

Combat Medic ALC Phase 3 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

- 1. What does Rh- blood indicate regarding the Rh antigen?**
 - A. It has the Rh antigen**
 - B. It lacks the Rh antigen**
 - C. It has both A and B antigens**
 - D. It contains no antigens**
- 2. How much weight is equivalent to 80 kg in pounds?**
 - A. 176 pounds**
 - B. 154 pounds**
 - C. 198 pounds**
 - D. 220 pounds**
- 3. What is secondary closure in wound healing?**
 - A. A type of stitching technique**
 - B. A wound that is left open and closes gradually**
 - C. A method of applying gauze to a wound**
 - D. A closed wound that became infected**
- 4. What does diminished blood urea nitrogen (BUN) indicate?**
 - A. Diminished Malnutrition**
 - B. Elevated High Protein**
 - C. Kidney Damage**
 - D. High Salt Intake**
- 5. What is a potential sign of renal failure based on vital lab results?**
 - A. High Glucose Levels**
 - B. Low Chloride Levels**
 - C. Elevated Creatinine Levels**
 - D. Diminished BUN**
- 6. Small wounds typically require which size sutures?**
 - A. 2.0-3.0**
 - B. 3.0-4.0**
 - C. 4.0-5.0**
 - D. 1.0-2.0**

- 7. What is considered the best method for ventilating and oxygenating a patient?**
- A. BVM and PEEP valve**
 - B. O2 concentrator**
 - C. Portable ventilator**
 - D. Oxygen mask**
- 8. When can fresh whole blood be used in an emergency setting?**
- A. Within 24 hours of collection**
 - B. After being frozen for 30 days**
 - C. Whenever necessary, regardless of testing**
 - D. Only if warmed to room temperature**
- 9. What is the last option for a walking blood bank donor?**
- A. Donors who have been screened within the last 90 days**
 - B. Donors without any previous screening**
 - C. Donors who report a history of deferral**
 - D. Donors tested negative for all infectious diseases**
- 10. What type of sedation is seen as a minimum effective in combat scenarios?**
- A. General anesthesia**
 - B. Min-opiate through IV**
 - C. Benzodiazepines**
 - D. Local anesthesia**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What does Rh- blood indicate regarding the Rh antigen?

- A. It has the Rh antigen
- B. It lacks the Rh antigen**
- C. It has both A and B antigens
- D. It contains no antigens

Rh- blood indicates that the blood lacks the Rh antigen, which is a specific protein found on the surface of red blood cells. The presence of this antigen is what defines Rh+ blood. Therefore, individuals with Rh- blood do not have this protein, which is critical in determining blood compatibility during transfusions and pregnancy. In cases involving blood transfusions, if an Rh- individual receives Rh+ blood, it could lead to an immune response, as their body may recognize the Rh antigen as foreign and mount an attack against it. Understanding this concept is essential in medical practice for ensuring safe transfusions and preventing complications related to Rh incompatibility. Other options suggest the presence of Rh antigens or mistakenly imply a combination of multiple blood type antigens, which do not accurately reflect the characteristics of Rh- blood.

2. How much weight is equivalent to 80 kg in pounds?

- A. 176 pounds**
- B. 154 pounds
- C. 198 pounds
- D. 220 pounds

To convert kilograms to pounds, the standard conversion factor is that 1 kilogram is approximately equal to 2.20462 pounds. Therefore, to find out how many pounds are equivalent to 80 kilograms, you would multiply 80 by the conversion factor. Calculating this gives: $80 \text{ kg} \times 2.20462 \text{ lbs/kg} = 176.37 \text{ lbs}$. When rounding, this value can be approximated to 176 pounds, making the conversion accurate. Therefore, the answer 176 pounds is correct and reflects the proper conversion from kilograms to pounds based on the established conversion factor.

3. What is secondary closure in wound healing?

- A. A type of stitching technique
- B. A wound that is left open and closes gradually**
- C. A method of applying gauze to a wound
- D. A closed wound that became infected

Secondary closure refers to a wound healing process where a wound is left open and gradually closes on its own over time, rather than being stitched or closed immediately. This method is often employed in cases where the risk of infection is high or when the wound contains a large amount of tissue loss. By allowing the wound to heal from the inside out, the body can form new tissue and epithelial cover more effectively, reducing the risk of complications. This process is critical in certain types of injuries, such as those contaminated by dirt or debris, as immediate closure may trap bacteria and increase the risk of infection. Instead, the wound is cleaned and monitored, allowing natural healing processes to occur at their pace. Such an approach also facilitates drainage of any potential contaminants, further promoting healing.

4. What does diminished blood urea nitrogen (BUN) indicate?

A. Diminished Malnutrition

B. Elevated High Protein

C. Kidney Damage

D. High Salt Intake

Diminished blood urea nitrogen (BUN) levels are typically associated with malnutrition rather than elevated protein intake or kidney damage. In the context of nutritional status, a low BUN level can suggest that the body is not receiving enough protein, or it may indicate that the protein being consumed is not being adequately utilized or metabolized due to underlying health issues. BUN is a waste product formed from the breakdown of proteins, and lower levels may reflect a state of reduced protein intake or synthesis, commonly seen in malnutrition. This occurs because when protein intake is sufficient, the liver converts nitrogen from protein into urea, which is then excreted by the kidneys. If there is insufficient protein intake, there will be less urea produced, leading to diminished BUN levels. Understanding this concept is crucial for health professionals when assessing a patient's nutritional status and identifying potential issues that may arise from inadequate protein consumption or absorption.

5. What is a potential sign of renal failure based on vital lab results?

A. High Glucose Levels

B. Low Chloride Levels

C. Elevated Creatinine Levels

D. Diminished BUN

Elevated creatinine levels are a key indicator of renal failure. Creatinine is a waste product that the kidneys filter from the blood; when kidney function declines, creatinine levels rise. In a healthy individual, creatinine is usually maintained within a normal range due to efficient kidney filtration. However, when the kidneys are impaired, their ability to excrete this waste diminishes, leading to elevated levels in the blood. Monitoring creatinine levels is critical in assessing kidney function, and an increase can suggest acute or chronic kidney injury. This is why elevated creatinine is a significant sign of renal failure in lab results and is commonly used in clinical settings to evaluate renal health.

6. Small wounds typically require which size sutures?

- A. 2.0-3.0
- B. 3.0-4.0**
- C. 4.0-5.0
- D. 1.0-2.0

For small wounds, the appropriate size sutures usually range from 3.0 to 4.0. This size is suitable for delicate tissues and is commonly used for closing skin layers in areas with minimal tension. The rationale behind selecting this size is that it provides adequate tensile strength while minimizing tissue trauma, which is essential in wound healing and cosmetic outcomes. Using smaller sutures, such as those in the 4.0 to 5.0 range, may not provide sufficient strength to hold the wound edges together effectively, especially if the wound is under any tension or is located in areas with more movement. Larger sutures, such as those in the 2.0 to 3.0 range or even 1.0 to 2.0, may be more appropriate for larger or more traumatic wounds but could lead to increased scarring and tissue damage in smaller wounds. Therefore, the 3.0 to 4.0 suture size is widely accepted for small, low-tension wounds, balancing the need for durability while reducing the risk of complications.

7. What is considered the best method for ventilating and oxygenating a patient?

- A. BVM and PEEP valve
- B. O2 concentrator
- C. Portable ventilator**
- D. Oxygen mask

A portable ventilator is considered the best method for ventilating and oxygenating a patient because it provides controlled and consistent ventilation, allowing for precise adjustments in tidal volume, respiratory rate, and oxygen concentration. This is especially crucial in cases of respiratory distress or failure, where the patient's ability to breathe adequately is compromised. The use of a portable ventilator ensures that the patient receives the appropriate amount of oxygen, while also allowing for positive pressure ventilation which can help improve lung function. In contrast, other methods such as using an oxygen mask primarily deliver supplemental oxygen but do not actively ventilate the patient. While a bag-valve-mask (BVM) with a PEEP valve can effectively provide ventilation and support, it relies heavily on proper technique and can lead to inadequate ventilation if not managed correctly. An oxygen concentrator is helpful for delivering oxygen, particularly in home care settings, but it does not assist with ventilation techniques needed for patients who are unable to breathe on their own. Thus, the portable ventilator is superior in situations requiring enhanced ventilation and oxygenation capabilities.

8. When can fresh whole blood be used in an emergency setting?

- A. Within 24 hours of collection**
- B. After being frozen for 30 days**
- C. Whenever necessary, regardless of testing**
- D. Only if warmed to room temperature**

Fresh whole blood can be used in an emergency setting within 24 hours of collection because it retains its functional properties, including red blood cells, plasma, and clotting factors, which are essential for treating patients requiring immediate interventions, such as trauma cases or significant blood loss. The rapid availability of fresh whole blood is crucial in emergencies where time-sensitive decisions can significantly impact patient outcomes. Using whole blood beyond this 24-hour window would lead to deterioration of its components and settled regulatory practices regarding blood use, as the efficacy and safety for transfusions decrease after this period. Options focusing on frozen blood, irrespective of testing, or temperature requirements are not aligned with accepted medical practices for emergency blood transfusions.

9. What is the last option for a walking blood bank donor?

- A. Donors who have been screened within the last 90 days**
- B. Donors without any previous screening**
- C. Donors who report a history of deferral**
- D. Donors tested negative for all infectious diseases**

The last option for a walking blood bank donor is indeed based on ensuring the safety and eligibility of the donor. Donors without any previous screening represent a specific category where there is no prior assessment of their health history, infectious disease status, or potential for adverse reactions. This lack of screening could pose a risk to both the donor and the recipient, as essential health safeguards have not been established. In the context of blood donations, it is crucial to have a systematic approach to screening to eliminate potential risks associated with transfusions. The fact that these donors have not been previously screened means they lack the vital health evaluations that would typically ensure they are fit to donate without posing risks of infectious disease or other health complications. Therefore, they are considered the last option for donation in a walking blood bank scenario, as careful screening is a fundamental part of safe blood transfusion practices.

10. What type of sedation is seen as a minimum effective in combat scenarios?

- A. General anesthesia**
- B. Min-opiate through IV**
- C. Benzodiazepines**
- D. Local anesthesia**

In combat scenarios, the use of sedation must be both effective and safe for the operational environment. Min-opiate sedation through IV is recognized as the minimum effective sedation for managing pain and anxiety during combat operations. This method provides adequate pain relief while allowing the patient to maintain some level of consciousness, which is crucial for monitoring their condition and responding to any potential changes in their situation. Min-opiate sedation is particularly advantageous because it can be titrated to meet the specific needs of the patient, allowing for controlled sedation that can adjust based on the patient's response. This is essential in combat settings where rapid assessment and ongoing evaluations could necessitate adjustments to the sedation. Other methods, such as general anesthesia, would render a patient completely unconscious and unresponsive, which is typically undesirable in a field situation where monitoring is necessary. Benzodiazepines can induce sedation and alleviate anxiety, but they may not provide adequate pain control as a min-opiate would. Local anesthesia is focused on numbing a specific area and does not address systemic pain or anxiety management across the entire body during a traumatic situation, which is often required in combat medicine. Therefore, min-opiate sedation through IV stands out as the minimum effective form of sedation in combat scenarios.