PCC Field Medical Training Battalion – West (FMTB-W) Block 4 Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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

1. **Which statement best reflects the effect of proper nursing interventions on patient outcomes according to the material?**

   A. They prevent all complications

   B. They reduce many complications but not arteriosclerosis

   C. They have no effect on outcomes

   D. They only affect infection rates

2. **Which action by a care team member indicates they may need additional instructions?**

   A. I will write the vital signs on the assessment findings so they can see them.

   B. I will recheck vitals in 15 minutes.

   C. I will notify the supervisor.

   D. I will document the medication given.

3. **Which option is NOT one of the 6 P's?**

   A. Pain

   B. Pallor

   C. Paresthesia

   D. Pressure

4. **After 24 hours of fluid resuscitation for a burn patient, a well-resuscitated patient will show all of the following except: Bradycardia ranging 50-60 bpm**

   A. Capillary refill under 3 seconds

   B. Bradycardia 50-60 bpm

   C. Warm extremities

   D. Adequate urine output

5. **In a trauma patient with significant hypotension after a fall, which type of shock is most suspected?**

   A. Distributive Shock

   B. Hypovolemic Shock

   C. Cardiogenic Shock

   D. Obstructive Shock

6. The instruction requires reassessment after a fixed duration following starting ventilation.

- **A. Reassess after 5 minutes**
- **B. Reassess after 1 minute**
- **C. Reassess after 30 seconds**
- **D. Never reassess**

7. The team lead's decision to continue care despite a teammate's wish to kill a prisoner demonstrates which ethical principle?

- **A. Beneficence**
- **B. Autonomy**
- **C. Non-maleficence**
- **D. Justice**

8. Poikilothermia refers to the limb temperature doing what relative to the environment?

- **A. Matching ambient temperature**
- **B. Raising above ambient**
- **C. Lowering below ambient**
- **D. Remains unchanged**

9. Which statement best summarizes the described action?

- **A. Initiate bag-valve mask ventilation at 1 breath every 3 seconds for 5 minutes, then reassess.**
- **B. Initiate bag-valve mask ventilation at a slower rate and never reassess.**
- **C. Defibrillate the patient.**
- **D. Administer analgesics and observe.**

10. The ABCs of airway management in this context emphasize which action?

- **A. Ventilate via bag-valve mask at a controlled rate**
- **B. Focus solely on circulation**
- **C. Wait for spontaneous breathing**
- **D. Use only oxygen therapy**

Answers

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

Explanations

1. Which statement best reflects the effect of proper nursing interventions on patient outcomes according to the material?

A. They prevent all complications

B. They reduce many complications but not arteriosclerosis

C. They have no effect on outcomes

D. They only affect infection rates

Proper nursing interventions influence patient outcomes by actively preventing and managing a wide range of complications. Through vigilant monitoring, timely actions, and patient education, nurses reduce risks such as infection, dehydration, malnutrition, pressure injuries, falls, and respiratory or cardiovascular complications, all of which supports faster recovery and better overall outcomes. However, some disease processes are chronic and systemic and cannot be prevented outright by nursing actions alone. Arteriosclerosis is a long-standing vascular condition influenced by factors beyond immediate nursing care, so while nursing interventions can support management and reduce related complications, they do not eliminate this underlying condition. That's why the statement that proper nursing interventions reduce many complications but not arteriosclerosis best fits the material.

2. Which action by a care team member indicates they may need additional instructions?

A. I will write the vital signs on the assessment findings so they can see them.

B. I will recheck vitals in 15 minutes.

C. I will notify the supervisor.

D. I will document the medication given.

Recording vital signs in the correct place is essential for clear communication and patient safety. Vital signs should be entered in the designated vital signs section of the chart or electronic record, with the time and the observer's initials, so others can quickly see trends and respond if readings change. Writing the vital signs on the assessment findings mixes data and narrative, which can bury measurements, create confusion about whether the values were actually observed, and hinder timely decision making. This points to a gap in understanding where and how to document, indicating the need for more instructions on proper charting procedures. The other actions—rechecking vitals in 15 minutes, notifying the supervisor, and documenting the medication given—are appropriate, showing standard monitoring, escalation, and medication documentation practices.

3. Which option is NOT one of the 6 P's?

A. Pain

B. Pallor

C. Paresthesia

D. Pressure

These signs come from assessing acute limb compartment syndrome, where growing pressure within a muscle compartment compromises blood flow. The six P's you should look for are Pain, Pallor, Paresthesia, Pulselessness, Paralysis, and Poikilothermia. Pain is typically severe and out of proportion to exam findings, signaling early involvement. Pallor reflects pale skin from reduced blood flow. Paresthesia indicates nerve irritation or injury. Pulselessness means the distal pulse is absent, showing significant arterial compromise. Paralysis points to loss of motor function from nerve or muscle damage. Poikilothermia describes a cooler limb due to poor perfusion. Pressure itself is not listed as one of the six P's; it's the underlying factor causing the syndrome, not a presenting sign by the mnemonic. Clinically, rising intracompart ment pressure leads to these signs, and recognizing them promptly is crucial because urgent decompression is needed to prevent lasting damage.

4. After 24 hours of fluid resuscitation for a burn patient, a well-resuscitated patient will show all of the following except: Bradycardia ranging 50-60 bpm

A. Capillary refill under 3 seconds

B. Bradycardia 50-60 bpm

C. Warm extremities

D. Adequate urine output

After 24 hours of fluid resuscitation, a well-resuscitated burn patient should show restored perfusion. Capillary refill under 3 seconds indicates the microcirculation is returning to normal, reflecting adequate circulating volume. Warm extremities signal that peripheral tissues are well perfused, not cold from ongoing shock. Adequate urine output shows the kidneys are receiving enough blood flow, which is a good sign of overall fluid balance and perfusion. Bradycardia in the 50–60 bpm range does not fit this picture. In a well-resuscitated patient, heart rate is typically normalized or only mildly elevated from stressors like pain or fever; a persistently low heart rate suggests other issues such as hypothermia, medication effects, or conduction problems, and it would not be expected as part of an adequate resuscitation response.

5. In a trauma patient with significant hypotension after a fall, which type of shock is most suspected?

A. Distributive Shock

B. Hypovolemic Shock

C. Cardiogenic Shock

D. Obstructive Shock

Neurogenic shock after spinal injury is a distributive shock that can follow a fall. When the spinal cord is damaged, the sympathetic pathways are disrupted, causing widespread vasodilation. That drop in systemic vascular resistance lowers blood pressure even if the actual blood volume isn't severely reduced. The resulting hypotension is often accompanied by a slower heart rate (bradycardia) and warm, dry skin from the vasodilation, which contrasts with the cool, clammy skin seen in blood-loss–driven hypovolemic shock. In the trauma setting, a fall with significant hypotension raises concern for spinal injury with neurogenic (distributive) shock, so recognizing this pattern helps guide stabilization—secure the spine, ensure airway and breathing, and manage circulation with cautious fluids and, if needed, vasopressors while addressing the underlying injury.

6. The instruction requires reassessment after a fixed duration following starting ventilation.

A. Reassess after 5 minutes

B. Reassess after 1 minute

C. Reassess after 30 seconds

D. Never reassess

After starting ventilation, you monitor and reassess at a fixed interval to confirm the airway is effective and the patient's condition is stable. The standard interval used in many field protocols is five minutes. This timing lets you observe whether ventilation is producing adequate tidal volumes, chest rise, and signs of improved oxygen delivery without bombarding the scene with constant interruptions. It also gives you a practical window to identify and correct issues such as a poor seal, airway obstruction, misplacement of an airway device, or changes in the patient's vital signs. During this reassessment, quickly verify that the airway is patent and secure, the ventilation technique is delivering appropriate breaths, and monitoring data (like oxygen saturation and, if available, capnography) shows a positive trend. If anything indicates inadequate ventilation or deterioration, you adjust the airway, seal, or ventilation settings immediately rather than waiting. Choosing a much shorter interval, like one minute or even 30 seconds, tends to be impractical for judging the true effectiveness of ventilation and can lead to unnecessary interruptions. Conversely, never reassessing leaves you blind to developing problems. The five-minute reassessment cadence strikes a balance between timely detection of issues and allowing enough time to observe meaningful physiologic response.

7. The team lead's decision to continue care despite a teammate's wish to kill a prisoner demonstrates which ethical principle?

A. Beneficence

B. Autonomy

C. Non-maleficence

D. Justice

Non-maleficence means do no harm. The team lead's choice to continue care instead of acting on a teammate's wish to kill a prisoner upholds this principle by preventing harm to the prisoner and preserving life. While beneficence—actively doing good for the patient—also informs medical care, the key point here is refraining from causing harm. Autonomy and justice aren't the primary focus in this scenario: autonomy would involve the patient's right to decide about treatment, and justice concerns fair treatment, neither of which directly capture the action described.

8. Poikilothermia refers to the limb temperature doing what relative to the environment?

A. Matching ambient temperature

B. Raising above ambient

C. Lowering below ambient

D. Remains unchanged

Poikilothermia means a body part cannot regulate its temperature independently, so its temperature tracks the surrounding environment. The limb will warm up or cool down in step with ambient conditions rather than maintaining its own warmth. That's why matching ambient temperature is the correct description. If the limb stayed the same as core temperature or stayed notably warmer or cooler than the surroundings, it would imply some level of thermoregulation or abnormal heat retention or loss, which isn't characteristic of poikilothermia.

9. Which statement best summarizes the described action?

A. Initiate bag-valve mask ventilation at 1 breath every 3 seconds for 5 minutes, then reassess.

B. Initiate bag-valve mask ventilation at a slower rate and never reassess.

C. Defibrillate the patient.

D. Administer analgesics and observe.

The key idea here is starting airway support with bag-valve-mask ventilation and having a plan to re-evaluate the patient after a set period. In an emergency, providing ventilation to someone who is not breathing or not adequately ventilating is a primary step to ensure oxygen delivery and CO2 removal. Initiating BVM ventilation at a steady rate helps maintain oxygenation, and rechecking after five minutes lets you judge the patient's response, decide if ventilation is effective, and determine whether to escalate (for example, intubation or additional airway maneuvers) or adjust treatment based on changes in the patient's status. The other options don't fit because defibrillation targets a rhythm problem, analgesics address pain rather than ventilation, and a slower rate with no reassessment would risk under-ventilation and missing deterioration.

10. The ABCs of airway management in this context emphasize which action?

A. Ventilate via bag-valve mask at a controlled rate

B. Focus solely on circulation

C. Wait for spontaneous breathing

D. Use only oxygen therapy

In airway management, ensuring proper ventilation is the immediate priority after establishing an open airway. A bag-valve mask provides controlled, manual breaths to support or establish ventilation when the patient isn't breathing adequately on their own. Ventilation at a controlled rate helps deliver sufficient oxygen while avoiding over-ventilation, which can cause reduced venous return and gastric insufflation, and it ensures consistent tidal volumes. Choosing this approach over focusing only on circulation, waiting for spontaneous breathing, or relying on oxygen therapy alone keeps the patient's oxygenation and carbon dioxide removal active rather than passive, which is essential in the early management of airway emergencies.

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://pccfmtbwblock4.examzify.com

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