

PCC Field Medical Training Battalion (FMTB) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. What is the recommended dosage of Ketamine for end-of-life care?**
 - A. 10 mg**
 - B. 20 mg**
 - C. 30 mg**
 - D. 40 mg**
- 2. What body temperature defines hyperthermia?**
 - A. Above 99.4°F**
 - B. Above 100.0°F**
 - C. Above 100.4°F**
 - D. Above 101.0°F**
- 3. Why must a Corpsman be adept in both leadership and follower skills?**
 - A. It allows for improvements in personal skills**
 - B. It helps in building stronger teams**
 - C. It enables adaptability in different roles during emergencies**
 - D. It promotes better communication with patients**
- 4. What physiological state is indicated by a core body temperature below 97°F?**
 - A. Fever**
 - B. Hypothermia**
 - C. Normothermia**
 - D. Hyperthermia**
- 5. What is a primary objective of monitoring vitals during resuscitation?**
 - A. To gauge patient pain levels**
 - B. To establish a baseline for electrolyte balance**
 - C. To assess the effectiveness of interventions**
 - D. To determine the need for surgical intervention**

- 6. Which of the following is NOT a sign of worsening arrhythmia?**
- A. Irregular pulse**
 - B. Decreasing blood pressure**
 - C. Increased heart rate**
 - D. Changes in mental status**
- 7. What does a patient categorized as a transient responder demonstrate?**
- A. Continued physiological deterioration despite resuscitation**
 - B. Initial improvement followed by further deterioration**
 - C. Immediate physiological improvement**
 - D. No signs of physiological change**
- 8. Which type of shock is related to the loss of vascular tone?**
- A. Cardiogenic shock**
 - B. Neurogenic shock**
 - C. Distributive shock**
 - D. Obstructive shock**
- 9. What does the term "golden hour" refer to in trauma care?**
- A. The time frame to provide evidence-based research**
 - B. The critical time frame within which medical intervention must occur to save lives**
 - C. The period needed for psychological evaluation**
 - D. The duration that survivors must be monitored post-discharge**
- 10. Which aspect of Corpsman training emphasizes the importance of teamwork?**
- A. Individual competition**
 - B. Emergency response protocols**
 - C. Medical ethics discussions**
 - D. Solo practice sessions**

Answers

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

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Explanations

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1. What is the recommended dosage of Ketamine for end-of-life care?

- A. 10 mg
- B. 20 mg**
- C. 30 mg
- D. 40 mg

The recommended dosage of 20 mg of Ketamine for end-of-life care is consistent with its use in managing pain and providing sedation for patients experiencing severe discomfort. Ketamine is often utilized in these scenarios due to its unique properties as a dissociative anesthetic, which offers effective pain relief while also alleviating anxiety and distress. Administering 20 mg helps to strike a balance between providing sufficient analgesia and avoiding excessive sedation that could compromise the patient's breathing or overall comfort. This dosage can be administered as a single intravenous push or as part of a continuous infusion, depending on the specific needs of the patient and the clinical judgment of the healthcare provider. In end-of-life care, careful consideration is given to the patient's quality of life and comfort, and the 20 mg dosage provides a manageable amount that can be adjusted as necessary while focusing on the palliation of symptoms. This approach is vital in ensuring that patients can transition through this phase with dignity and minimal suffering.

2. What body temperature defines hyperthermia?

- A. Above 99.4°F
- B. Above 100.0°F
- C. Above 100.4°F**
- D. Above 101.0°F

Hyperthermia is defined as an elevated body temperature due to the body's inability to dissipate heat effectively, leading to dangerous health conditions. The threshold commonly recognized in clinical settings for hyperthermia is a body temperature above 100.4°F. This value is significant because it indicates that the body is reaching a level of heat accumulation that can have physiological consequences. Temperatures above this level can impair the body's processes, potentially leading to heat-related illnesses such as heat exhaustion or heat stroke. Therefore, identifying hyperthermia at 100.4°F allows for early intervention and management to prevent severe complications associated with excessive heat. Recognizing this threshold is particularly important for those in environments where heat stress is a risk, such as athletes or military personnel in training.

3. Why must a Corpsman be adept in both leadership and follower skills?

- A. It allows for improvements in personal skills**
- B. It helps in building stronger teams**
- C. It enables adaptability in different roles during emergencies**
- D. It promotes better communication with patients**

A Corpsman must be adept in both leadership and follower skills because adaptability in different roles during emergencies is crucial for effective medical response. Emergencies often present unpredictable situations where the Corpsman might need to take charge, make quick decisions, and lead a team in providing care. Conversely, there will be times when the Corpsman must follow directions or support others, particularly in a multi-disciplinary team environment where clear chain-of-command and collaboration are vital. Being skilled in both areas ensures that a Corpsman can seamlessly transition between leading a response, coordinating with other medical personnel, and taking instructions when required. This dual capability enhances the overall effectiveness of the medical response team, allowing them to adapt quickly to the demands of various scenarios they may encounter in the field.

4. What physiological state is indicated by a core body temperature below 97°F?

- A. Fever**
- B. Hypothermia**
- C. Normothermia**
- D. Hyperthermia**

A core body temperature below 97°F indicates a physiological state of hypothermia. Hypothermia occurs when the body loses heat faster than it can produce it, leading to a drop in core temperature. This condition can result from exposure to cold environments, wet conditions, or inadequate clothing, and it is critical to recognize as it can lead to serious health complications, including impaired brain function and, in severe cases, can be life-threatening. In the context of evaluating body temperature, fever generally indicates an elevated temperature often associated with infection or illness, while normothermia refers to a normal body temperature range, typically around 98.6°F (37°C). Hyperthermia signifies an abnormally high body temperature and is often the result of environmental factors or intense physical exertion.

5. What is a primary objective of monitoring vitals during resuscitation?

- A. To gauge patient pain levels**
- B. To establish a baseline for electrolyte balance**
- C. To assess the effectiveness of interventions**
- D. To determine the need for surgical intervention**

The primary objective of monitoring vital signs during resuscitation is to assess the effectiveness of interventions. This involves tracking key indicators such as heart rate, blood pressure, respiratory rate, and oxygen saturation to determine how well the patient is responding to the resuscitation efforts. During critical situations, changes in these vital signs can provide immediate feedback on whether the applied interventions, such as chest compressions, airway management, or medications, are successful in restoring or maintaining adequate circulation and respiratory function. By evaluating these vital signs, healthcare providers can make informed decisions about continuing, modifying, or escalating treatment to optimize patient outcomes. This real-time assessment is vital for ensuring the resuscitation efforts are appropriately targeting the underlying issues contributing to the patient's condition.

6. Which of the following is NOT a sign of worsening arrhythmia?

- A. Irregular pulse**
- B. Decreasing blood pressure**
- C. Increased heart rate**
- D. Changes in mental status**

The choice indicating that an increased heart rate is not a sign of worsening arrhythmia is indeed correct. In many cases, an increased heart rate, known as tachycardia, can be a physiological response to conditions such as stress, anxiety, pain, or even normal exercise. It does not necessarily indicate deterioration in a patient experiencing arrhythmia. Worsening arrhythmias are usually characterized by more severe manifestations such as irregular pulse, which could reflect unstable heart rhythms; decreasing blood pressure, which may suggest inadequate perfusion and systemic compromise; and changes in mental status, indicating potential cerebral hypoperfusion due to compromised cardiac output. These signs point to worsening physiological stability, whereas an increase in heart rate alone could be a compensatory response in several situations. Understanding these terms and indicators aids in identifying serious conditions and informs appropriate medical interventions.

7. What does a patient categorized as a transient responder demonstrate?

- A. Continued physiological deterioration despite resuscitation**
- B. Initial improvement followed by further deterioration**
- C. Immediate physiological improvement**
- D. No signs of physiological change**

A patient categorized as a transient responder exhibits initial improvement followed by further deterioration. This phenomenon often occurs in critical situations where a patient may briefly stabilize or show positive changes in vital signs or clinical presentation after a therapeutic intervention, only to subsequently revert to a state of decline. Understanding the transient responder is pivotal in clinical practice, as it highlights the importance of continuous monitoring and assessment of the patient's condition. The initial improvement can lead healthcare providers to feel optimistic about the patient's recovery; however, recognizing that this improvement can be fleeting and followed by further deterioration underscores the necessity for vigilance in managing these patients and being prepared for potential complications. This awareness is crucial for effective patient management and makes it evident that even apparent improvements do not guarantee a stable or positive outcome.

8. Which type of shock is related to the loss of vascular tone?

- A. Cardiogenic shock**
- B. Neurogenic shock**
- C. Distributive shock**
- D. Obstructive shock**

Distributive shock is the type of shock that is specifically associated with the loss of vascular tone. This condition occurs when the body's blood vessels become excessively dilated, leading to an inadequate distribution of blood flow and insufficient perfusion of tissues. In distributive shock, the peripheral vascular resistance decreases, which can occur due to various reasons, such as severe infections (septic shock), anaphylaxis, or spinal cord injuries (neurogenic shock). The loss of vascular tone leads to a decrease in blood pressure and an inability of the cardiovascular system to maintain adequate blood flow to vital organs, resulting in cellular and organ dysfunction. Understanding disseminative shock and its mechanisms is crucial in emergency medical situations, as timely recognition and treatment—such as fluid resuscitation and vasopressors—are vital to restoring hemodynamic stability. While other types of shock—such as cardiogenic shock, which is due to the heart's inability to pump effectively; obstructive shock, resulting from obstruction of blood flow; and neurogenic shock, characterized by disruption of sympathetic tone following spinal cord injury—are associated with different physiological mechanisms, they do not primarily involve the widespread loss of vascular tone in the same manner as distributive shock.

9. What does the term "golden hour" refer to in trauma care?

- A. The time frame to provide evidence-based research**
- B. The critical time frame within which medical intervention must occur to save lives**
- C. The period needed for psychological evaluation**
- D. The duration that survivors must be monitored post-discharge**

The term "golden hour" in trauma care specifically refers to the critical period following a traumatic injury when timely medical intervention is essential to optimize the chances of survival and reduce the risk of long-term disability. This concept highlights the importance of providing emergency medical treatment as quickly as possible. Research has shown that patients who receive care within this crucial time frame have significantly better outcomes compared to those whose treatment is delayed. This is particularly relevant in cases of severe hemorrhage, traumatic brain injuries, or other life-threatening conditions where immediate action can mean the difference between life and death. The other options do not capture the urgency and focus of the "golden hour" as a guideline for trauma care. While evidence-based research, psychological evaluations, and post-discharge monitoring are all important aspects of patient care, they do not directly relate to the immediate actions required in response to trauma.

10. Which aspect of Corpsman training emphasizes the importance of teamwork?

- A. Individual competition**
- B. Emergency response protocols**
- C. Medical ethics discussions**
- D. Solo practice sessions**

The training of Corpsmen heavily emphasizes the importance of teamwork, particularly in the context of emergency response protocols. In critical situations, such as during medical emergencies or combat scenarios, the ability to work efficiently with a team is crucial. Emergency response protocols are designed to ensure that all team members understand their roles and can collaborate effectively under pressure. This not only improves the chances of successful treatment for patients but also enhances the overall safety and efficiency of the medical response team. While individual competition, medical ethics discussions, and solo practice sessions can all contribute to a Corpsman's education in various ways, they do not specifically highlight the necessity of teamwork to the same extent as emergency response protocols do. Team-based training and exercises simulate real-world scenarios where cooperation and communication are key to successful outcomes, thereby reinforcing the fundamental role of teamwork in the Corpsman's duties.