EXPERT FIELD MEDICAL BADGE (EFMB) PRACTICE TEST (SAMPLE)

STUDY GUIDE

Prepare with structure. Pass with confidence

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. How long should snakebite patients be held after resolution of symptoms?

A. 12 hours

B. 24 hours

C. 36 hours

D. 48 hours

2. What position should the head of the bed be elevated to in order to reduce intracranial pressure?

A. 0°-15°

B. 15°-30°

C. 30°-60°

D. 60°-90°

3. What is the most common infectious complication seen in pediatric burn patients?

A. Pneumonia

B. Cellulitis

C. Sepsis

D. Infection of the burn site

4. If a patient has significant symptoms for antivenom but a history of asthma, can you still give antivenom?

A. Yes, without any precautions

B. No, it is contraindicated

C. Yes, with caution

D. Only if symptoms worsen

5. For a patient injured by a suicide bomber, when should testing for Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) be obtained?

A. At the time of exposure

B. One month post-exposure

C. Three months post-exposure

D. Six months post-exposure

SAMPLE

6. What does the acronym CAM stand for in the context of delirium assessment?

A. Critical Assessment Method

B. Confusion Assessment Method

C. Clinical Assessment Model

D. Comprehensive Analysis of Mental state

7. When performing a tracheostomy on a Military Working Dog, which ligaments must be completely cut?

A. 1st and 2nd tracheal cartilages

B. 3rd and 4th or 4th and 5th tracheal cartilages

C. 4th and 5th or 5th and 6th tracheal cartilages

D. 2nd and 3rd tracheal cartilages

8. After using the CRESS algorithm to assess a casualty in a CBRN-threat environment, what is the next step?

A. Transfer the casualty to a safe zone

B. Immediately administer medication

C. Establish a dirty Casualty Collection Point

D. Send the casualty for psychological evaluation

9. What constitutes immediate action after a snakebite?

A. Providing oral fluids

B. Evacuation to medical help

C. Applying a tourniquet

D. Administering pain relief

10. In combat zones, what should be prioritized to reduce cross-contamination risk?

A. Quick evacuation

B. Cohorting patients

C. Deploying more medical staff

D. Using advanced technology

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. How long should snakebite patients be held after resolution of symptoms?

A. 12 hours

B. 24 hours

C. 36 hours

D. 48 hours

The standard recommendation for monitoring snakebite patients after the resolution of symptoms is for a duration of 24 hours. This timeframe ensures that any delayed reactions or complications that can arise from the envenomation are adequately identified and managed. Snake venom can cause a range of systemic effects, and while the emergency symptoms may resolve quickly, there can still be underlying issues, such as coagulopathy or renal dysfunction, that may not manifest until later. Sustained monitoring for 24 hours allows medical personnel to observe for any signs of reoccurrence of symptoms or development of new complications, ensuring that the patient is stable enough for discharge. This practice is particularly crucial for bites from venomous snakes, where the potential for delayed physiological changes warrants careful observation, thereby enhancing patient safety and outcomes.

2. What position should the head of the bed be elevated to in order to reduce intracranial pressure?

A. 0°-15°

B. 15°-30°

C. 30°-60°

D. 60°-90°

Elevating the head of the bed to a position between 30° to 60° is recommended as it is effective in reducing intracranial pressure (ICP). This positioning helps facilitate venous drainage from the brain by enhancing the return of blood from the cranial cavity, thus reducing the overall pressure inside the skull. Research and clinical guidelines indicate that maintaining the head at this angle aids in the prevention of complications associated with elevated ICP, such as herniation. This positioning takes advantage of gravity to help decrease venous pressure and promote cerebrospinal fluid (CSF) flow, further supporting intracranial dynamics in patients experiencing conditions that may lead to increased ICP, such as traumatic brain injury or other neurological emergencies. Positions that are too low (0°-15°) or even moderately elevated (15°-30°) are less effective because they do not adequately promote the drainage necessary to lower ICP. On the other hand, elevating the head to 60°-90° may be counterproductive and can create discomfort or other complications for the patient. Therefore, maintaining the head elevation within the 30°-60° range is considered optimal for managing and mitigating heightened intracranial pressure.

SAMPLE

3. What is the most common infectious complication seen in pediatric burn patients?

A. Pneumonia

B. Cellulitis

C. Sepsis

D. Infection of the burn site

The most common infectious complication seen in pediatric burn patients is the infection of the burn site. This is primarily due to the loss of the skin's barrier function following a burn injury, which exposes underlying tissues to potential pathogens. The compromised skin can become colonized by bacteria, leading to localized infections, which can progress if not properly managed. In children, the risk of infection is heightened due to their developing immune systems and the higher incidence of deep and extensive burns they may experience. These infections can manifest as erythema, increased pain, and drainage from the burn site, and may escalate to more severe complications if not addressed promptly. While pneumonia, cellulitis, and sepsis are serious concerns in burn patients, infection of the burn site is specifically the most prevalent, making it a critical focus for monitoring and intervention in pediatric burn care.

4. If a patient has significant symptoms for antivenom but a history of asthma, can you still give antivenom?

A. Yes, without any precautions

B. No, it is contraindicated

C. Yes, with caution

D. Only if symptoms worsen

In the case of administering antivenom to a patient with significant symptoms of envenomation and a history of asthma, the correct approach is to proceed with caution. Antivenom can potentially cause allergic reactions or anaphylaxis, which may be particularly risky in patients with asthma. Asthma can exacerbate respiratory distress from an allergic reaction, making it critical to carefully evaluate the risks before administration. While antivenom is often necessary to counteract the effects of venom, the association with asthma raises concerns about potential respiratory complications. Therefore, administering antivenom without precautions may pose serious health risks for this patient, necessitating additional monitoring and potentially pre-treatment with antihistamines or corticosteroids to mitigate allergic reactions. Thus, careful consideration is essential when treating patients with a history of asthma who require antivenom, highlighting the importance of a cautious and methodical approach in such scenarios.

SAMPLE

5. For a patient injured by a suicide bomber, when should testing for Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) be obtained?

A. At the time of exposure

B. One month post-exposure

C. Three months post-exposure

D. Six months post-exposure

Testing for Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) should be conducted as soon as possible after exposure to potential bloodborne pathogens, which includes situations like injuries from a suicide bomber. Immediate testing allows for the rapid identification of any infections that may have occurred as a result of the exposure, which is crucial for informing post-exposure prophylaxis (PEP) protocols. In cases of possible exposure to these viruses, timely intervention is key to preventing the establishment of infection. For HBV, if the individual is not vaccinated, post-exposure prophylaxis can be initiated, and for HIV, early diagnosis can lead to the initiation of antiretroviral therapy if needed. Not performing the tests at the time of exposure could delay treatment and increase the risk of complications from these infections.

6. What does the acronym CAM stand for in the context of delirium assessment?

A. Critical Assessment Method

B. Confusion Assessment Method

C. Clinical Assessment Model

D. Comprehensive Analysis of Mental state

The acronym CAM stands for Confusion Assessment Method, which is a standardized tool used for assessing delirium in patients. This method is specifically designed to identify the presence of acute confusion and to differentiate delirium from other conditions, such as dementia. The CAM utilizes a set of criteria that includes the acute onset of changes in mental status, inattention, disorganized thinking, and altered level of consciousness. The focus on these particular factors allows healthcare professionals to quickly and effectively identify delirium, which is crucial for timely intervention and management. The reason why this methodology is significant lies in its evidence-based approach that minimizes the risk of overlooking delirious patients, who may require immediate medical attention. This method is widely used across various healthcare settings, making it an essential tool for professionals assessing cognitive function in acutely ill patients.

SAMPLE

7. When performing a tracheostomy on a Military Working Dog, which ligaments must be completely cut?

A. 1st and 2nd tracheal cartilages

B. 3rd and 4th or 4th and 5th tracheal cartilages

C. 4th and 5th or 5th and 6th tracheal cartilages

D. 2nd and 3rd tracheal cartilages

In performing a tracheostomy on a Military Working Dog, it is essential to cut the appropriate tracheal cartilages to ensure a safe and effective procedure. The correct answer indicates that the 3rd and 4th or 4th and 5th tracheal cartilages must be completely cut to create a stoma for airway access. The reason for choosing these specific cartilages is based on anatomy and the need to avoid damaging surrounding structures while also ensuring that there is enough space to insert the tracheostomy tube effectively. Cutting the 3rd and 4th or 4th and 5th cartilages strikes a balance between maintaining the structural integrity of the trachea while allowing adequate access to the airway. Choosing incorrectly to cut other cartilages, such as the 1st and 2nd or the 2nd and 3rd, could jeopardize the safety of the procedure. The 1st tracheal cartilage is important for maintaining the connection to the larynx, and cutting it could lead to complications like laryngeal injury or airway obstruction. Similarly, cutting the 2nd and 3rd cartilages may not provide sufficient space for proper

8. After using the CRESS algorithm to assess a casualty in a CBRN-threat environment, what is the next step?

A. Transfer the casualty to a safe zone

B. Immediately administer medication

C. Establish a dirty Casualty Collection Point

D. Send the casualty for psychological evaluation

Using the CRESS algorithm, which stands for Control, Recognize, Evaluate, Stabilize, and Select, provides a systematic approach to managing casualties in a Chemical, Biological, Radiological, and Nuclear (CBRN) environment. The next step involves establishing a dirty Casualty Collection Point (CCP) when dealing with contaminated casualties. This step is crucial because it ensures the safe and organized handling of individuals exposed to hazardous substances. By setting up a dirty CCP, medical personnel can effectively manage contaminated casualties while preventing further contamination to other personnel and resources. This location allows for appropriate decontamination procedures to be initiated, as well as a controlled environment for triage and treatment. While other options, such as transferring the casualty to a safe zone or administering medication, are important components of casualty management, they are not the immediate next steps after using the CRESS algorithm. The priority in a CBRN situation is to manage contamination effectively, which is why establishing a separate collection point for contaminated individuals is essential to ensure safety and efficacy in subsequent care.

SAMPLE

9. What constitutes immediate action after a snakebite?

A. Providing oral fluids

B. Evacuation to medical help

C. Applying a tourniquet

D. Administering pain relief

After a snakebite, the immediate action that is crucial is evacuation to medical help. This is essential because a medical professional is best equipped to assess the severity of the bite and administer the appropriate treatment, which may include antivenom. Time is of the essence in snakebite cases, as certain types of venom can spread rapidly through the body and cause severe complications. Providing oral fluids is not advisable immediately after a snakebite, as the victim may require more intensive medical intervention, and fluid intake could complicate potential treatments. Applying a tourniquet has been shown to be ineffective and can cause more harm than good by cutting off circulation, leading to further tissue damage. Administering pain relief may be necessary, but it does not address the immediate response needed after a snakebite, which is to seek professional medical assistance first. Thus, evacuation to medical help is the most effective immediate action following a snakebite.

10. In combat zones, what should be prioritized to reduce cross-contamination risk?

A. Quick evacuation

B. Cohorting patients

C. Deploying more medical staff

D. Using advanced technology

Prioritizing cohorting patients is essential in combat zones to minimize the risk of cross-contamination. Cohorting involves grouping patients with similar conditions or risk profiles, which helps to limit the spread of infections and diseases among individuals receiving care. By keeping patients who are infected or at risk of infection separate from those who are not, healthcare providers can effectively contain and manage potential outbreaks, ensuring safer treatment environments. In the chaotic and resource-constrained settings typical of combat zones, cohorting can significantly enhance patient safety. It enables streamlined infection control measures, simplifies the application of protective protocols, and helps healthcare staff focus their efforts on specific groups, improving overall patient management. Other approaches, such as quick evacuation or deploying more medical staff, while important in their own right, do not inherently provide the same level of protection against cross-contamination. Quick evacuation focuses on removing patients from danger rapidly, but without controlling infection risks, patients may still become infected during transit or at evacuation points. Increasing medical staff is beneficial for managing patient loads and providing care, yet it doesn't directly address the risk of contamination in a crowded environment. Similarly, advanced technology can aid in patient care but does not replace the fundamentals of infection control through physical management strategies like cohorting.

SAMPLE

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://expertfieldmedicalbadge.examzify.com

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

SAMPLE