Combat Medic 68W: Field Craft 1 Practice Exam (Sample)

Study Guide

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Questions

1. What is a key sign of anaphylaxis?

A. Swelling of the face, lips, or throat

B. A sudden drop in blood pressure

C. Severe abdominal pain

D. Increased heart rate and palpitations

2. How much fluid can be held in one side of the chest cavity, on average?

A. 100 mL

B. 300 mL

C. 500 mL

D. 150 mL

3. What does the term "mechanism of injury" refer to?

A. The way a particular injury occurred

B. The biological response to trauma

C. The names of injuries sustained

D. The patient's emotional response to injury

4. What does 'combat support hospital' refer to in TCCC levels?

A. Forward Resuscitative Care Capability

B. Level 5 Care

C. Level 1 Care

D. Level 3 Care

5. Which method is NOT a primary technique for managing bleeding?

A. Direct pressure

B. Tourniquet application

C. Temporizing pressure

D. Hemostatic agents

6. What is the initial treatment for a patient with anaphylaxis?

- **A. Administer epinephrine**
- **B. Call for an ambulance immediately**
- **C. Provide oxygen therapy**
- **D. Administer an antihistamine**

7. Which of the following symptoms is a sign of non-compressible hemorrhage?

- **A. Bruising**
- **B. External bleeding**
- **C. Hemoptysis**
- **D. Both A and C**

8. Which element is crucial for the success of evacuation operations?

- **A. Location of the injured**
- **B. Number of Medics on the field**
- **C. Identification of a safe extraction route**
- **D. Weather conditions**

9. What does the acronym MARCH stand for in trauma care?

- **A. Massive hemorrhage, Airway, Respiration, Circulation, Head injury/hypothermia**
- **B. Management, Assessment, Resuscitation, Care, Help**
- **C. Medication, Airway, Resuscitation, Care, Help**
- **D. Massive harm, Airway, Recovery, Care, Health**

10. How do you assess for circulation in a trauma patient?

- **A. Check for pallor, pulses, and breathing rate**
- **B. Check for pulses, skin color, temperature, and capillary refill time**
- **C. Measure blood pressure only**
- **D. Assess conscious level only**

Answers

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

Explanations

1. What is a key sign of anaphylaxis?

A. Swelling of the face, lips, or throat

B. A sudden drop in blood pressure

C. Severe abdominal pain

D. Increased heart rate and palpitations

A key sign of anaphylaxis is the swelling of the face, lips, or throat. This condition, which can arise rapidly after exposure to an allergen, is characterized by the body's acute reaction to that allergen, leading to the release of histamines and other chemicals. These trigger severe inflammation, which can cause significant swelling in areas such as the face, lips, and throat, making it difficult to breathe. This swelling is an immediate and concerning symptom that usually indicates the onset of more severe symptoms, culminating in life-threatening situations such as airway obstruction. While other signs like a sudden drop in blood pressure, severe abdominal pain, and increased heart rate can occur during anaphylaxis, the facial swelling is often one of the most visually apparent and alarming symptoms that signal the need for urgent medical intervention.

2. How much fluid can be held in one side of the chest cavity, on average?

A. 100 mL

B. 300 mL

C. 500 mL

D. 150 mL

The average amount of fluid that can be held in one side of the chest cavity is approximately 300 mL. This amount is significant because it can impact respiratory function and may necessitate medical intervention, such as draining a pleural effusion. Understanding the capacity of the chest cavity is crucial for medical professionals, particularly when assessing trauma patients or conditions that may lead to fluid accumulation, like pneumonia or heart failure. Recognizing the volume of fluid that affects the lungs helps in anticipating complications and planning appropriate treatments.

3. What does the term "mechanism of injury" refer to?

A. The way a particular injury occurred

B. The biological response to trauma

C. The names of injuries sustained

D. The patient's emotional response to injury

The term "mechanism of injury" refers to the way a particular injury occurred. Understanding the mechanism of injury is crucial for combat medics and healthcare providers because it helps them assess the potential damage that may have occurred within the body based on the forces involved. For instance, knowing whether an injury was caused by a blunt force impact, a penetrating object, or a fall can guide the medic in the evaluation and treatment process. This knowledge allows medics to anticipate complications, prioritize care effectively, and make informed decisions regarding transport, interventions, and further evaluations. Understanding the specifics of the injury allows healthcare professionals to provide more targeted and appropriate care. Other options, while relevant to injury and trauma, address different aspects. The biological response to trauma is important in understanding how the body reacts to injuries but does not define how the injury itself occurred. Similarly, the names of injuries sustained represent the outcomes rather than the event that caused them, and the patient's emotional response to injury, while significant in a holistic view of patient care, does not pertain to the mechanics of how the injury occurred.

4. What does 'combat support hospital' refer to in TCCC levels?

A. Forward Resuscitative Care Capability

B. Level 5 Care

C. Level 1 Care

D. Level 3 Care

The term "combat support hospital" refers specifically to Level 3 Care in the context of Tactical Combat Casualty Care (TCCC) levels. A combat support hospital is a fully staffed and equipped facility that provides comprehensive medical care, including surgery and hospitalization, to soldiers and other personnel in a combat zone. Level 3 Care is characterized by advanced interventions and the ability to stabilize and manage more complex medical conditions that may arise after initial field treatment. This level of care typically includes surgical services, intensive care capabilities, and other specialized medical services that are not available at the lower levels of care, such as Level 1 or Level 2. In summary, the designation of "combat support hospital" being associated with Level 3 Care highlights the role of these facilities in providing critical support and extensive medical services during military operations, ensuring that injured personnel receive the necessary care to treat serious conditions sustained in combat.

5. Which method is NOT a primary technique for managing bleeding?

A. Direct pressure

B. Tourniquet application

C. Temporizing pressure

D. Hemostatic agents

The correct answer indicates that temporizing pressure is not considered a primary technique for managing bleeding, unlike the other methods listed. Direct pressure is recognized as the first and simplest method to control bleeding. When applied effectively over a wound, direct pressure can significantly reduce blood loss by compressing the blood vessels. Tourniquet application serves as a critical intervention for severe extremity hemorrhage, where limb bleeding cannot be controlled by other means. Its use is life-saving in situations of traumatic injury where there is a risk of exsanguination. Hemostatic agents are advanced medical products designed to aid clotting and control bleeding, particularly in severe trauma situations. They work by promoting rapid clot formation when applied to a bleeding wound. Temporizing pressure may refer to a preliminary action taken to manage bleeding until definitive care is provided, but it is not a standalone technique. It lacks the established efficacy and recognition of direct pressure, tourniquets, and hemostatic agents in the context of primary bleeding management. This distinction is critical for combat medics and other first responders to ensure rapid and effective intervention in life-threatening situations.

6. What is the initial treatment for a patient with anaphylaxis?

A. Administer epinephrine

B. Call for an ambulance immediately

C. Provide oxygen therapy

D. Administer an antihistamine

The initial treatment for anaphylaxis is to administer epinephrine. Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly after exposure to an allergen. Epinephrine, also known as adrenaline, works by constricting blood vessels, which helps to increase blood pressure and reduce swelling. It also dilates the airways, improving breathing, and inhibits further release of allergic mediators from mast cells and basophils. Timely administration of epinephrine is crucial, as it can significantly reverse the symptoms of anaphylaxis within minutes. It's commonly administered via an auto-injector for ease and speed of delivery in emergency situations. Prompt treatment with epinephrine can be life-saving, which is why recognizing the need for this intervention is vital for anyone trained in emergency response, such as a combat medic.

7. Which of the following symptoms is a sign of non-compressible hemorrhage?

A. Bruising

B. External bleeding

C. Hemoptysis

D. Both A and C

Non-compressible hemorrhage refers to bleeding that cannot be controlled by direct pressure or compression and is often associated with significant internal injury. Bruising, or ecchymosis, shows that bleeding has occurred beneath the skin, indicating that vessels have ruptured. This suggests the presence of bleeding in a non-compressible area, as it typically involves underlying tissue or organs rather than an external injury. Hemoptysis, which is the coughing up of blood, can also be a sign of non-compressible hemorrhage indicating internal injury, particularly in the respiratory system. This symptom arises from bleeding that occurs within the lungs or the airway and cannot be managed by external measures. The combination of bruising and hemoptysis illustrates two different manifestations of internal bleeding rather than external bleeding, as they are both indicative of significant trauma to internal structures. This context is crucial for understanding why both signs contribute to the identification of non-compressible hemorrhage.

8. Which element is crucial for the success of evacuation operations?

A. Location of the injured

B. Number of Medics on the field

C. Identification of a safe extraction route

D. Weather conditions

For successful evacuation operations, identifying a safe extraction route is paramount. This element ensures that personnel can move quickly and safely to retrieve the injured without exposing them to additional danger. The extraction route needs to be free of obstacles and threats, allowing for a swift and efficient operation. If a safe route is not identified, the entire evacuation could be compromised, resulting in increased risk for the medics and the injured individuals. While the location of the injured, the number of medics present, and weather conditions certainly play important roles in the logistics of an evacuation, they do not hold the same level of critical importance as the safety and viability of the extraction route itself. A well-planned route allows these other factors to be effectively managed, ensuring a successful operation.

9. What does the acronym MARCH stand for in trauma care?

A. Massive hemorrhage, Airway, Respiration, Circulation, Head injury/hypothermia

B. Management, Assessment, Resuscitation, Care, Help

C. Medication, Airway, Resuscitation, Care, Help

D. Massive harm, Airway, Recovery, Care, Health

The acronym MARCH is a systematic approach used in trauma care that prioritizes the most critical interventions necessary to manage life-threatening conditions. Each element stands for a specific aspect of patient care: - **Massive hemorrhage: This emphasizes the urgent need to control severe bleeding, which can lead to shock and death if not addressed immediately. - **Airway**: Once bleeding is managed, ensuring the airway is open and secure is vital for oxygenation and ventilation. Any obstruction must be identified and corrected promptly. - **Respiration**: After addressing the airway, it's essential to assess and support breathing. This may involve checking for pneumothorax or ensuring that the patient can adequately ventilate. - **Circulation**: Following airway and breathing, evaluating the patient's circulation is crucial to assess perfusion and identify any additional sources of bleeding. - **Head injury/hypothermia**: Recognizing potential head injuries and preventing hypothermia ensures that the patient maintains acceptable levels of oxygen and temperature, both critical in trauma care. Using MARCH helps medics and first responders to quickly and effectively prioritize their actions, potentially saving lives by addressing the most lethal injuries first. This systematic approach is especially relevant in high-pressure and time-sensitive environments**

10. How do you assess for circulation in a trauma patient?

A. Check for pallor, pulses, and breathing rate

B. Check for pulses, skin color, temperature, and capillary refill time

C. Measure blood pressure only

D. Assess conscious level only

To assess for circulation in a trauma patient, it is essential to evaluate several key indicators that reflect the state of the cardiovascular system. Checking for pulses, skin color, temperature, and capillary refill time provides a comprehensive understanding of whether the body is receiving adequate blood flow and oxygenation. Pulses are critical as they indicate whether blood is actively circulating through the arteries. Skin color and temperature can reveal information about peripheral circulation; for instance, pallor or cool skin may suggest inadequate blood flow, while flushed skin could indicate an increase in circulation due to various factors like fever or anxiety. Capillary refill time is another important measure, as it assesses how quickly blood returns to capillaries after being blanched; a prolonged refill time can indicate potential circulation issues or shock. This combination of assessments allows healthcare providers to form a more accurate picture of a patient's circulation status compared to the other provided options, which either lack comprehensive measures or focus on isolated areas of assessment.