 60 minutes only if the casualty is stable

C. Monitor the casualty only if the casualty shows distress

D. Monitoring is optional once bleeding has been controlled

In Tactical Field Care, the purpose of casualty monitoring is to catch deterioration early and intervene before it becomes irreversible. Even after bleeding is controlled, a casualty can slip into shock or develop airway, breathing, or circulation problems that aren't immediately obvious. Checking the casualty regularly—about every five to ten minutes—helps you track trends in mental status, breathing, skin color, pulse quality, and other signs of compromise. This frequent reassessment continues until medical personnel arrive, ensuring you don't miss a looming change and can hand off the patient with up-to-date information. Waiting longer between checks or monitoring only when distress appears risks missing a gradual decline in condition, and treating monitoring as optional after bleeding stops leaves the casualty vulnerable to sudden deterioration.

6. Which is one phase of Tactical Combat Casualty Care?

A. Care Under Fire

B. Tactical Field Care

C. Tactical Evacuation Care

D. Care Under Fire, Tactical Field Care, & Tactical Evacuation Care

Care Under Fire is a phase of Tactical Combat Casualty Care, the period when you and the casualty are still under direct hostile fire. The priority here is safety and rapid lifesaving actions that can be done with minimal exposure: control life-threatening bleeding, apply a tourniquet or other hemorrhage control, address immediate life threats, and move to cover or get the casualty to safety as quickly as possible. This phase is different from the next phase, where the threat has been reduced and you can provide more definitive care in a safer environment, and from the evacuation phase, which occurs during movement to higher care while continuing treatment. The option that groups all three phases together isn't a single phase, so naming Care Under Fire correctly identifies one distinct phase of the framework.

7. Burn coverage percentage documentation is recorded on which form?

- A. DD Form 1380**
- B. DD Form 2567**
- C. DD Form 93**
- D. DD Form 2650**

Documenting the extent of a burn is part of the initial clinical assessment you record for a patient in deployed settings. The form chosen for field medical records is the one that captures major injuries and treatment data in theater, so burn coverage percentage is recorded there. That form is designed to travel with the patient through evacuation and handoffs, ensuring the burn size is communicated to all subsequent care providers. Other forms serve different purposes—emergency data or administrative/administrative medical details—not the on-scene injury assessment like burn percentage. So the burn extent belongs on the field medical record form, not on those other documents.

8. When operating under Care Under Fire, which action is performed first for a casualty with injuries?

- A. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.**
- B. Ignore threats and begin bleeding control immediately.**
- C. Withdraw to a secure zone before providing care.**
- D. Finish a rapid, full-body assessment before any action.**

In this scenario, what matters first is keeping yourself and the team safe so you can continue helping casualties. Under Care Under Fire, the priority is to address the threat or move to cover to reduce exposure. Once you have established safety and it's feasible without placing yourself at greater risk, you then control life-threatening bleeding if you can do so without compromising safety. This emphasis on safety first is why that sequence is correct. Ignoring threats or rushing to bleeding control without regard to danger would put you and others at greater risk. A rapid, full-body assessment isn't practical or safe while still under active fire. Withdrawing to a secure zone before providing care can remove you from the danger zone, but under Care Under Fire you typically prioritize getting casualty care while maintaining some degree of protection or covering fire, not delaying care to retreat first.

9. What is the purpose of the analgesic found in the CWMP?

- A. Treat infection**
- B. Help control pain**
- C. Stabilize vital signs**
- D. Accelerate healing**

Pain control is the primary purpose of the analgesic in the CWMP. In battlefield care, relieving pain helps reduce the body's stress response, which lowers heart rate and blood pressure surges and makes it easier to assess and treat the patient. By easing pain, the patient remains more cooperative and comfortable during wound care and examinations, and the care team can work more effectively in a challenging environment. Analgesia does not directly treat infection, nor is its main job to stabilize vital signs (even though it can help stabilize them indirectly by reducing pain-induced stress), and it does not speed healing—healing is driven by wound care, infection control, and tissue repair.

10. Before attempting to move an injured casualty during the CUF phase, you should consider the following to reduce the risk to rescuers.

- A. The location of the nearest cover**
- B. The best way to move the casualty to cover (drag/carry)**
- C. The use of suppressive fire and smoke**
- D. All of the above**

In a casualty under fire, the aim is to minimize danger to rescuers while moving the casualty. Start by identifying the nearest cover to reduce exposure time in the open. Then pick the safest way to move the casualty to that cover, using a drag or carry method suited to the casualty's condition and the terrain so you stay stable and protected. If the situation allows, using suppressive fire to keep the threat down and smoke to obscure the line of sight can further reduce risk and create a safer window for extraction. When these elements are considered together, you maximize safety for the rescuers and improve the chances of getting the casualty to safety quickly.

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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://armydeployedmed.examzify.com>

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

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