

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 managing hypothermia in a trauma casualty, which provides external heating to the casualty?**
 - A. Active hypothermia management.**
 - B. Passive hypothermia management only**
 - C. Cooling the casualty with ice packs**
 - D. No external heating should be applied**

- 2. In the HEADS injury evaluation, what does the 'A' stand for?**
 - A. Amnesia**
 - B. Altered consciousness**
 - C. Anomia**
 - D. Apathy**

- 3. Under Care Under Fire, what should you prioritize before addressing life-threatening bleeding?**
 - A. Call for medevac immediately without addressing threats.**
 - B. Directly evacuate the casualty from the line of fire.**
 - C. Assess all injuries and perform a full medical evaluation on the field.**
 - D. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.**

- 4. Which set of equipment is included in the JFAK?**
 - A. Tourniquet, gauze, scissors, flashlight**
 - B. Tourniquet, homeostatic dressing, Nasal cannula, chest seal**
 - C. Tourniquet, homeostatic dressing, nasopharyngeal airway, chest seal**
 - D. Tourniquet, sterile gloves, sterile drapes, sutures**

- 5. If a casualty with a tourniquet is being evacuated, which action should you take first to manage life-threatening bleeding, if present?**
 - A. Elevate the limb**
 - B. Apply ointment**
 - C. Reassure the casualty**
 - D. Control hemorrhage**

- 6. Which statement best describes the E-C technique for sealing a bag-mask ventilation (BVM)?**
- A. It is a method to secure a good seal using the BVM.**
 - B. It is a technique for securing a tourniquet.**
 - C. It is a method for suctioning an airway.**
 - D. It involves mouth-to-mouth ventilation without a mask.**
- 7. All of the following are general indicators of shock except for:**
- A. Abdominal pain**
 - B. Altered mental status**
 - C. Cool, clammy skin**
 - D. Rapid breathing**
- 8. Which phrase correctly expands the AVPU acronym used for rapid consciousness assessment?**
- A. Alert, Verbal, Pain, Unresponsive**
 - B. Awake, Visual, Pain, Unconscious**
 - C. Alert, Vocal, Pressure, Unresponsive**
 - D. Aware, Verbal, Pulse, Unresponsive**
- 9. Which antibiotic is found in the CWMP?**
- A. Amoxicillin**
 - B. Moxifloxacin**
 - C. Ciprofloxacin**
 - D. Doxycycline**
- 10. 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**

Answers

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

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Explanations

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1. When managing hypothermia in a trauma casualty, which provides external heating to the casualty?

- A. Active hypothermia management.**
- B. Passive hypothermia management only**
- C. Cooling the casualty with ice packs**
- D. No external heating should be applied**

Actively applying external warmth to rewarm the casualty is the method used to provide external heating. In hypothermia, especially in a trauma setting, you want to raise the core temperature promptly, and this is achieved by active external rewarming—using heat sources such as radiant heaters, warm blankets, or forced-air warming devices to transfer heat to the body from outside. Passive rewarming, by contrast, relies on insulating the patient and preserving body heat without adding heat from outside. It helps, but it doesn't deliver heat directly, so the warming is slower and less effective in someone who is significantly cold. Using ice packs would lower the temperature further, and not applying any external heating would do nothing to raise the core temperature. So the approach that provides external heating is active external rewarming, using external heat sources to rewarm the casualty.

2. In the HEADS injury evaluation, what does the 'A' stand for?

- A. Amnesia**
- B. Altered consciousness**
- C. Anomia**
- D. Apathy**

Amnesia refers to post-traumatic memory loss, specifically the period after the injury during which the patient cannot form new memories or recall events around the incident. In head injury evaluation, this memory disruption is a key measure of severity and prognosis. You assess it by asking the patient to describe what happened before, during, and after the injury and by noting how much they remember about the incident itself. The longer the amnesia, the more concerning the injury tends to be. This focus on memory is distinct from altered consciousness, which is about the level of wakefulness and responsiveness at the time of evaluation, or from anomia, a language retrieval problem, or from apathy, a lack of motivation. Therefore, the A in HEADS is Amnesia.

3. Under Care Under Fire, what should you prioritize before addressing life-threatening bleeding?

- A. Call for medevac immediately without addressing threats.**
- B. Directly evacuate the casualty from the line of fire.**
- C. Assess all injuries and perform a full medical evaluation on the field.**
- D. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.**

In a Care Under Fire scenario, safety and threat management come first. The priority is to reduce exposure and protect you and the casualty by returning fire or moving to cover. Only after you've established a safer position should you attempt to control life-threatening bleeding, and do so only if you can do it without increasing risk or delaying evacuation. This sequencing prevents getting bogged down in medical tasks while bullets are still flying and aligns treatment with the reality that safety drives the ability to render care. Calling for medevac or performing a full on-the-ground assessment while under active fire isn't feasible, and moving the casualty without first securing cover isn't appropriate when danger remains.

4. Which set of equipment is included in the JFAK?

- A. Tourniquet, gauze, scissors, flashlight**
- B. Tourniquet, homeostatic dressing, Nasal cannula, chest seal**
- C. Tourniquet, homeostatic dressing, nasopharyngeal airway, chest seal**
- D. Tourniquet, sterile gloves, sterile drapes, sutures**

The set being tested focuses on the items that are standard in a Joint First Aid Kit to address the most urgent battlefield injuries: bleeding, airway, and chest trauma. The best choice includes a tourniquet to stop life-threatening limb bleeding, a hemostatic dressing to enhance clotting on wounds where a tourniquet isn't enough or isn't applicable, a nasopharyngeal airway to help keep the airway open in an unconscious or impaired patient, and a chest seal to manage penetrating chest injuries and prevent a pneumothorax. These four items together cover the primary priorities in tactical care: control bleeding, secure an airway, and treat chest trauma quickly. The other options mix in items that aren't typically part of the JFAK (like oxygen delivery devices) or include items more suited to a surgical kit (gloves, drapes, sutures) or general kit (scissors, flashlight) rather than the focused life-saving components of the kit.

5. If a casualty with a tourniquet is being evacuated, which action should you take first to manage life-threatening bleeding, if present?

- A. Elevate the limb
- B. Apply ointment
- C. Reassure the casualty
- D. Control hemorrhage**

Controlling hemorrhage is the immediate priority when there is life-threatening bleeding. With a tourniquet already in place, the first step is to verify that bleeding is being stopped by the tourniquet—ensure it's applied correctly, tightened enough, and not loosened. If bleeding continues, adjust or replace the tourniquet to restore control of the hemorrhage. Other actions like elevating the limb, applying ointment, or simply reassuring the casualty do not stop life-threatening bleeding as effectively, and thus aren't the first priority. Once hemorrhage is under control, you can proceed with other essential steps and evacuation.

6. Which statement best describes the E-C technique for sealing a bag-mask ventilation (BVM)?

- A. It is a method to secure a good seal using the BVM.**
- B. It is a technique for securing a tourniquet.
- C. It is a method for suctioning an airway.
- D. It involves mouth-to-mouth ventilation without a mask.

The E-C technique is all about getting a reliable seal on a bag-mask ventilator while keeping the airway open. One hand uses a firm C-shaped grip around the mask edge to press the mask against the face, forming an airtight seal. The same hand's other fingers work to lift the jaw and open the airway (the E part, jaw thrust). When the seal is tight and the airway is open, you can squeeze the bag effectively with minimal air leaks. This is specifically for sealing the bag-mask device. It isn't about placing a tourniquet, suctioning the airway, or performing mouth-to-mouth ventilation without a mask.

7. All of the following are general indicators of shock except for:

- A. Abdominal pain**
- B. Altered mental status
- C. Cool, clammy skin
- D. Rapid breathing

Shock is a state of inadequate tissue perfusion, so the body shows signs that blood isn't reaching organs effectively. The most general indicators reflect this systemic problem: altered mental status signals reduced brain perfusion, cool, clammy skin comes from peripheral vasoconstriction as blood is redirected to vital organs, and rapid breathing is the body's effort to increase oxygen delivery and perfusion. Abdominal pain, while it can accompany certain emergencies that cause shock, is not a universal sign of shock itself. It points to a specific underlying condition rather than to the overall perfusion failure.

8. Which phrase correctly expands the AVPU acronym used for rapid consciousness assessment?

- A. Alert, Verbal, Pain, Unresponsive**
- B. Awake, Visual, Pain, Unconscious**
- C. Alert, Vocal, Pressure, Unresponsive**
- D. Aware, Verbal, Pulse, Unresponsive**

AVPU is a quick bedside scale used to categorize a patient's level of consciousness after injury or illness. It moves from the most alert to the least responsive: Alert means the person is awake, oriented, and following commands. Verbal indicates the patient responds to spoken commands or sounds but is not fully awake. Pain means there is a response to a painful stimulus, showing some brain activity despite not waking fully. Unresponsive means there is no response to voice or pain, indicating a possible coma. The phrase that expands AVPU correctly is "Alert, Verbal, Pain, Unresponsive." Terms like Awake, Visual, Pressure, Pulse, or Unconscious don't align with the standard AVPU definitions, so they don't fit the acronym.

9. Which antibiotic is found in the CWMP?

- A. Amoxicillin**
- B. Moxifloxacin**
- C. Ciprofloxacin**
- D. Doxycycline**

The main idea is recognizing which antibiotic is chosen for the CWMP because of its versatility in field conditions. Moxifloxacin is included because it's a fluoroquinolone with broad activity against many Gram-positive and Gram-negative bacteria, plus strong anaerobic coverage, and it penetrates well into soft tissue and bone. This makes it suitable for a wide range of battlefield infections, and its reliable oral bioavailability allows easy switch from IV to oral in austere settings, reducing logistics and need for complex care. In contrast, amoxicillin has a narrower spectrum and wouldn't cover many of the pathogens encountered in combat wounds; ciprofloxacin covers many Gram-negatives but has poorer anaerobic coverage and less reliable tissue penetration for some intra-abdominal or soft-tissue infections; doxycycline, while useful for some pathogens, doesn't provide the same breadth of coverage, especially for anaerobes and certain organisms common in battlefield injuries.

10. 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.

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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