

COMBAT MEDIC ALC PHASE 3 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. What can cause low sodium levels in the body?**
 - A. Cirrhosis
 - B. Dehydration
 - C. Leukemia
 - D. Bone marrow failure
- 2. Which of the following statements about calcium chloride administration is accurate?**
 - A. It is preferred over calcium gluconate
 - B. It should be given only if calcium gluconate is unavailable
 - C. 10ml should be administered after every unit of blood
 - D. It is the only option for rapid calcium administration
- 3. What kind of injuries may not be immediately visible in trauma patients?**
 - A. Bone fractures and lacerations
 - B. Major organ injuries and internal bleeding
 - C. Minor scrapes and cuts
 - D. Injuries to the extremities
- 4. 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
- 5. What condition is indicated by elevated chloride levels in the blood?**
 - A. Diminished Hypochloremia
 - B. Elevated Hyperchloremia
 - C. Normal Chloride Levels
 - D. Hypokalemic Acidosis

- 6. What is the recommended removal time for sutures on the chest and extremities?**
- A. 4-7 days
 - B. 7-10 days
 - C. 10-14 days
 - D. 14-21 days
- 7. Individuals with Type O blood lack which of the following?**
- A. Antigen A
 - B. Antigen B
 - C. Both antigen A and B
 - D. Rh antigen
- 8. What is the initial management step for a burn wound?**
- A. Apply ice directly to the burn
 - B. Stop the burning process and cool the burn
 - C. Cover the burn with a thick layer of ointment
 - D. Bandage the burn immediately without cooling
- 9. 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
- 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

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

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Explanations

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1. What can cause low sodium levels in the body?

- A. Cirrhosis
- B. Dehydration
- C. Leukemia
- D. Bone marrow failure

Cirrhosis is a condition that affects the liver and can indeed lead to low sodium levels in the body, a condition known as hyponatremia. In cirrhosis, the liver becomes severely scarred and is less able to perform its normal functions, which include processing and removing excess fluids and electrolytes from the body. This leads to an imbalance of fluids and can result in the retention of water, consequently diluting sodium levels in the blood. As the liver function deteriorates, various hormonal imbalances may occur, such as increased levels of antidiuretic hormone (ADH), which promotes water retention. These processes contribute directly to hyponatremia in individuals with cirrhosis. The kidneys may also play a role by retaining water instead of excreting it, further decreasing the sodium concentration in the bloodstream. While dehydration is known to affect sodium levels, it typically results in elevated sodium levels in the body, not low. Other conditions like leukemia and bone marrow failure do not have a direct relationship with sodium levels in the same way that cirrhosis does, making them less relevant in this context. Understanding the mechanisms behind how liver disease can impact electrolyte balance is crucial for effective management and treatment planning in

2. Which of the following statements about calcium chloride administration is accurate?

- A. It is preferred over calcium gluconate
- B. It should be given only if calcium gluconate is unavailable
- C. 10ml should be administered after every unit of blood
- D. It is the only option for rapid calcium administration

Calcium chloride administration in medical practice is often considered in specific circumstances, particularly when rapid elevation of serum calcium levels is required. The accuracy of the statement that indicates calcium chloride should only be given if calcium gluconate is unavailable reflects the clinical guidelines for administering calcium. Calcium gluconate is preferred in many cases due to its lower irritation potential when administered peripherally and a more favorable safety profile, particularly in patients with compromised vascular conditions. However, in instances where there's a need for immediate action, calcium chloride can be used due to its higher elemental calcium content and faster onset of action. While it is true that calcium chloride is effective for rapid administration, its use comes with a higher risk of complications, especially concerning tissue irritation and the potential for adverse reactions if extravasation occurs. Therefore, practitioners are generally instructed to use calcium gluconate as the initial choice and reserve calcium chloride for situations where gluconate is not an option. In this context, the statement implies a judicious approach toward calcium administration, prioritizing safety unless urgency necessitates otherwise. This understanding is crucial in a medical setting where the choice of medication can significantly impact patient outcomes.

3. What kind of injuries may not be immediately visible in trauma patients?

- A. Bone fractures and lacerations
- B. Major organ injuries and internal bleeding**
- C. Minor scrapes and cuts
- D. Injuries to the extremities

In trauma patients, major organ injuries and internal bleeding may not be immediately visible because these types of injuries can occur without any external signs. This lack of visibility can be particularly dangerous, as patients may appear stable at first, but internal damage can lead to serious complications or even be life-threatening if not promptly identified and treated. For example, a person may have sustained a rupture to a solid organ such as the spleen or liver due to blunt force trauma; however, the external assessment might show no signs of injury. Similarly, internal bleeding from such injuries may not manifest until significant blood loss has occurred, making early recognition critical. In contrast, bone fractures and lacerations are often visible upon physical examination. Minor scrapes and cuts typically don't carry the same level of urgency as internal injuries, and injuries to the extremities are often straightforward to identify unless they are associated with deeper internal issues. Therefore, understanding that major organ injuries and internal bleeding can be hidden underscores the importance of thorough assessment and monitoring in trauma care.

4. 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.

5. What condition is indicated by elevated chloride levels in the blood?

- A. Diminished Hypochloremia
- B. Elevated Hyperchloremia**
- C. Normal Chloride Levels
- D. Hypokalemic Acidosis

Elevated chloride levels in the blood indicate a condition known as hyperchloremia. This happens when there is an excess of chloride ions in the bloodstream, which can occur due to various reasons, such as dehydration, metabolic acidosis, or renal tubular acidosis. Hyperchloremia can disrupt the body's electrolyte balance and is often seen alongside other related imbalances in conditions affecting fluid or acid-base homeostasis. Understanding this concept is crucial in clinical settings, as high chloride levels can help in diagnosing underlying conditions that may require treatment or intervention. Monitoring these levels can thus provide vital information when assessing a patient's metabolic state and overall health.

6. What is the recommended removal time for sutures on the chest and extremities?

- A. 4-7 days
- B. 7-10 days
- C. 10-14 days**
- D. 14-21 days

The recommended removal time for sutures on the chest and extremities is typically between 10-14 days. This timeframe is based on the healing process and the need to ensure that the tissue has sufficiently healed to support the closure of the wound without the sutures in place. For sutures to be effective, they must be left in long enough to allow proper healing but removed before they begin to cause irritation or scarring. Sutures in the chest and extremities generally require a slightly longer duration due to the amount of movement and stress these areas endure compared to other body parts. Therefore, adhering to this 10-14 days window promotes optimal healing and minimizes complications, such as infection or dehiscence.

7. Individuals with Type O blood lack which of the following?

- A. Antigen A
- B. Antigen B
- C. Both antigen A and B**
- D. Rh antigen

Individuals with Type O blood are characterized by the absence of both antigen A and antigen B on the surface of their red blood cells. The ABO blood group system classifies blood based on the presence or absence of these antigens. Since Type O blood has neither of these antigens, it is considered the universal donor type for red blood cells. This means that Type O blood can be given to individuals with any ABO blood type without causing an immune reaction, as there are no A or B antigens present to provoke an immune response. In contrast, the Rh antigen, while it is an important factor in blood compatibility, is not specific to the ABO blood group classification. Type O individuals may still possess the Rh antigen, meaning they can be either Rh-positive or Rh-negative. Hence, the defining characteristic of Type O blood is the lack of both antigen A and antigen B.

8. What is the initial management step for a burn wound?

- A. Apply ice directly to the burn
- B. Stop the burning process and cool the burn**
- C. Cover the burn with a thick layer of ointment
- D. Bandage the burn immediately without cooling

The initial management step for a burn wound is to stop the burning process and cool the burn. This is crucial because cooling the burn helps to reduce tissue damage and minimizes the depth and severity of the burn. By stopping the burning process, you prevent additional injury and protect the affected area from further harm. Cooling the burn with running water or a cool, wet cloth for an extended period (usually about 10 to 20 minutes) is widely recommended in first aid protocols. Applying ice directly to the burn can cause further tissue damage due to frostbite and is not an effective method for cooling. Covering the burn with a thick layer of ointment may trap heat and worsen the injury. Bandaging the burn immediately without cooling fails to address the ongoing damage and does not promote optimal healing.

9. 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.

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.

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:

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

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