

COMBAT LIFE SAVER PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which of the following is a potential sign of tension pneumothorax?**
 - A. The casualty develops progressive respiratory distress
 - B. You can no longer feel the casualty's pulse at his wrist
 - C. Both of the above
 - D. None of the above
- 2. Which type of carry is recommended when moving a fully equipped casualty?**
 - A. The drag technique
 - B. The fireman's carry
 - C. The one-person carry
 - D. The over-the-shoulder technique
- 3. What should you monitor when accompanying an unconscious casualty during evacuation?**
 - A. Casualty's vital signs
 - B. Casualty's breathing
 - C. Environmental hazards
 - D. Other team members' safety
- 4. Which nostril is the nasopharyngeal tube normally inserted into?**
 - A. Left nostril
 - B. Right nostril
 - C. Either nostril depending on preference
 - D. It does not matter which nostril
- 5. When evacuating an unconscious casualty with an M1114 vehicle, what should be used to secure the casualty?**
 - A. A standard stretcher
 - B. A drag harness
 - C. A long spine board
 - D. A foam pad

- 6. What should you do if a tourniquet does not stop the bleeding?**
- A. Remove the tourniquet and start over
 - B. Loosen the tourniquet slightly
 - C. Apply additional pressure to the wound
 - D. Reassess and tighten the tourniquet
- 7. What is essential before moving a casualty to a safer location in a tactical field care scenario?**
- A. Confirming the casualty is conscious
 - B. Stabilizing any life-threatening conditions
 - C. Gathering all supplies
 - D. Notifying command of your actions
- 8. Is a combat lifesaver classified as a medical soldier?**
- A. Yes
 - B. No
 - C. Only in emergencies
 - D. Yes, but only during training
- 9. Which symptom may indicate a casualty has an open chest wound?**
- A. Coughing up blood
 - B. Loss of vision
 - C. Headaches
 - D. Excessive sweating
- 10. Where is the drag-line located on a SKED litter?**
- A. At the bottom
 - B. At the sides
 - C. At the head
 - D. At the feet

Answers

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

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Explanations

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1. Which of the following is a potential sign of tension pneumothorax?

- A. The casualty develops progressive respiratory distress
- B. You can no longer feel the casualty's pulse at his wrist
- C. Both of the above**
- D. None of the above

A potential sign of tension pneumothorax is characterized primarily by the development of progressive respiratory distress in the casualty. This occurs because air enters the pleural space but cannot escape, leading to increased pressure that compresses the lungs and restricts breathing. Additionally, a casualty's pulse may become difficult to detect at the wrist due to decreased venous return to the heart caused by mediastinal shift from increasing intrathoracic pressure. As pressure builds in the pleural cavity, it can compress major blood vessels, affecting the heart's ability to pump effectively and diminishing peripheral circulation. Both of these symptoms—progressive respiratory distress and changes in pulse—are indicative of compromised respiratory and cardiovascular function associated with tension pneumothorax. Therefore, recognizing both signs is critical for timely diagnosis and intervention, making the option that includes both signs the correct choice.

2. Which type of carry is recommended when moving a fully equipped casualty?

- A. The drag technique**
- B. The fireman's carry
- C. The one-person carry
- D. The over-the-shoulder technique

The drag technique is the most suitable choice for moving a fully equipped casualty, especially in combat or emergency situations. This method allows the rescuer to move the casualty without having to support their full weight, which can be particularly important if the rescuer is dealing with a casualty who is unconscious or unable to assist in the movement. The drag can be executed quickly and is also safer for both the rescuer and the casualty, as it minimizes the risk of further injury during the transport. Additionally, the drag technique is effective when the environment is congested or when quick extraction is necessary, as it allows for movement through tight spaces with less physical strain on the rescuer. It requires less physical strength than lifting or carrying, making it more accessible in high-stress situations. Other methods, such as the fireman's carry or the over-the-shoulder technique, often require more strength and agility to support the casualty's entire weight, which can be impractical when the casualty is fully equipped. The one-person carry may also be challenging under these circumstances. Overall, the drag technique prioritizes the safety and efficiency needed in combat life-saving scenarios.

3. What should you monitor when accompanying an unconscious casualty during evacuation?

- A. Casualty's vital signs
- B. Casualty's breathing**
- C. Environmental hazards
- D. Other team members' safety

When accompanying an unconscious casualty during evacuation, monitoring the casualty's breathing is critical. An unconscious person may have compromised airway function, which can lead to respiratory failure if not managed promptly. Ensuring that the casualty is breathing adequately allows for timely interventions if the airway becomes obstructed or if the person stops breathing altogether. Monitoring breathing can involve checking for the rise and fall of the chest, listening for breath sounds, or assessing the color and condition of the casualty's skin, which can indicate oxygenation levels. This focus helps ensure that the most immediate life-threatening issues are addressed while waiting to reach a higher level of medical care. Although monitoring vital signs, environmental hazards, and the safety of other team members are also important aspects of providing care, the priority in an unconscious casualty is to maintain their airway and ensure they continue to breathe effectively. This proactive approach in assessing and maintaining breathing can be life-saving in critical situations.

4. Which nostril is the nasopharyngeal tube normally inserted into?

- A. Left nostril
- B. Right nostril**
- C. Either nostril depending on preference
- D. It does not matter which nostril

The nasopharyngeal tube is typically inserted into the right nostril because of the anatomy of the nasal passages. The right nasal passage is often more accessible for insertion due to the predominant curvature of the nasal cavity, which can vary from person to person. The tube is designed to bypass obstructions in the oral cavity and can provide an airway when a patient's condition may obstruct normal breathing. Using the right nostril is a common practice among medical professionals, but it's important to highlight that the choice can still depend on individual anatomical differences or patient-specific factors. In cases where there is trauma or deformity, medical providers may choose differently. Hence, while the right nostril is often the preferred choice, it is not absolute that this must be the case. The key point is that the technique requires the clinician to ensure proper airway management while being mindful of the patient's specific anatomy and condition.

5. When evacuating an unconscious casualty with an M1114 vehicle, what should be used to secure the casualty?

- A. A standard stretcher
- B. A drag harness
- C. A long spine board**
- D. A foam pad

Using a long spine board to secure an unconscious casualty during evacuation is crucial for several reasons. First and foremost, the spine board provides stability and support to the casualty's entire body, particularly the spine and neck, which is essential if there's a possibility of spinal injury. Securing an unconscious individual requires a method that both immobilizes them to prevent further injury and facilitates effective transport. In addition, a long spine board allows for better management in a confined space often found within military vehicles like the M1114. It can be quickly secured within the vehicle, permitting safe transport to a medical facility. Furthermore, it enhances the ability to monitor the patient's airway and provides a flat surface for any necessary interventions during the evacuation. Other options, while they may have their benefits in certain scenarios, do not provide the same level of immobilization and support essential for an unconscious casualty.

6. What should you do if a tourniquet does not stop the bleeding?

- A. Remove the tourniquet and start over
- B. Loosen the tourniquet slightly
- C. Apply additional pressure to the wound
- D. Reassess and tighten the tourniquet**

When a tourniquet is applied but does not successfully stop the bleeding, it is crucial to reassess the situation. Tightening the tourniquet increases the pressure on the blood vessels, helping to occlude them more effectively and prevent further blood loss. This step is especially important in situations where severe bleeding, particularly from a limb, poses a life-threatening risk. Reassessing involves checking the applied tourniquet's position, ensuring that it is placed correctly, and confirming that it is still effectively constricting the blood flow. If the bleeding continues despite the tourniquet being in place, tightening it can provide the additional pressure needed to stop the hemorrhage. This is a vital skill in Combat Life Saver practices where seconds can make a difference in saving lives.

7. What is essential before moving a casualty to a safer location in a tactical field care scenario?

- A. Confirming the casualty is conscious
- B. Stabilizing any life-threatening conditions**
- C. Gathering all supplies
- D. Notifying command of your actions

Before moving a casualty in a tactical field care scenario, it is vital to stabilize any life-threatening conditions. This is crucial because if a casualty has an uncontrolled hemorrhage, airway obstruction, or any critical injury that requires immediate medical intervention, moving them without first addressing these conditions could worsen their situation. Stabilizing these life-threatening issues helps to ensure that the casualty remains stable during transport, reducing the risk of further harm or deterioration in their condition. In the context of tactical field care, the priority is focused on providing the best chance of survival and minimizing complications. Therefore, addressing life-threatening conditions is a critical first step before considering any other actions, such as moving the casualty or notifying command. While confirming consciousness, gathering supplies, and notifying command are all also important steps in the overall care process, they are secondary to directly addressing any life-threatening injuries that could escalate if the casualty is moved prematurely.

8. Is a combat lifesaver classified as a medical soldier?

- A. Yes
- B. No**
- C. Only in emergencies
- D. Yes, but only during training

A combat lifesaver is not classified as a medical soldier because their primary role is not to provide medical care as a full-time, dedicated medic would. Instead, a combat lifesaver operates as a non-medical soldier trained to provide basic lifesaving measures in a combat environment. This training allows them to perform essential first aid and life-saving techniques under fire, but they do not have the extensive training and responsibilities of medical soldiers or medics. While combat lifesavers can significantly contribute to immediate care on the battlefield, their role is complementary to that of qualified medics, who have more comprehensive medical training and are responsible for more advanced patient care. This distinction is essential for understanding the military hierarchy and the division of responsibilities regarding medical care in combat situations.

9. Which symptom may indicate a casualty has an open chest wound?

- A. Coughing up blood**
- B. Loss of vision
- C. Headaches
- D. Excessive sweating

Coughing up blood is a significant symptom that may indicate a casualty has an open chest wound, particularly if air has entered the pleural cavity. This condition can result from a penetrating injury that compromises the chest wall or the lung. When there is an open chest wound, particularly a sucking chest wound, air can enter the pleural space, potentially causing a pneumothorax. If the lung is also damaged, alveoli may rupture, and blood can escape into the airways, leading to the patient coughing up blood, also known as hemoptysis. Other options, while they can be associated with various medical conditions, do not specifically signal the presence of an open chest wound. Loss of vision can relate to head injuries or eye trauma but does not indicate a chest injury. Headaches might arise from various sources, including dehydration or strain, and excessive sweating could indicate a general state of shock or distress but is not directly indicative of a chest injury. Therefore, coughing up blood is the most relevant and telling symptom in this scenario.

10. Where is the drag-line located on a SKED litter?

- A. At the bottom
- B. At the sides
- C. At the head**
- D. At the feet

The drag-line on a SKED litter is located at the head of the litter. This design is significant because it allows for effective maneuvering and control when dragging or pulling the SKED litter with a patient inside. By positioning the drag-line at the head, it facilitates easier transitions and adjustments in direction without compromising the stability of the patient during transport. In practical scenarios, this setup ensures that medics can maintain a secure grip while moving the litter across various terrains. It is critical in emergency medical situations where time and efficiency are essential to providing care and ensuring the safety of both the patient and the medical personnel involved. Understanding the strategic placement of the drag-line is important for anyone involved in combat lifesaving, as it directly impacts the speed and safety of patient evacuation.

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://combatlifesaver.examzify.com>

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

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