

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

Study Guide



Everything you need from our exam experts!

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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 action best aligns with immediate management for a patient with abdominal evisceration after injury?**
 - A. Administer 1 L 0.9% normal saline bolus**
 - B. Apply a tight compression wrap over the abdomen**
 - C. Reposition the patient to supine after imaging**
 - D. Remove any protruding tissue gently**

- 2. If the IV rate is 100 mL/hr with a 15 gtt/mL drop factor, what is the gtt/min rate?**
 - A. 15 gtt/min**
 - B. 25 gtt/min**
 - C. 35 gtt/min**
 - D. 45 gtt/min**

- 3. An escharotomy is indicated for burns when the six 'P's are present. Which of the following is not one of the six 'P's?**
 - A. Pain**
 - B. Palpable pulse**
 - C. Pallor**
 - D. Pressure**

- 4. Which of the following is a sign of wound infection?**
 - A. Redness**
 - B. Numbness**
 - C. Itching**
 - D. Bruising**

- 5. When treating a patient with a crush injury, which fluids can be used?**
 - A. Normal Saline**
 - B. Lactated Ringer's**
 - C. Dextrose 5% in water**
 - D. Albumin**

- 6. What does the notation A&O x3 indicate about a patient's orientation?**
- A. The patient is alert and oriented to person, place, and time**
 - B. The patient is awake but disoriented**
 - C. The patient is oriented to person only**
 - D. The patient is not responsive**
- 7. Which of the following is NOT a goal of end-of-life care?**
- A. Relief of symptoms**
 - B. Comfort**
 - C. Management of resources**
 - D. Respect for patient values**
- 8. The described approach is intended for managing a patient at risk of which life-threatening event?**
- A. Herniation due to severe TBI**
 - B. Anaphylaxis**
 - C. Pulmonary edema**
 - D. Stroke**
- 9. Following Ketamine administration, which antiemetic option and dose is appropriate?**
- A. Phenergan 12.5 mg**
 - B. Phenergan 25 mg**
 - C. Zofran 4 mg**
 - D. Benadryl 50 mg**
- 10. When assessing the GCS for a casualty with a cricothyroidotomy, the Verbal section should be annotated as?**
- A. 1T**
 - B. T**
 - C. 1**
 - D. NT**

Answers

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

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Explanations

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1. Which action best aligns with immediate management for a patient with abdominal evisceration after injury?

- A. Administer 1 L 0.9% normal saline bolus**
- B. Apply a tight compression wrap over the abdomen**
- C. Reposition the patient to supine after imaging**
- D. Remove any protruding tissue gently**

Stabilizing circulation right away is the priority when abdominal contents are exposed. Giving an isotonic IV fluid bolus helps restore and maintain perfusion to vital organs, which is crucial in the immediate management of this injury. Starting IV fluids supports blood pressure and helps prevent or treat hypovolemia while you arrange rapid transport and ongoing protection of the protruding tissue (keep it moist with sterile dressings). Avoid compressing the abdomen with a tight wrap, which can cut off blood flow and worsen injury. Repositioning after imaging isn't part of the immediate field management for an actively injured patient, and you should not try to replace or remove any protruding tissue; instead, keep it clean and moist and transport promptly.

2. If the IV rate is 100 mL/hr with a 15 gtt/mL drop factor, what is the gtt/min rate?

- A. 15 gtt/min**
- B. 25 gtt/min**
- C. 35 gtt/min**
- D. 45 gtt/min**

Converting IV flow to drops per minute uses the drop factor and the hour-to-minute time conversion. The drop factor tells how many drops make up 1 mL, so to find drops per minute you multiply the volume per hour by the drop factor and then divide by 60 (minutes per hour): $\text{gtt/min} = (\text{mL/hr} \times \text{gtt/mL}) / 60$. Here: $100 \text{ mL/hr} \times 15 \text{ gtt/mL} = 1500 \text{ gtt/hr}$. Then $1500 \text{ gtt/hr} \div 60 \text{ min/hr} = 25 \text{ gtt/min}$. So the rate is 25 gtt/min.

3. An escharotomy is indicated for burns when the six 'P's are present. Which of the following is not one of the six 'P's?

- A. Pain**
- B. Palpable pulse**
- C. Pallor**
- D. Pressure**

Rising tissue pressure from a burn eschar can compress vessels and nerves, so clinicians watch for signs of compartment syndrome. Those signs are the six P's: Pain (often out of proportion to exam), Pallor, Paresthesias, Pulselessness, Paralysis, and a sense of increased Pressure. A palpable pulse is not one of these indicators; a pulse can still be present even when perfusion is compromised, so it doesn't signal the problem the six P's describe. Therefore, the option describing a palpable pulse is not one of the six P's.

4. Which of the following is a sign of wound infection?

- A. Redness**
- B. Numbness**
- C. Itching**
- D. Bruising**

Redness around a wound reflects the body's inflammatory response as immune cells rush to the area. This increased blood flow causes the familiar red appearance and is often accompanied by warmth, swelling, pain, and sometimes pus or fever when an infection is present. In clinical and field settings, new or spreading redness that persists or worsens is a key warning sign of possible infection and warrants care. Numbness points to nerve injury or poor circulation rather than infection. Itching is usually due to irritation, dry skin, or an allergic reaction during healing, not an infection sign. Bruising indicates bleeding under the skin from trauma, not infection.

5. When treating a patient with a crush injury, which fluids can be used?

- A. Normal Saline**
- B. Lactated Ringer's**
- C. Dextrose 5% in water**
- D. Albumin**

Crush injuries require rapid volume expansion with an isotonic crystalloid to maintain kidney perfusion and flush out toxic myoglobin. The fluid of choice is normal saline because it stays in the intravascular space, expands volume effectively, and does not introduce potassium or sugar that could complicate rhabdomyolysis management. Lactated Ringer's contains potassium and lactate; with muscle breakdown, potassium shifts can worsen hyperkalemia, making this less ideal as a routine initial choice. Dextrose-containing fluids deliver free water after metabolism and can lead to hyponatremia and suboptimal resuscitation early on. Albumin, a colloid, is not routinely required for crush injury resuscitation and is more costly with less clear benefit in this setting. So, normal saline is the best initial fluid for managing crush injuries.

6. What does the notation A&O x3 indicate about a patient's orientation?

- A. The patient is alert and oriented to person, place, and time**
- B. The patient is awake but disoriented**
- C. The patient is oriented to person only**
- D. The patient is not responsive**

Orientation checks whether a patient knows who they are, where they are, and the current time. When someone is described as alert and oriented to person, place, and time, that shorthand means they are aware of themselves, their location, and the present time. Being alert means they're awake and responsive, not just unconscious, while knowing person, place, and time shows intact cognitive orientation. If they were only oriented to one aspect, like just the person, it would be a partial orientation. If they weren't responsive at all, there would be no orientation. So A&O x3 specifically indicates full orientation to person, place, and time. This quick check helps assess mental status and safety in clinical or field settings.

7. Which of the following is NOT a goal of end-of-life care?

- A. Relief of symptoms**
- B. Comfort**
- C. Management of resources**
- D. Respect for patient values**

End-of-life care centers on reducing suffering, preserving dignity, and aligning care with what the patient values while providing support to families. The option that is not a goal of end-of-life care is managing resources. While prudent use of resources matters in healthcare overall, the defining aims of end-of-life care are to relieve symptoms, ensure comfort, and respect patient values. Those three elements guide decisions about treatments, comfort measures, and advance care planning. Resource management may influence how care is delivered, but it is not the primary objective of end-of-life care, which remains focused on the patient's comfort and wishes.

8. The described approach is intended for managing a patient at risk of which life-threatening event?

- A. Herniation due to severe TBI**
- B. Anaphylaxis**
- C. Pulmonary edema**
- D. Stroke**

In severe traumatic brain injury, swelling and bleeding can raise intracranial pressure. If ICP becomes too high, brain tissue can be forced across structures (herniation), which can compress the brainstem and rapidly compromise breathing and circulation. The described approach is focused on preventing that cascade by protecting brain perfusion and reducing swelling—maintaining adequate oxygenation and blood flow (cerebral perfusion pressure), controlling airway and ventilation, and using measures to lower ICP when needed (such as head elevation, avoiding hypotension, and early neurosurgical input). That makes brain herniation the life-threatening event this approach seeks to prevent. Anaphylaxis, pulmonary edema, and stroke are serious emergencies, but they represent different clinical targets and management priorities. The scenario described is specifically about preventing herniation from elevated ICP following severe brain injury.

9. Following Ketamine administration, which antiemetic option and dose is appropriate?

- A. Phenergan 12.5 mg**
- B. Phenergan 25 mg**
- C. Zofran 4 mg**
- D. Benadryl 50 mg**

Ketamine can trigger nausea and vomiting, and the antiemetic chosen should be effective without adding unnecessary sedation or other risks during recovery. A low dose of promethazine provides reliable antiemetic action and adds a modest sedative effect that can help smooth ketamine recovery, without the higher sedation and anticholinergic burden seen with a larger dose. The 12.5 mg dose hits that balance well. Increasing to 25 mg raises the risk of prolonged sedation, slowed recovery, and other anticholinergic effects, which is less desirable in this setting. Ondansetron is effective, but in many protocols the combination of efficacy and safety with ketamine favors promethazine at a low dose. Diphenhydramine at 50 mg adds sedation and anticholinergic effects with less robust antiemetic protection in this context, making it less preferable. So, promethazine 12.5 mg is the best choice.

10. When assessing the GCS for a casualty with a cricothyroidotomy, the Verbal section should be annotated as?

- A. 1T**
- B. T**
- C. 1**
- D. NT**

When a casualty has a cricothyrotomy, you can't assess verbal response because the airway is secured with a tube. To keep the documentation clear, you assign the Verbal score as 1 (no verbal response) and add a T to show there is a tracheal/ET tube in place. So the Verbal component is recorded as 1T. This communicates both the lack of verbal ability and the presence of an artificial airway, which explains why Verbal cannot be scored normally. In practice, you'd see something like Eye opening value, Verbal value written as 1T, and Motor value, so the total reflects that the Verbal part is limited by the airway tube rather than by cognitive status.

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://pccfmtbwbblock4.examzify.com>

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

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