

COMBAT MEDIC 68W: FIELD CRAFT 2 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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. What type of fracture presents with an asymmetrical or flattened face?**
 - A. Mid-face fractures
 - B. Nasal fracture
 - C. Basilar skull fracture
 - D. Mandible fracture
- 2. Which part of the brain governs basic body functions, including respiration and heartbeat?**
 - A. Cerebrum
 - B. Brain stem
 - C. Cerebellum
 - D. Arachnoid
- 3. What immediate care should be provided for severe electrical burn injuries?**
 - A. Observation for 24 hours
 - B. Surface cleansing only
 - C. Surgical evaluation and intervention
 - D. A complicated dressing change procedure
- 4. What do the kidneys regulate in addition to electrolytes and water?**
 - A. Hemoglobin levels
 - B. Acid-base balance
 - C. Body temperature
 - D. Blood pressure
- 5. What are the three membranes that cover the brain called?**
 - A. Meninges
 - B. Cranium
 - C. Arteries
 - D. Nerves
- 6. Which layer of the brain membranes is described as the center layer?**
 - A. Pia mater
 - B. Dura mater
 - C. Arachnoid
 - D. Cerebellum

- 7. Should a medic administer pain medication if a patient can express their head pain?**
- A. Yes, indicating a mild condition
 - B. No, because it could cause further damage
 - C. Only if the patient has not lost consciousness
 - D. Only for patients with a severe TBI
- 8. What behavior might indicate a need for immediate referral after a TBI?**
- A. Increased alertness
 - B. Unusual behavior
 - C. Enhanced memory
 - D. Normal speech
- 9. What is the recommended treatment for eyelid lacerations?**
- A. Stitch and cover with a bandage
 - B. Evacuate casualty and apply a patch
 - C. Cover eye with fox eye shield and give antibiotics
 - D. Flush with saline and cover
- 10. What type of fracture should be suspected if a casualty has CSF draining from nostrils and ears, periorbital ecchymosis, and ecchymosis behind the ears?**
- A. Cervical spine fracture
 - B. Basilar skull fracture
 - C. Nasal fracture
 - D. Mandible fracture

Answers

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

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Explanations

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1. What type of fracture presents with an asymmetrical or flattened face?

- A. Mid-face fractures
- B. Nasal fracture
- C. Basilar skull fracture
- D. Mandible fracture

A mid-face fracture can lead to an asymmetrical or flattened appearance of the face due to the involvement of the facial bones, which include the maxilla, zygoma, and nasal bones. These fractures often disrupt the normal contour and alignment of these structures, resulting in noticeable facial deformities. When the mid-face is impacted, it can cause sagging or displacement of the facial bones, leading to the characteristic flattening or asymmetry. While nasal fractures primarily affect the nose and might cause some distortion, they typically do not result in significant overall facial asymmetry. Basilar skull fractures involve the base of the skull and can lead to serious complications, but they do not directly affect facial appearance in the way mid-face fractures do. Mandible fractures might alter the jawline and lower facial structure but are unlikely to create a flattened appearance in the same way that mid-face fractures do. Thus, mid-face fractures are specifically associated with the broader and more pronounced changes in facial symmetry.

2. Which part of the brain governs basic body functions, including respiration and heartbeat?

- A. Cerebrum
- B. Brain stem
- C. Cerebellum
- D. Arachnoid

The brain stem is the part of the brain that governs essential bodily functions such as respiration, heartbeat, and blood pressure regulation. It serves as a critical pathway for messages traveling between the brain and the body, centralizing vital functions that are necessary for survival. The brain stem consists of structures such as the midbrain, pons, and medulla oblongata. The medulla oblongata, in particular, plays a key role in controlling autonomic functions like breathing and heart rate. This makes it indispensable for maintaining homeostasis in the body. In contrast, the cerebrum primarily handles higher brain functions, including thought, emotion, and voluntary muscle movements. The cerebellum is involved in coordination and balance, rather than basic life-sustaining functions. The arachnoid is actually a part of the protective membranes (meninges) surrounding the brain and spinal cord, and does not have a role in governing bodily functions. Thus, the most accurate answer for the control of fundamental life functions is the brain stem.

3. What immediate care should be provided for severe electrical burn injuries?

- A. Observation for 24 hours
- B. Surface cleansing only
- C. Surgical evaluation and intervention**
- D. A complicated dressing change procedure

For severe electrical burn injuries, the primary focus is on addressing the potential for extensive internal damage and the need for surgical intervention. Electrical burns can cause serious injuries not only at the entry and exit points on the skin but also throughout deeper tissues, potentially affecting muscles, nerves, and blood vessels. Consequently, immediate evaluation by surgical specialists is crucial, as they can assess the full extent of the injury and determine if surgical intervention is necessary to repair damaged tissues, manage necrosis, and prevent complications like infections. While observation may be necessary for less severe cases and surface cleansing is relevant for minor burns, these approaches are insufficient for severe electrical burn injuries. Similarly, a complicated dressing change procedure may not adequately address the underlying issues associated with severe burns. The swift action of obtaining surgical evaluation ensures that patients receive appropriate care that aligns with the severity of their injuries.

4. What do the kidneys regulate in addition to electrolytes and water?

- A. Hemoglobin levels
- B. Acid-base balance**
- C. Body temperature
- D. Blood pressure

The kidneys play a crucial role in maintaining the body's acid-base balance, which is essential for sustaining homeostasis. They accomplish this through the regulation of bicarbonate (HCO_3^-) and hydrogen ions (H^+). By adjusting the reabsorption of bicarbonate and the excretion of hydrogen ions, the kidneys help to maintain a stable blood pH level, typically around 7.35 to 7.45. This balance is vital for proper cellular function, as many enzymes and biochemical reactions are pH-sensitive. In addition to their role in acid-base balance, the kidneys also manage electrolytes and body water, which contributes to overall homeostasis. However, options related to hemoglobin levels, body temperature, and blood pressure, while they may have some connections to kidney function, do not directly reflect the primary regulatory function of the kidneys in relation to acid-base balance. The kidneys do influence blood pressure through mechanisms such as the renin-angiotensin-aldosterone system, but the main focus here is on their direct participation in acid-base balance regulation.

5. What are the three membranes that cover the brain called?

A. Meninges

B. Cranium

C. Arteries

D. Nerves

The membranes that envelop the brain are collectively known as the meninges. There are three distinct layers within this group: the dura mater, arachnoid mater, and pia mater. Each layer serves a specific purpose in protecting the brain and helping maintain its structural integrity. The dura mater is the outermost layer and is tough and durable, providing a protective barrier against physical impacts. The arachnoid mater lies beneath the dura mater and contains cerebrospinal fluid in its subarachnoid space, which acts as a cushion for the brain. The pia mater is the innermost layer, intimately adhering to the brain's surface and following the contours of the brain's structure, providing further protection and supply of blood vessels. The other terms listed—cranium, arteries, and nerves—do not refer to membranes covering the brain. The cranium is the bony structure that houses and protects the brain, while arteries are blood vessels that carry blood away from the heart, and nerves are part of the nervous system that transmit signals. Understanding the role of the meninges is crucial in the study of brain anatomy and its protective mechanisms.

6. Which layer of the brain membranes is described as the center layer?

A. Pia mater

B. Dura mater

C. Arachnoid

D. Cerebellum

The center layer of the brain membranes is known as the arachnoid. It is one of the three layers of membranes, collectively called the meninges, that cover and protect the brain and spinal cord. The arachnoid is situated between the outermost layer, which is the dura mater, and the innermost layer, known as the pia mater. The arachnoid serves as a crucial layer as it contains the subarachnoid space filled with cerebrospinal fluid (CSF), which acts as a cushion for the brain, providing a protective barrier against injury and helping to maintain intracranial pressure. In contrast, the dura mater is the tough, outermost membrane, providing a durable protective layer, while the pia mater is the delicate innermost layer that closely adheres to the surface of the brain and spinal cord. The cerebellum, mentioned as a choice, is not a layer of membrane but rather a part of the brain responsible for coordination and balance.

7. Should a medic administer pain medication if a patient can express their head pain?

- A. Yes, indicating a mild condition**
- B. No, because it could cause further damage
- C. Only if the patient has not lost consciousness
- D. Only for patients with a severe TBI

The correct choice highlights an important aspect of assessing a patient's condition and their ability to communicate. If a patient is able to articulate their head pain, it is a sign that they are conscious and cognitively functional, which is generally indicative of a less severe condition. This ability to express their pain levels allows for better assessment and management of the situation. In such cases, the medic can evaluate whether pain medication is appropriate based on the patient's pain levels and overall assessment without the concern of masking symptoms that might indicate a more severe injury or condition. The other suggestions suggest either a more restrictive approach or focus on conditions that may not be the best indicators for administering pain medication. For instance, the idea that the medic should refrain from administering medication due to potential harm might lead to unnecessary suffering. Similarly, focusing on loss of consciousness or severe traumatic brain injuries might limit compassionate care for patients experiencing significant discomfort, even if they are not in the most severe category. Thus, the correct approach allows for responsive and responsible pain management while respecting the patient's ability to communicate their needs.

8. What behavior might indicate a need for immediate referral after a TBI?

- A. Increased alertness
- B. Unusual behavior**
- C. Enhanced memory
- D. Normal speech

Unusual behavior following a traumatic brain injury (TBI) is a significant indicator that an individual may require immediate referral for further assessment and care. After a TBI, patients may exhibit changes in their personality, behavior, or cognitive function, which can range from increased aggression and irritability to confusion and disorientation. These behavioral changes can signify underlying issues such as swelling of the brain, pressure on the brain structures, or other complications that may pose immediate risks to the patient's health. In contrast, behaviors such as increased alertness, enhanced memory, or normal speech do not typically serve as indicators of complications following a TBI. While unusual behavior can denote a need for urgent medical intervention, the other behaviors listed may not necessarily reflect the presence of serious complications and could actually represent positive recovery signs depending on the context.

9. What is the recommended treatment for eyelid lacerations?

- A. Stitch and cover with a bandage
- B. Evacuate casualty and apply a patch
- C. Cover eye with fox eye shield and give antibiotics**
- D. Flush with saline and cover

The recommended treatment for eyelid lacerations typically involves covering the eye with a fox eye shield and administering antibiotics. This method is preferred because it provides immediate protection to the eye, which is crucial in preventing further injury or contamination to the area affected by the laceration. The fox eye shield helps to stabilize the eye while preventing any additional trauma, especially during transportation or further medical evaluation. In cases of eyelid lacerations, there is often a risk of associated damage to the eye itself, making it imperative to maintain an environment that protects the eyeball. Furthermore, giving antibiotics can help mitigate the risk of infection, which is particularly important for lacerations in this delicate area. Eyelid injuries can involve the risk of bacteria entering the wound due to the eyelid's proximity to the conjunctival sac, thus the use of prophylactic antibiotics is advisable. In contrast, simply stitching and covering with a bandage does not adequately address the need for protection or management of potential complications. Evacuating the casualty while offering a patch does not provide the necessary care for an eye injury, nor does it ensure the eye is safeguarded during transit. Flushing with saline and covering may be appropriate for certain types of eye injuries,

10. What type of fracture should be suspected if a casualty has CSF draining from nostrils and ears, periorbital ecchymosis, and ecchymosis behind the ears?

- A. Cervical spine fracture
- B. Basilar skull fracture**
- C. Nasal fracture
- D. Mandible fracture

The presence of cerebrospinal fluid (CSF) draining from the nostrils and ears, accompanied by periorbital ecchymosis (often referred to as "raccoon eyes") and ecchymosis behind the ears (known as Battle's sign), strongly suggests a basilar skull fracture. A basilar skull fracture typically occurs at the base of the skull and is associated with injuries to the meninges, potentially leading to leakage of CSF through the ear or nasal passages. The drainage of CSF is particularly concerning as it indicates a breach in the protective barriers of the brain, which can pose significant risks for infection and further complications. The periorbital ecchymosis is a classic sign that can develop due to blood vessel damage or pooling of blood around the eyes. Similarly, the ecchymosis behind the ears can signal trauma at the base of the skull and the resulting bleeding in these areas. Together, these clinical findings point towards the likelihood of a basilar skull fracture rather than injuries related to the cervical spine or fractures of the nasal or mandible regions, which would not typically present with CSF leakage or the specific bruising patterns described.

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://combatmedic68wfieldcraft2.examzify.com>

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

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