

PCC FIELD MEDICAL TRAINING BATTALION (FMTB) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. How can a Corpsman manage a patient's pain in a field setting?**
 - A. By offering psychological support and reassurance
 - B. By administering approved analgesics according to established protocols
 - C. By using distraction techniques, such as storytelling
 - D. By ensuring the patient is in a comfortable position
- 2. What is the primary focus during the "stabilization" phase of care?**
 - A. Assessing the patient's pain level
 - B. Administering medications
 - C. Documenting vital signs
 - D. Ensuring the patient is safe and secure while preparing for evacuation
- 3. What is the frequency for monitoring a stable patient?**
 - A. 1-2 hours
 - B. 4 hours
 - C. 15-30 minutes
 - D. Every 8 hours
- 4. What condition is characterized by blood or fluid in the pericardial space?**
 - A. Obstructive shock
 - B. Cardiac tamponade
 - C. Distributive shock
 - D. Neurogenic shock
- 5. How often should an IV line be flushed with normal saline for maintenance?**
 - A. Every 6 hours
 - B. Every 8 hours
 - C. Every 10 hours
 - D. Every 12 hours
- 6. What type of report must be completed following a handoff?**
 - A. Incident report
 - B. Patient care report
 - C. After-action report (AAR)
 - D. Assessment report

7. What is the main purpose of MSMAID?

- A. Emergency response coordination
- B. Patient assessment and history gathering
- C. Procedural preparation and ventilatory care
- D. Post-resuscitation patient comfort

8. How is shock defined in medical terms?

- A. Inadequate oxygen transport
- B. Insufficient blood flow to tissues
- C. Weak heart function
- D. Excessive blood pressure

9. What is the recommended hourly urine output for a burn patient?

- A. 10-20 mL/h
- B. 30-50 mL/h
- C. 50-70 mL/h
- D. 70-100 mL/h

10. What is a common cause of neurogenic shock?

- A. Stomach infection
- B. Severe dehydration
- C. Spinal injury
- D. Heart attack

Answers

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

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Explanations

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1. How can a Corpsman manage a patient's pain in a field setting?

- A. By offering psychological support and reassurance
- B. By administering approved analgesics according to established protocols**
- C. By using distraction techniques, such as storytelling
- D. By ensuring the patient is in a comfortable position

Managing a patient's pain in a field setting involves utilizing methods that are both effective and appropriate for the environment. Administering approved analgesics according to established protocols is crucial because these medications are specifically designed to alleviate pain and are administered based on standardized guidelines that ensure safety and efficacy. Pain management in a field setting often needs to be quick and effective, especially when immediate medical care is limited. Approved analgesics can vary in type and dosage depending on the severity of the pain and the patient's medical history. By following established protocols, a Corpsman can ensure that they are not only providing relief effectively but also adhering to the regulations that govern medical treatments in the field. This approach not only addresses the physical aspects of pain but also respects the ethical obligations of a Corpsman to provide proper medical care within their prescribed capabilities. While psychological support, distraction techniques, and ensuring comfort can all play a role in pain management, they may not provide the same level of direct and immediate relief that analgesics can. Therefore, relying on medications is often fundamental in effectively managing pain in the challenging conditions of a field setting.

2. What is the primary focus during the "stabilization" phase of care?

- A. Assessing the patient's pain level
- B. Administering medications
- C. Documenting vital signs
- D. Ensuring the patient is safe and secure while preparing for evacuation**

The primary focus during the "stabilization" phase of care is ensuring the patient is safe and secure while preparing for evacuation. This phase is critical as it aims to prevent any further harm to the patient and to maintain their condition until they can be transferred to a higher level of care. In this phase, medical personnel assess the patient's immediate needs, ensuring that basic life support is maintained, and any life-threatening conditions are addressed. This might involve controlling bleeding, ensuring the airway is patent, and maintaining adequate circulation. The focus is on creating a stable situation for the patient so that they are ready to be evacuated to a medical facility where they can receive further treatment. While aspects such as assessing pain levels, administering medications, and documenting vital signs are important in overall patient care, the stabilization phase prioritizes the safety and security of the patient in preparation for transfer. This ensures that patients are not only treated but also that they are in a safe state during what can often be a tumultuous process.

3. What is the frequency for monitoring a stable patient?

- A. 1-2 hours
- B. 4 hours**
- C. 15-30 minutes
- D. Every 8 hours

In the context of monitoring a stable patient, the correct answer reflects standard medical protocols that emphasize the balance between ensuring patient safety and resource management. Monitoring a stable patient every four hours allows healthcare providers to effectively check on their vital signs and overall condition without the need for excessively frequent assessments. This interval is deemed sufficient to catch any changes in a patient's status that could indicate a need for intervention. This frequency helps to strike a balance between vigilance and practicality, especially in settings where multiple patients require attention. Continuous monitoring could overwhelm staff and divert attention from patients who may need more immediate care. Additionally, the four-hour interval aligns with many institutional policies and practices, which often aim to maintain a consistent level of care without unnecessary disruptions to a stable patient's routine. The other options, while having merit in specific circumstances, either lean too frequent for a stable patient (like every 15-30 minutes) or are too lenient (such as once every 8 hours) for careful monitoring of even minor potential developments. Thus, adhering to the four-hour monitoring guideline maintains an appropriate level of oversight for patients deemed stable.

4. What condition is characterized by blood or fluid in the pericardial space?

- A. Obstructive shock
- B. Cardiac tamponade**
- C. Distributive shock
- D. Neurogenic shock

Cardiac tamponade is a critical condition where blood or fluid accumulates in the pericardial space, the area surrounding the heart. This accumulation creates pressure on the heart, impairing its ability to function properly. As the pericardium, which is a fibrous sac, fills with fluid or blood, it restricts the heart's normal movement and can lead to decreased cardiac output, resulting in severe complications such as shock. This condition often arises from trauma, such as a stab wound or blunt force injury, or it can occur in non-traumatic scenarios, like viral infections or malignancies that cause fluid buildup. The recognition of cardiac tamponade is essential, as it can escalate quickly and lead to life-threatening scenarios if not addressed promptly. Understanding the implications and the physiological mechanics behind cardiac tamponade establishes why this condition is distinct from other types of shock, which have different underlying causes and mechanisms. For example, obstructive, distributive, and neurogenic shocks stem from various other pathologies but do not specifically involve fluid accumulation in the pericardial sac. Therefore, cardiac tamponade is correctly identified as the condition characterized by blood or fluid in the pericardial space.

5. How often should an IV line be flushed with normal saline for maintenance?

- A. Every 6 hours
- B. Every 8 hours**
- C. Every 10 hours
- D. Every 12 hours

Flushing an IV line with normal saline for maintenance is a critical practice to prevent occlusion and ensure patency of the line. Flushing every 8 hours is aligned with common nursing protocols and guidelines, which aim to maintain the function of the IV access while minimizing the risk of complications such as clot formation or infection. This timeframe allows for regular assessment of the IV line's patency and helps ensure that the IV fluid can be administered without any disruptions. Regular flushing with normal saline every 8 hours also facilitates the early detection of any issues that may arise, such as blood or debris accumulation in the catheter. This practice is crucial for patient safety, especially for those who may have IV lines in place for extended periods. By adhering to this flushing schedule, healthcare providers can maintain a higher standard of care and patient monitoring.

6. What type of report must be completed following a handoff?

- A. Incident report
- B. Patient care report
- C. After-action report (AAR)**
- D. Assessment report

The appropriate report that must be completed following a handoff is the After-Action Report (AAR). An AAR is a structured review or debriefing that focuses on the performance of personnel or processes during a specific event or situation. It captures useful information on what occurred, what went well, and what could be improved, making it a valuable tool for learning and enhancing future performance. In the context of handoffs, an AAR is crucial as it allows medical personnel to discuss the transfer of care, ensuring all critical patient information and treatment plans are communicated effectively. This debriefing process promotes accountability and checks for understanding among team members, ultimately contributing to better patient outcomes. Although an incident report, patient care report, and assessment report serve important functions within medical documentation, they differ in purpose from the specific focus of an AAR, which is to evaluate and improve practices through reflection and feedback following a transitional phase in patient care.

7. What is the main purpose of MSMAID?

- A. Emergency response coordination
- B. Patient assessment and history gathering
- C. Procedural preparation and ventilatory care**
- D. Post-resuscitation patient comfort

The main purpose of MSMAID, which stands for M - Mechanism of Injury, S - Signs and Symptoms, M - Medications, A - Allergies, I - Interventions, and D - Duration of the incident, is to enhance a caregiver's ability to perform thorough patient assessments, specifically in emergency situations. While MSMAID indeed facilitates procedural preparation and ventilatory care, its overarching goal is to provide a structured approach for first responders to gather critical information about the patient quickly and effectively. By emphasizing the mechanism of injury and other vital factors, it helps guide the responder's hands-on care and preparation for interventions, including ventilatory support if needed. This systematic method supports effective clinical decision-making and ensures that the patient's immediate needs are comprehensively addressed, enhancing overall patient outcomes in emergencies. In contrast, emergency response coordination predominantly focuses on organizing and managing the response teams and resources rather than individual patient assessment. Similarly, while patient comfort post-resuscitation is essential, it falls under the comprehensive care aspect, which is not the primary focus of MSMAID. Therefore, the answer emphasizes the procedural preparation aspect, which is a vital part of the information-gathering phase that informs treatment decisions.

8. How is shock defined in medical terms?

- A. Inadequate oxygen transport
- B. Insufficient blood flow to tissues**
- C. Weak heart function
- D. Excessive blood pressure

The definition of shock in medical terms is centered around the concept of insufficient blood flow to tissues. This condition arises when the circulatory system fails to provide adequate blood circulation, which results in an inability for the body's tissues and organs to receive the necessary oxygen and nutrients. This deficiency can lead to cell and organ dysfunction, ultimately progressing to severe complications if not promptly managed. While inadequate oxygen transport can be a consequence of shock, the core issue lies in the overall blood flow and perfusion to vital organs. Additionally, weak heart function can contribute to or be a result of shock but is not the defining characteristic of the condition itself. Excessive blood pressure is not related to shock; instead, shock is often associated with low blood pressure due to compromised circulation. Thus, the option that encapsulates the essence of shock is the one that highlights the lack of sufficient blood flow to tissues.

9. What is the recommended hourly urine output for a burn patient?

- A. 10-20 mL/h
- B. 30-50 mL/h**
- C. 50-70 mL/h
- D. 70-100 mL/h

The recommended hourly urine output for a burn patient is established to monitor and ensure adequate renal perfusion and hydration status, particularly since burn injuries can lead to significant fluid loss and potential shock. For adult patients, a urine output of 30-50 mL per hour is typically considered the minimum acceptable range, indicating proper kidney function and hydration in the context of burn care. This range is crucial because it reflects the body's ability to maintain homeostasis after a burn injury. Increased urine output can also indicate proper fluid resuscitation, which is critical for burn patients, especially in the initial treatment phases. Maintaining urine output within this range provides healthcare providers with a valuable indicator of a patient's response to fluid therapy, ensuring that potential complications like acute kidney injury are monitored closely. In contrast, output values below this range can suggest inadequate fluid resuscitation, while values significantly higher may indicate over-resuscitation or other pathological conditions. Thus, understanding and aiming for this urinary output target helps manage burn patients effectively during their recovery process.

10. What is a common cause of neurogenic shock?

- A. Stomach infection
- B. Severe dehydration
- C. Spinal injury**
- D. Heart attack

Neurogenic shock commonly occurs as a result of spinal injury due to damage to the spinal cord, which disrupts normal sympathetic nervous system function. When the spinal cord is injured, particularly at the cervical or high thoracic levels, it can lead to a loss of control over blood vessel tone, resulting in widespread vasodilation. This condition causes a significant drop in blood pressure and can lead to inadequate blood flow to vital organs, thereby creating the characteristic features of neurogenic shock. The disruption of sympathetic nerve pathways further exacerbates the hypotensive state and can lead to bradycardia, which is a slower than normal heart rate. Recognizing spinal injury as a primary cause of neurogenic shock is crucial in emergency settings for appropriate management and treatment.

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://pccfmtb.examzify.com>

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

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