

NREMT 68W Combat Medic Practice Test (Sample)

Study Guide



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SAMPLE

Questions

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- 1. What does distress typically refer to in a stress context?**
 - A. A manageable level of pressure**
 - B. A negative reaction to overwhelming stress**
 - C. A positive challenge during performance**
 - D. A response to minor stressors**
- 2. What is the most common cause of respiratory distress in military personnel?**
 - A. Alveolar edema**
 - B. Pneumonia**
 - C. Asthma or respiratory infections**
 - D. Foreign body aspiration**
- 3. In a combat area, what is a primary objective of emergency medical care?**
 - A. To perform surgery on-site**
 - B. To evacuate casualties as quickly as possible**
 - C. To stabilize injuries for further transport**
 - D. To assess psychological impacts on soldiers**
- 4. Which of the following statements about Hepatitis B is correct?**
 - A. It is always asymptomatic**
 - B. It is only present in adults**
 - C. There is a vaccine available for prevention**
 - D. It is not a serious illness**
- 5. What is typically the outcome measured by EMS patient outcomes?**
 - A. Hospital readmission rates**
 - B. Patient satisfaction feedback**
 - C. Long-term survival rates**
 - D. Emergency response times**

- 6. What is a key requirement for an occupational exposure control plan?**
- A. Occupational therapy sessions**
 - B. Adequate education and training**
 - C. Promotion of workplace fitness**
 - D. Participation in insurance programs**
- 7. What does a “flail chest” indicate?**
- A. Complete pneumothorax**
 - B. Multiple rib fractures leading to instability of the thoracic wall**
 - C. A single rib fracture**
 - D. Soft tissue injury to the thoracic region**
- 8. What does critical incident stress management (CISM) provide to help deal with stress appropriately?**
- A. Emergency medical training**
 - B. A comprehensive system including education and resources**
 - C. Standard precautions for infection control**
 - D. Personal protective equipment guidelines**
- 9. What is the recommended treatment for a tension pneumothorax?**
- A. Oxygen therapy followed by rest**
 - B. Needle decompression followed by chest tube placement**
 - C. Intravenous fluids and monitoring**
 - D. Administration of pain relief medication**
- 10. During a medical emergency, what should you prioritize when managing an unconscious patient?**
- A. Checking their blood sugar**
 - B. Ensuring they are breathing**
 - C. Assessing their blood pressure**
 - D. Looking for their medical history**

Answers

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

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Explanations

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1. What does distress typically refer to in a stress context?

- A. A manageable level of pressure
- B. A negative reaction to overwhelming stress**
- C. A positive challenge during performance
- D. A response to minor stressors

Distress in the context of stress typically refers to a negative reaction to overwhelming stress. When an individual experiences distress, it signifies that the level of stress is surpassing their ability to cope or manage the situation effectively. This can result in feelings of anxiety, confusion, or helplessness, and can affect both mental and physical health adversely. In contrast, manageable levels of pressure are often seen as eustress, which is a positive form of stress that can motivate individuals and enhance performance. Positive challenges during performance also fall under eustress, as they contribute to growth and achievement rather than feelings of being overwhelmed. Responses to minor stressors do not typically indicate distress, as they are often manageable and do not elicit the negative feelings associated with being overwhelmed. Thus, understanding that distress signifies an adverse response to excessive stress is crucial for recognizing when support or intervention may be necessary.

2. What is the most common cause of respiratory distress in military personnel?

- A. Alveolar edema
- B. Pneumonia
- C. Asthma or respiratory infections**
- D. Foreign body aspiration

The most common cause of respiratory distress in military personnel is often attributed to asthma or respiratory infections. Military personnel are frequently exposed to various environmental stressors, including changes in altitude, extreme temperatures, and exposure to chemical agents or allergens, which can trigger asthma symptoms or respiratory infections. Asthma is particularly relevant given the physical demands of military training and operations, which can exacerbate underlying respiratory conditions. Additionally, military personnel are at risk of upper respiratory infections, especially in the field, where they may not have access to proper hygiene and medical care. These infections can lead to conditions such as bronchitis or pneumonia, contributing to respiratory distress. In contrast, while other options such as alveolar edema, pneumonia, and foreign body aspiration can cause respiratory distress, they are less prevalent in comparison to the combination of asthma and respiratory infections. Understanding these common causes is essential for effectively assessing and treating respiratory issues in military settings.

3. In a combat area, what is a primary objective of emergency medical care?

- A. To perform surgery on-site**
- B. To evacuate casualties as quickly as possible**
- C. To stabilize injuries for further transport**
- D. To assess psychological impacts on soldiers**

In a combat area, the primary objective of emergency medical care is to stabilize injuries for further transport. This approach is crucial because, in a combat situation, medical resources may be limited, and the ability to provide definitive care might not be immediately available. Stabilizing a casualty's condition helps to manage life-threatening injuries and prevents further deterioration while preparing them for evacuation to more advanced medical facilities. Stabilization focuses on ensuring that the patient is as stable as possible before transport, which includes controlling bleeding, maintaining airway patency, monitoring vital signs, and addressing any immediate life threats. This process allows for effective communication of the patient's status to the higher-level medical staff who will provide definitive care upon evacuation. In combat situations, the rapid evacuation of casualties is also vital, but it's secondary to ensuring that the patient is stable enough to survive the transport. Performing surgery on-site or assessing psychological impacts, while important in specific contexts, are not the primary focus of initial emergency medical care in such environments. The main goal remains the stability of injuries to maximize the chances of survival during and after transport.

4. Which of the following statements about Hepatitis B is correct?

- A. It is always asymptomatic**
- B. It is only present in adults**
- C. There is a vaccine available for prevention**
- D. It is not a serious illness**

Hepatitis B is a viral infection that affects the liver and can lead to serious health issues. The statement regarding the availability of a vaccine for prevention is accurate. The Hepatitis B vaccine is highly effective and helps protect individuals from acquiring the virus. The vaccine is recommended for all infants, children, and adults who are at risk of infection, making it a key public health measure to control the spread of the virus. This prevention strategy is especially important, considering that Hepatitis B can lead to chronic conditions such as liver cirrhosis and liver cancer in some individuals. The existence of a vaccine underscores the importance of proactive healthcare measures in mitigating the impact of this disease on the population.

5. What is typically the outcome measured by EMS patient outcomes?

- A. Hospital readmission rates**
- B. Patient satisfaction feedback**
- C. Long-term survival rates**
- D. Emergency response times**

The measurement of long-term survival rates is a critical outcome for evaluating the effectiveness of emergency medical services (EMS) interventions. This outcome provides insights into how well EMS is performing in terms of influencing patient prognoses after they have received care in the pre-hospital setting and subsequent treatment at the hospital. Long-term survival rates reflect not only the immediate impact of EMS interventions but also the broader implications of care received. For instance, if a patient is stabilized and their condition is improved during transport, they are more likely to have a better overall prognosis, which can lead to higher survival rates months or years post-incident. In contrast, while hospital readmission rates may provide some insight into the quality of care, they are more directly related to post-hospital care and do not necessarily reflect the initial EMS intervention's effectiveness. Patient satisfaction feedback is valuable for understanding patient perspectives but does not measure clinical outcomes directly. Emergency response times are important for assessing systemic efficiency and can influence patient outcomes, but they do not themselves act as a direct measure of patient outcomes in terms of survival.

6. What is a key requirement for an occupational exposure control plan?

- A. Occupational therapy sessions**
- B. Adequate education and training**
- C. Promotion of workplace fitness**
- D. Participation in insurance programs**

A key requirement for an occupational exposure control plan is adequate education and training. This is essential because such plans are designed to minimize the risk of exposure to hazardous materials or infectious agents in the workplace. The effectiveness of an exposure control plan heavily relies on ensuring that all employees understand the protocols, procedures, and safety measures in place. Providing adequate education and training equips employees with knowledge about potential hazards, proper use of personal protective equipment (PPE), methods to reduce exposure, and how to respond in case of an incident. All these factors contribute to a safer work environment and compliance with regulatory standards, which is critical for protecting both employees and employers. Other options, while related to workplace safety or employee well-being, do not specifically address the fundamental need for understanding and implementing exposure control measures as effectively as education and training do. This underscores the importance of knowledge and preparedness in minimizing risks associated with occupational exposures.

7. What does a “flail chest” indicate?

- A. Complete pneumothorax
- B. Multiple rib fractures leading to instability of the thoracic wall**
- C. A single rib fracture
- D. Soft tissue injury to the thoracic region

A "flail chest" indicates the presence of multiple rib fractures that create instability in the thoracic wall. This condition typically arises when a segment of the rib cage becomes detached from the rest of the thoracic structure, resulting in a paradoxical movement during respiration. Instead of expanding outward during inhalation, the affected segment moves inward, which can severely compromise the patient's ability to breathe effectively and can lead to respiratory distress. Flail chest is often the result of blunt trauma, such as from a car accident or fall, and may be accompanied by other serious injuries, such as pulmonary contusions. The instability of the thoracic wall not only affects lung function but can also reduce the capacity for adequate ventilation and gas exchange, posing a significant threat to the patient's oxygenation and overall stability. Understanding flail chest is crucial for managing trauma patients, as appropriate interventions, including potential mechanical ventilation support or surgical stabilization, may be necessary.

8. What does critical incident stress management (CISM) provide to help deal with stress appropriately?

- A. Emergency medical training
- B. A comprehensive system including education and resources**
- C. Standard precautions for infection control
- D. Personal protective equipment guidelines

Critical Incident Stress Management (CISM) is designed to help individuals, particularly those in high-stress professions like emergency services, cope with the psychological impact of traumatic events. The correct answer highlights that CISM encompasses a comprehensive system, which includes training, education, and resources specifically aimed at managing stress effectively after critical incidents. CISM provides structured support, allowing individuals to process their experiences, thus promoting emotional and psychological recovery. Through educational components, participants gain knowledge about stress responses and coping mechanisms, while resources may include peer support groups and counseling services. This holistic approach is vital for fostering resilience and preventing long-term psychological issues, making it an essential part of support for those exposed to traumatic situations. The other options focus on specific areas such as emergency medical training, infection control precautions, and personal protective equipment. While these are important in the context of emergency services, they do not address the psychological needs and coping strategies necessary for managing stress after traumatic incidents.

9. What is the recommended treatment for a tension pneumothorax?

- A. Oxygen therapy followed by rest**
- B. Needle decompression followed by chest tube placement**
- C. Intravenous fluids and monitoring**
- D. Administration of pain relief medication**

The recommended treatment for a tension pneumothorax is needle decompression followed by chest tube placement. This approach is critical because a tension pneumothorax occurs when air becomes trapped in the pleural space, leading to increasing pressure that can compromise respiratory and cardiovascular function. Needle decompression involves placing a large-bore needle into the pleural space to quickly release the built-up air, which alleviates pressure on the lungs and allows them to re-expand. This immediate intervention is vital to prevent further deterioration of the patient's condition. Following this emergency procedure, the placement of a chest tube is necessary to continuously drain air or fluid from the pleural space, ensuring that the lung can fully expand and function properly. While oxygen therapy, intravenous fluids, and pain relief are important aspects of general patient care or management of other conditions, they do not address the underlying issue of a tension pneumothorax, which requires rapid intervention to prevent life-threatening complications.

10. During a medical emergency, what should you prioritize when managing an unconscious patient?

- A. Checking their blood sugar**
- B. Ensuring they are breathing**
- C. Assessing their blood pressure**
- D. Looking for their medical history**

In managing an unconscious patient during a medical emergency, prioritizing the assurance of adequate breathing is crucial. This is because an unconscious individual may have compromised airway patency, which can lead to respiratory failure. The immediate concern is to ensure that the airway is clear and that the patient is able to breathe effectively. Without oxygenation, even a temporary lack of breath can result in severe hypoxia and potential brain damage within minutes. Once you have confirmed or secured their breathing, you can then address other aspects of care, such as checking blood sugar levels, assessing blood pressure, or looking into their medical history, as those can provide critical information for determining the underlying cause of their unresponsiveness. However, if the airway is obstructed or breathing is inadequate, no other assessments will be effective, making it the highest priority to ensure the patient can breathe properly.