

ATP 4-02.11 - First Aid Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. Hyponatremia is water intoxication and is a medical emergency. What is First Aid for hyponatremia?**
 - A. Eat salty foods or snacks and evacuate**
 - B. Drink large amounts of water**
 - C. Take diuretics**
 - D. Ignore symptoms**

- 2. How can you differentiate heat exhaustion from heat stroke in a casualty?**
 - A. Heat exhaustion with sweating and cool, clammy skin; heat stroke with hot, dry skin, confusion, and possible unconsciousness**
 - B. Heat exhaustion: flushed skin; heat stroke: sweating heavily**
 - C. Heat exhaustion: no sweating; heat stroke: sweating**
 - D. Heat exhaustion: confusion only**

- 3. What are the eight steps for evaluating a casualty?**
 - A. Responsiveness, Breathing, Pulse, Bleeding, Shock, Fractures, Burns, Head injury**
 - B. Consciousness, Mobility, Temperature, Pulse, Bleeding, Breathing, Shock, Head injury**
 - C. Appearance, Airway, Breathing, Circulation, Disability, Exposure, Bleeding, Burns**
 - D. Pulse, Respiration, Mental status, Pain, Bleeding, Shock, Burns, Fractures**

- 4. Which of the following is not a valid method for marking MEDEVAC pickup site?**
 - A. Panels**
 - B. Smoke Signal**
 - C. None**
 - D. Pyrotechnic Signal**

- 5. CASEVAC stands for?**
 - A. Casualty Evacuation by Medical Vehicle or Aircraft**
 - B. Casualty Evacuation and Control**
 - C. Casualty Evacuation in Civil Vehicle or Aircraft**
 - D. Casualty Evacuation in Non Medical Vehicle or Aircraft**

- 6. Which line describes the number of patients?**
- A. Line 5. Number of patients: A - Litter; B - Ambulatory**
 - B. Line 1. Location of the pick-up site.**
 - C. Line 2. Radio frequency, call sign, and suffix**
 - D. Line 3. Number of patients by precedence: A - Urgent; B - Urgent Surgical; C - Priority; D - Routine; E - Convenience**
- 7. Med Evac Line 2**
- A. Line 2. Radio frequency, call sign, and suffix.**
 - B. Line 1. Location of the pick-up site.**
 - C. Line 3. Number of patients by precedence: A - Urgent; B - Urgent Surgical; C - Priority; D - Routine; E - Convenience**
 - D. Line 4. Special equipment required: A - None; B - Hoist; C - Extraction equipment; D - Ventilator**
- 8. When evaluating a casualty's chest wound, if unsure that the wound has penetrated the chest wall completely, what action should be taken?**
- A. Treat as a closed chest wound**
 - B. Ignore and monitor**
 - C. Treat as if it's an open chest wound**
 - D. Call for medical evacuation**
- 9. What are typical field indicators of a concussion/head injury and initial handling?**
- A. Loss of consciousness only.**
 - B. Dizziness and confusion without other signs.**
 - C. Amnesia and dizziness only, with no other sign.**
 - D. Confusion, dizziness, amnesia, and possible loss of consciousness; monitor and evacuate for medical evaluation.**
- 10. In CELT burn types, what does L stand for?**
- A. Light**
 - B. Liquids**
 - C. Laser**
 - D. Low-grade**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Hyponatremia is water intoxication and is a medical emergency. What is First Aid for hyponatremia?

- A. Eat salty foods or snacks and evacuate**
- B. Drink large amounts of water**
- C. Take diuretics**
- D. Ignore symptoms**

Hyponatremia from water overload is dangerous because diluting the sodium in the blood can cause brain swelling and serious neurologic problems. The first aid approach is to get the person to professional medical care urgently. Eating salty foods or snacks provides a quick sodium input to help raise the serum sodium level, which is why this option is favored in this scenario. Drinking large amounts of water would worsen the condition, and diuretics or simply ignoring symptoms are not appropriate first-aid responses. So the best immediate step is to have salty foods and evacuate to medical care, with emergency services contacted and the person monitored until help arrives.

2. How can you differentiate heat exhaustion from heat stroke in a casualty?

- A. Heat exhaustion with sweating and cool, clammy skin; heat stroke with hot, dry skin, confusion, and possible unconsciousness**
- B. Heat exhaustion: flushed skin; heat stroke: sweating heavily**
- C. Heat exhaustion: no sweating; heat stroke: sweating**
- D. Heat exhaustion: confusion only**

Distinguishing heat exhaustion from heat stroke relies on how the body's cooling system is functioning, which shows up in skin condition and mental status. In heat exhaustion the body is still cooling itself, so the casualty typically sweats and has cool, clammy skin; they may feel weak or dizzy but are usually not profoundly confused. In heat stroke the thermoregulation fails, the skin becomes hot to the touch and may be dry or very flushed because sweating has stopped; mental status changes such as confusion or unconsciousness are common. So, describing heat exhaustion as having sweating with cool, clammy skin and heat stroke as having hot, dry skin with confusion or possible unconsciousness captures the key clinical difference. Other descriptions either misstate sweating, misrepresent skin temperature, or omit the important mental status changes. If heat stroke is suspected, seek urgent medical help and begin cooling the casualty immediately.

3. What are the eight steps for evaluating a casualty?

- A. Responsiveness, Breathing, Pulse, Bleeding, Shock, Fractures, Burns, Head injury**
- B. Consciousness, Mobility, Temperature, Pulse, Bleeding, Breathing, Shock, Head injury**
- C. Appearance, Airway, Breathing, Circulation, Disability, Exposure, Bleeding, Burns**
- D. Pulse, Respiration, Mental status, Pain, Bleeding, Shock, Burns, Fractures**

Evaluating a casualty follows a progression that moves from immediate threats to life, toward identifying significant injuries that will shape care. Start by gauging responsiveness to determine if the person is alert or needs urgent help; this quick check tells you how to communicate and prioritize actions. Next, assess breathing to make sure the airway is open and ventilation is adequate. If breathing is absent or insufficient, you must provide ventilation to prevent brain damage from hypoxia. Then check for a pulse to judge circulation and perfusion; a weak or absent pulse signals a serious, time-sensitive problem and guides you to act quickly to support circulation. After establishing airway and breathing and confirming circulation, address external bleeding right away because severe bleeding can kill fast if not controlled. Following that, look for signs of shock and take steps to prevent it from worsening, such as keeping the person warm and seeking advanced care promptly. Finally, identify major injuries like fractures, burns, and head injuries, which dictate immobilization, cooling, careful handling, and transport decisions. This sequence aligns with focusing first on threats to life and then on injuries that require specific management, helping you stabilize the casualty effectively.

4. Which of the following is not a valid method for marking MEDEVAC pickup site?

- A. Panels**
- B. Smoke Signal**
- C. None**
- D. Pyrotechnic Signal**

Marking a MEDEVAC pickup site relies on signals that are clearly visible from the air, so any method that achieves quick, unambiguous identification is considered valid. Ground panels provide large, high-contrast markings on open terrain that guide aircraft directly to the location. Colored smoke signals offer a rapid visual indicator that can be spotted from distance in daylight and can be tailored to stand out against the surroundings. Pyrotechnic signals, such as flares, give bright, short-duration markers that are especially useful at night or in poor visibility, helping pilots locate the site quickly. Since all of these methods are established and effective ways to mark a MEDEVAC pickup site, there isn't an invalid method among the options. None is the correct choice because every listed method can be used to signal a MEDEVAC location.

5. CASEVAC stands for?

- A. Casualty Evacuation by Medical Vehicle or Aircraft
- B. Casualty Evacuation and Control
- C. Casualty Evacuation in Civil Vehicle or Aircraft
- D. Casualty Evacuation in Non Medical Vehicle or Aircraft**

CASEVAC is the movement of casualties using transport that is not configured for medical care. It covers evacuations carried out by vehicles or aircraft that don't have dedicated medical personnel, equipment, or life-support capabilities on board. If the asset is a medical evacuation asset with trained medical crew and equipment, that's MEDEVAC, not CASEVAC. Among the options, evacuation performed in a non-medical vehicle or aircraft best fits the CASEVAC concept, because it describes moving casualties without onboard medical support.

6. Which line describes the number of patients?

- A. Line 5. Number of patients: A - Litter; B - Ambulatory**
- B. Line 1. Location of the pick-up site.
- C. Line 2. Radio frequency, call sign, and suffix
- D. Line 3. Number of patients by precedence: A - Urgent; B - Urgent Surgical; C - Priority; D - Routine; E - Convenience

The line that lists the number of patients by type directly tells you how many patients are involved and how they need to be moved. It breaks the count into categories like litter patients (those who must be carried) and ambulatory patients (those who can walk). This is the data that answers "how many patients are there," and it's essential for planning the evacuation—matching the number of patients to the transport method and required medical equipment. Other lines describe where the pickup is, communications details, or the level of urgency, but they don't provide the actual patient count by type.

7. Med Evac Line 2

- A. Line 2. Radio frequency, call sign, and suffix.**
- B. Line 1. Location of the pick-up site.
- C. Line 3. Number of patients by precedence: A - Urgent; B - Urgent Surgical; C - Priority; D - Routine; E - Convenience
- D. Line 4. Special equipment required: A - None; B - Hoist; C - Extraction equipment; D - Ventilator

The line that contains the radio frequency, call sign, and suffix is what you use to contact and identify the medevac asset. The frequency tells responders which channel to monitor, the call sign is the aircraft's unique identity, and the suffix differentiates this particular mission or flight, which helps prevent confusion if multiple assets are operating at the same time. This is essential for getting timely and accurate communication between ground crews and the evac helicopter. Contextually, the other lines serve different purposes: the line for pickup location directs where the aircraft should land or pick up a patient, the line that lists patient numbers by precedence communicates how urgently each patient must be treated, and the line for special equipment specifies any gear required for the mission.

8. When evaluating a casualty's chest wound, if unsure that the wound has penetrated the chest wall completely, what action should be taken?

- A. Treat as a closed chest wound**
- B. Ignore and monitor**
- C. Treat as if it's an open chest wound**
- D. Call for medical evacuation**

When you're not sure if the chest wall is penetrated, treat it as an open chest wound. That mindset protects the casualty from a developing pneumothorax because a wound that could vent air needs an occlusive dressing that prevents air from being sucked into the chest while still allowing air to escape. Apply an airtight dressing over the wound and tape it on three sides to create a flutter valve, then monitor breathing and seek rapid medical evacuation. Don't ignore it or assume it's closed; the safest move is to treat it as open and manage the wound accordingly.

9. What are typical field indicators of a concussion/head injury and initial handling?

- A. Loss of consciousness only.**
- B. Dizziness and confusion without other signs.**
- C. Amnesia and dizziness only, with no other sign.**
- D. Confusion, dizziness, amnesia, and possible loss of consciousness; monitor and evacuate for medical evaluation.**

Concussions can present with a mix of cognitive and physical signs, and the safest approach is to look for multiple indicators and act accordingly. Confusion, dizziness, and amnesia reflect brain dysfunction, and a concussion can occur with or without loss of consciousness. Because signs may appear immediately or develop over minutes to hours, the recommended field handling is to monitor the person closely and evacuate them for medical evaluation. This ensures a proper assessment and prevents returning to activity until cleared. Focusing on only one sign, such as loss of consciousness, or restricting the signs to dizziness or amnesia alone, risks missing other important symptoms and delaying care. Some individuals may not lose consciousness at all but still have a concussion, while others may have confusion or amnesia without dizziness or LOC.

10. In CELT burn types, what does L stand for?

- A. Light**
- B. Liquids**
- C. Laser**
- D. Low-grade**

The idea being tested is recognizing what each letter in the CELT burn types stands for. The L corresponds to Laser. Laser burns come from exposure to highly concentrated light energy from a laser device, which can cause tissue damage that's distinct from chemical, electrical, or thermal burns. The other options don't fit this acronym: light is a generic term and not a designated category in this mnemonic, liquids would be related to chemical burns, and low-grade isn't used as a burn type. So the correct interpretation is that L stands for Laser. For laser burns, apply standard burn first aid by cooling the area and protecting it with a clean dressing, and seek medical care for more severe or extensive burns.

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://atp40211firstaid.examzify.com>

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

SAMPLE