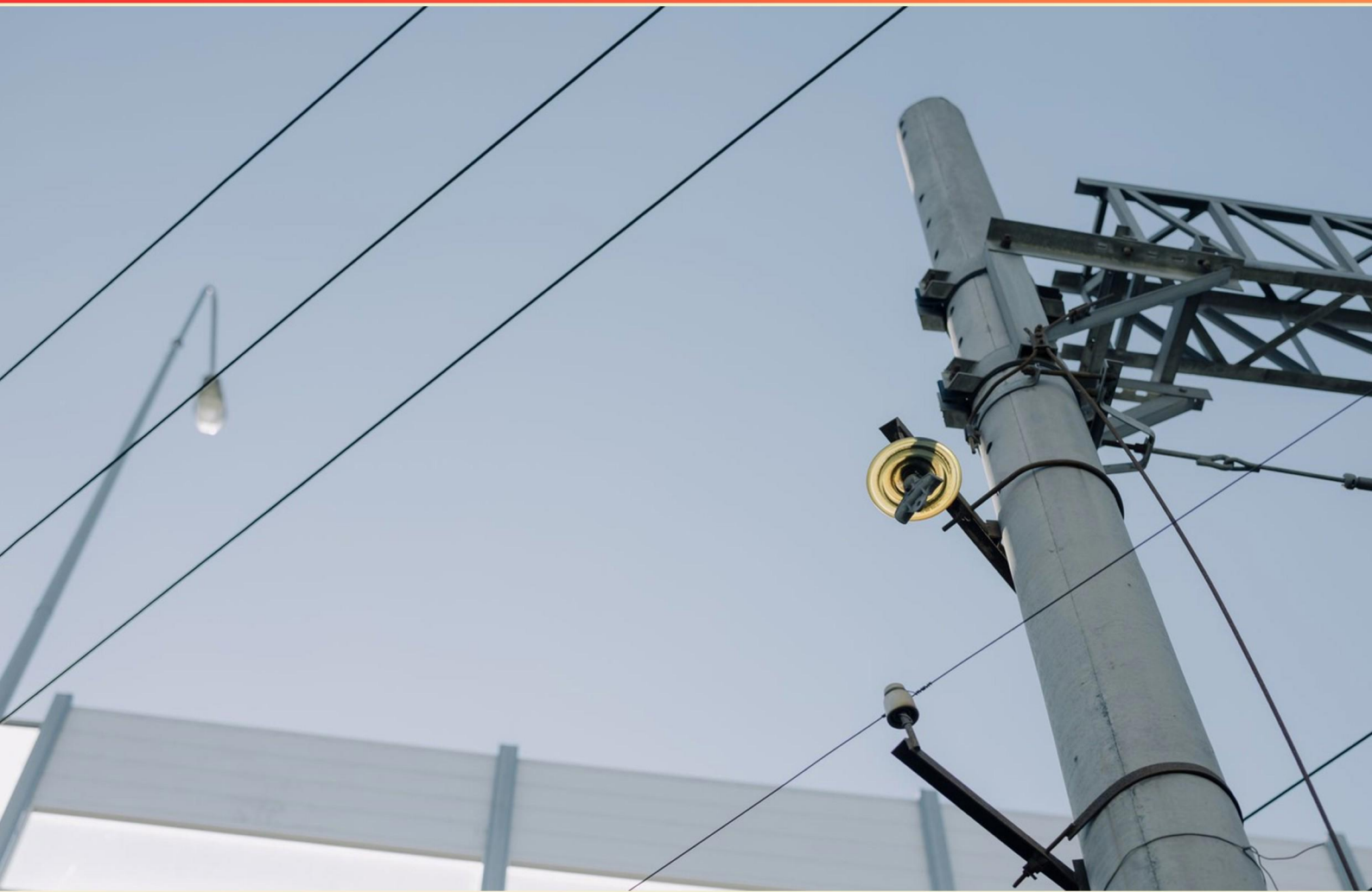


PBCFR PROTOCOL PRACTICE TEST (SAMPLE)

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. Which color corresponds to electrocution or lightning injury with loss of consciousness or visible signs?**
 - A. Blue
 - B. Red
 - C. Green
 - D. Yellow

- 2. What priority are all Sepsis alerts transported as?**
 - A. Priority 1
 - B. Priority 3
 - C. Urgent
 - D. Priority 2

- 3. Which adult scenario is BLUE and describes a motorcycle, golf cart, or ATV crash with signs of anatomical injury?**
 - A. Adult: Motorcycle, golf cart, or ATV crash w/signs of anatomical injury
 - B. PED: Severe facial injury w/potential airway compromise
 - C. PED: Blunt head, chest, abdominal trauma in Patient w/bleeding disorder or on anticoagulants
 - D. Adult: Soft tissue Loss

- 4. Which of the following describes a PED blue criterion related to mental status?**
 - A. Headache with no loss of consciousness
 - B. Drowsiness with orientation intact
 - C. Loss of consciousness or amnesia
 - D. Mild confusion

- 5. Which scenario would be BLUE due to intrusion with roof >12 inches?**
 - A. Significant mechanism of injury with normal imaging
 - B. Fall 10 ft or more
 - C. Intrusion including roof >12 inches at occupant site or >18 inches at any other site into the passenger compartment
 - D. Non GSW penetrating injury to the leg

6. PEEP stands for what?

- A. Positive End-Expiratory Pressure
- B. Positive End-Inspiratory Pressure
- C. Peak End-Expiratory Pressure
- D. Pressure Expiratory End

7. What is the CPAT setting no matter the indication?

- A. 5 PEEP
- B. 15 PEEP
- C. 10 PEEP
- D. 0 PEEP

8. Which of the following is NOT a RED criterion?

- A. Amputation at or above the wrist or ankle
- B. 2nd or 3rd degree burns to 10% TBSA
- C. Minor abrasion on arm
- D. GSW to the extremity at or above the wrist or ankle

9. In pediatric trauma triage, which finding would be categorized as RED due to a life-threatening injury?

- A. Any penetrating injury to the head, neck or torso
- B. Open long bone fracture or multiple fracture sites or multiple dislocations
- C. Minor abrasion on the arm
- D. Isolated superficial burn of 1% TBSA

10. For Trauma Alert (Priority 2), where should transport be?

- A. Closest ED
- B. Closest Trauma center
- C. Closest appropriate ED
- D. St. Marys by air

Answers

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

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Explanations

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1. Which color corresponds to electrocution or lightning injury with loss of consciousness or visible signs?

- A. Blue
- B. Red**
- C. Green
- D. Yellow

Color coding in field triage signals urgency, so life-threatening conditions are marked for immediate attention. An electrocution or lightning strike that causes loss of consciousness or obvious signs of injury can disrupt heart rhythm, breathing, and brain function, making it a time-critical emergency. That immediate need for rapid assessment, CPR if needed, defibrillation, and quick transport is why red is used—the color that flags the highest priority. The other colors indicate less urgent situations: green generally covers minor injuries that can wait, yellow covers injuries that are serious but not immediately life-threatening, and blue (in some systems) varies by protocol and is not the standard for immediate life-saving priority. In this scenario, the urgent nature of electrical injury with loss of consciousness makes red the appropriate marker.

2. What priority are all Sepsis alerts transported as?

- A. Priority 1
- B. Priority 3
- C. Urgent
- D. Priority 2**

Sepsis alerts are treated as a high-priority, time-sensitive notification, but not the absolute top level of urgency. In this system the alerts are transported at the mid-level (second-tier) priority. This strikes a balance: it ensures rapid notification to the receiving hospital and involved teams so sepsis can be recognized and treated quickly, while preserving the highest level of priority for true life-threatening emergencies that require lights-and-sirens response. The label "urgent" isn't used as the designated transport priority in this context, and the top priority would be reserved for the most critical, immediate threats.

3. Which adult scenario is BLUE and describes a motorcycle, golf cart, or ATV crash with signs of anatomical injury?

- A. Adult: Motorcycle, golf cart, or ATV crash w/signs of anatomical injury**
- B. PED: Severe facial injury w/potential airway compromise
- C. PED: Blunt head, chest, abdominal trauma in Patient w/bleeding disorder or on anticoagulants
- D. Adult: Soft tissue Loss

In this protocol, the BLUE category for adults is assigned to trauma cases from high energy crashes (like motorcycle, golf cart, or ATV crashes) that show obvious anatomical injuries. This option matches exactly: an adult involved in a motorcycle, golf cart, or ATV crash with signs of anatomical injury. The mechanism indicates a high risk of significant injuries, and the phrase "signs of anatomical injury" confirms there are observable physical injuries present, which places this scenario in the BLUE adult trauma group. The other choices involve pediatric patients or different injury patterns and do not describe the adult, high energy crash with observable anatomical injuries as specified.

4. Which of the following describes a PED blue criterion related to mental status?

- A. Headache with no loss of consciousness
- B. Drowsiness with orientation intact
- C. Loss of consciousness or amnesia**
- D. Mild confusion

In evaluating mental status within PED blue criteria, a key flag is a significant disturbance in consciousness or memory. Loss of consciousness means the child isn't fully awake after an event, or briefly passes out, which signals potential brain injury. Amnesia means trouble recalling events before or after the injury, indicating disruption of brain function. These signs point to a higher risk situation and prompt urgent evaluation. The other options describe symptoms that don't show a clear change in mental status to the same extent: a headache without loss of consciousness, drowsiness with orientation intact (the child is still aware of who and where they are), and mild confusion (an alteration, but not as definitive a marker as loss of consciousness or amnesia). Therefore, the statement that loss of consciousness or amnesia best describes the PED blue mental-status criterion.

5. Which scenario would be BLUE due to intrusion with roof >12 inches?

- A. Significant mechanism of injury with normal imaging
- B. Fall 10 ft or more
- C. Intrusion including roof >12 inches at occupant site or >18 inches at any other site into the passenger compartment**
- D. Non GSW penetrating injury to the leg

The key idea here is recognizing intrusion into the passenger compartment as a high-risk mechanism. In trauma triage, intrusion thresholds help identify crashes where the vehicle structure has intruded enough to threaten occupants, even if initial findings aren't dramatic. Specifically, roof intrusion of more than 12 inches at the occupant's seat (or more than 18 inches at any other site) signals substantial intrusion and a high risk of serious injuries. That threshold is what makes this scenario BLUE. So, this option matches the exact intrusion criterion: the roof intrudes more than 12 inches at the occupant site, indicating significant passenger-compartment compromise and justifying BLUE classification. The other scenarios don't reach that intrusion threshold into the passenger area, so they don't trigger the same level of concern based on intrusion alone.

6. PEEP stands for what?

- A. Positive End-Expiratory Pressure**
- B. Positive End-Inspiratory Pressure
- C. Peak End-Expiratory Pressure
- D. Pressure Expiratory End

PEEP stands for Positive End-Expiratory Pressure, a ventilator setting that keeps positive pressure in the lungs at the end of expiration. This helps prevent alveolar collapse and improves oxygenation by maintaining a baseline volume in the airways. End-expiratory refers to the moment after a patient's exhale ends, when the pressure is held; positive pressure means the airways are maintained above atmospheric pressure. The other options either describe a pressure at the wrong phase (end of inspiration), use an incorrect or nonstandard term, or mix up the concept (a "peak" or an order of words that isn't how PEEP is defined). In practice, PEEP helps keep the lungs open and gas exchange efficient, while excessive PEEP can affect hemodynamics, so it's adjusted carefully.

7. What is the CPAT setting no matter the indication?

- A. 5 PEEP
- B. 15 PEEP
- C. 10 PEEP**
- D. 0 PEEP

Positive end-expiratory pressure keeps airways open at the end of expiration, which helps recruit collapsed alveoli and improve oxygen exchange. In CPAP therapy, a fixed pressure is used to maintain that openness. The reason for using 10 cm H₂O as the standard CPAT setting across indications is that this level provides reliable alveolar recruitment and better oxygenation for a broad range of acute respiratory problems, while staying below levels that could excessively raise intrathoracic pressure and compromise blood return. It offers a practical, consistent approach in prehospital care. If a patient shows signs of intolerance or there are specific contraindications, adjustments may be considered, but 10 cm H₂O is the typical default.

8. Which of the following is NOT a RED criterion?

- A. Amputation at or above the wrist or ankle
- B. 2nd or 3rd degree burns to 10% TBSA
- C. Minor abrasion on arm**
- D. GSW to the extremity at or above the wrist or ankle

RED criteria are injuries that require immediate life-saving intervention. A minor abrasion on the arm does not pose an immediate threat to life or limb, so it does not meet red criteria. The other injuries described—amputation at or above the wrist or ankle, second- or third-degree burns affecting about 10% of the total body surface area, and a gunshot wound to the extremity at or above the wrist or ankle—all carry a high risk of rapid deterioration or significant blood loss and demand urgent attention.

9. In pediatric trauma triage, which finding would be categorized as RED due to a life-threatening injury?

- A. Any penetrating injury to the head, neck or torso**
- B. Open long bone fracture or multiple fracture sites or multiple dislocations
- C. Minor abrasion on the arm
- D. Isolated superficial burn of 1% TBSA

In pediatric trauma triage, red is assigned to injuries that threaten life and demand immediate intervention. A penetrating injury to the head, neck, or torso is the clearest example because these regions house the airway, brain, and major blood vessels. Such injuries can cause rapid airway compromise, severe brain injury, or massive hemorrhage, leading to swift deterioration if not treated right away. In contrast, an open long-bone fracture or multiple fractures, while serious, is not typically immediately life-threatening in the field if bleeding is controlled and perfusion remains adequate. A minor arm abrasion and a small superficial burn involve minimal tissue damage and do not pose an immediate threat to life. So the penetrating head/neck/torso injury is the finding that best warrants immediate red-level prioritization.

10. For Trauma Alert (Priority 2), where should transport be?

- A. Closest ED
- B. Closest Trauma center**
- C. Closest appropriate ED
- D. St. Marys by air

In a trauma alert, the goal is to get definitive injury care to the patient as quickly as possible. That means transporting to the closest designated trauma center, because these facilities have the immediate trauma teams, operating rooms, imaging, and activation protocols needed for severe injuries. Sending a patient to a general ED or to an ED that isn't a trauma center can introduce delays in getting surgical and critical-care resources activated. The choice of air transport is a mode of transport and depends on distance and conditions, but the destination should still be the nearest trauma center to minimize time to definitive care.

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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://pbcfrprotocol.examzify.com>

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

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