

PCC FIELD MEDICAL TRAINING BATTALION – WEST (FMTB-W) BLOCK 4 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. In a burn patient, which sign would most strongly indicate the need for an escharotomy?**
 - A. Absent distal pulses
 - B. Palpable distal pulses
 - C. Normal cap refill
 - D. Warm extremities

- 2. SpO2 is represented by a triangle on the PCC Flowsheet. Which statement is correct?**
 - A. True
 - B. False
 - C. SpO2 is represented by a circle
 - D. SpO2 is not displayed

- 3. In Tactical Combat Casualty Care, what does MARCH stand for?**
 - A. Massive bleeds, Airway, Respiration, Circulation, Temperature control
 - B. Massive hemorrhage, Airway, Respirations, Circulation, Hypothermia prevention
 - C. Massive hemorrhage, Airway, Breathing, Circulation, Hypothermia prevention
 - D. Massive hemorrhage, Airway, Respirations, Circulation, Hypothermia protection

- 4. Within the ABCDE trauma assessment framework, what does the 'Disability' step primarily evaluate?**
 - A. Airway patency
 - B. Neurologic status, including level of consciousness and pupil response
 - C. Breathing effectiveness
 - D. Limb perfusion

- 5. Which option is NOT one of the 6 P's?**
 - A. Pain
 - B. Pallor
 - C. Paresthesia
 - D. Pressure

- 6. Which of the following casualty handoff items includes all essential information for evacuation?**
- A. Mechanism of injury, vitals, current status, treatments given, and concerns or allergies
 - B. Mechanism of injury, vitals, current status, and allergies
 - C. Mechanism of injury, vitals, treatments given, current status
 - D. Vitals, treatments given, current status, and allergies
- 7. 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
- 8. What is the primary purpose of analgesia in the field, and which medications are commonly used per protocol?**
- A. To treat infection with antibiotics.
 - B. To sedate the patient for transport.
 - C. To control pain and reduce sympathetic response; morphine or fentanyl per protocol.
 - D. To increase alertness and speed evacuation; aspirin or ibuprofen.
- 9. This technique is best classified as which type of ventilation?**
- A. Manual bag-valve mask ventilation
 - B. Endotracheal intubation
 - C. Non-invasive ventilation
 - D. CPAP
- 10. In a crush injury with tea-colored urine, what is an appropriate urine output target?**
- A. 60 mL/h
 - B. 120 mL/h
 - C. 160 mL/h
 - D. 200 mL/h

Answers

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

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Explanations

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1. In a burn patient, which sign would most strongly indicate the need for an escharotomy?

- A. Absent distal pulses
- B. Palpable distal pulses
- C. Normal cap refill
- D. Warm extremities

In burn patients with circumferential full-thickness eschar, the pressure from the eschar can compress underlying vessels and raise limb compartment pressures, risking ischemia. The clearest sign that urgent relief is needed is the loss of distal arterial inflow, so absent distal pulses strongly indicates a vascular compromise that warrants escharotomy. When distal pulses are palpable, cap refill is typically normal, and the extremities feel warm, these findings suggest perfusion is still preserved, so an escharotomy is not indicated based on those signs. In short, the absence of distal pulses signals the need to relieve the constricting eschar to restore blood flow.

2. SpO2 is represented by a triangle on the PCC Flowsheet. Which statement is correct?

- A. True
- B. False
- C. SpO2 is represented by a circle
- D. SpO2 is not displayed

SpO2 data on the PCC flowsheet is not shown with a triangle. The flowsheet uses a different symbol to denote oxygen saturation, and the SpO2 value appears in its own field with the percent value. Recognizing the correct symbol helps you read vital signs quickly and accurately. Because the statement claims a triangle, and the actual representation for SpO2 is not a triangle, the statement is false. SpO2 is displayed on the flowsheet, just not with a triangle, so rely on the chart legend or the SpO2 field to identify it correctly.

3. In Tactical Combat Casualty Care, what does MARCH stand for?

- A. Massive bleeds, Airway, Respiration, Circulation, Temperature control
- B. Massive hemorrhage, Airway, Respirations, Circulation, Hypothermia prevention
- C. Massive hemorrhage, Airway, Breathing, Circulation, Hypothermia prevention
- D. Massive hemorrhage, Airway, Respirations, Circulation, Hypothermia protection

MARCH organizes battlefield care by prioritizing threats in order of immediacy: control massive bleeding first, because uncontrolled hemorrhage kills fastest; then secure the airway to prevent airway collapse or obstruction; next ensure adequate breathing to oxygenate the patient; then attend to circulation to maintain perfusion and continue bleeding control; and finally prevent hypothermia to preserve clotting and overall stability. This sequence reflects what saves the most lives on the field. The option that fits this sequence uses the standard terms: Massive hemorrhage, Airway, Respirations, Circulation, Hypothermia prevention. The wording differences in the other choices—such as bleeds vs hemorrhage, breathing vs respirations, or protection vs prevention—do not align with the conventional terminology and emphasis of MARCH. So this choice best matches the established protocol and rationale behind the priority order.

4. Within the ABCDE trauma assessment framework, what does the 'Disability' step primarily evaluate?

- A. Airway patency
- B. Neurologic status, including level of consciousness and pupil response**
- C. Breathing effectiveness
- D. Limb perfusion

Disability in the trauma assessment is a quick check of brain function. It centers on neurologic status, primarily how awake or altered the patient is and how they respond to stimuli. You assess level of consciousness—often with a simple scale or by noting alertness, orientation, and ability to follow commands—and you also check pupil size and how they react to light. These signs help you spot neurologic injury or deterioration early, which is crucial for making decisions about further care and transport. This step is distinct from airway checks (ensuring the airway is open) and breathing checks (how effectively the patient is ventilating) as well as from circulation checks (looking at blood flow and perfusion).

5. 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 intracompartment pressure leads to these signs, and recognizing them promptly is crucial because urgent decompression is needed to prevent lasting damage.

6. Which of the following casualty handoff items includes all essential information for evacuation?

- A. Mechanism of injury, vitals, current status, treatments given, and concerns or allergies
- B. Mechanism of injury, vitals, current status, and allergies
- C. Mechanism of injury, vitals, treatments given, current status
- D. Vitals, treatments given, current status, and allergies

When handing off a casualty for evacuation, you want a complete snapshot of what's needed for safe and continuing care. Including the mechanism of injury provides context for potential hidden or delayed injuries and helps the receiving team anticipate problems that aren't immediately visible. Vitals give objective, ongoing indicators of how the patient is functioning physiologically and allow the next clinician to detect trends or deterioration. Current status clarifies the patient's overall condition right now—airway, breathing, circulation, mental status, and responsiveness—so there's no ambiguity about immediate priorities. Documenting treatments given shows what has already been done, what medications or interventions were used, and what needs to be continued or adjusted. Finally, noting concerns or allergies protects the patient from adverse reactions and flags special considerations that could influence future care. If any of these elements are missing, important information gaps can appear. Without the mechanism of injury, the team might miss likely injuries; without updated vitals or current status, they may miss a worsening condition; without treatments given, there's a risk of duplicating or omitting care; without concerns or allergies, there's potential for harmful medication administration. This combination ensures the next team can pick up where you left off safely and efficiently.

7. 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.

8. What is the primary purpose of analgesia in the field, and which medications are commonly used per protocol?

- A. To treat infection with antibiotics.
- B. To sedate the patient for transport.
- C. To control pain and reduce sympathetic response; morphine or fentanyl per protocol.**
- D. To increase alertness and speed evacuation; aspirin or ibuprofen.

Relieving pain in the field is about quieting the patient's suffering and dampening the body's stress response to that pain. When pain is controlled, heart rate and blood pressure tend to stay more stable, oxygen demand is reduced, and the patient can be managed and examined more effectively. Opioids like morphine or fentanyl are listed per protocol because they provide rapid, potent, and controllable analgesia that can be titrated to the patient's needs. This makes them well-suited for acute, moderate-to-severe pain in prehospital settings. They're administered within a standardized framework that includes dosing ranges, monitoring for respiratory or cardiovascular effects, and clear guidelines for when to administer or stop. Other options don't fit the primary goal as well. Antibiotics treat infection, not pain. Sedating for transport is a separate aim and isn't about pain relief. NSAIDs such as aspirin or ibuprofen can help with mild to moderate pain but are less effective for severe injuries in the field and carry risks (like bleeding) that may be problematic in trauma, so they're typically not the primary analgesic per protocol.

9. This technique is best classified as which type of ventilation?

- A. Manual bag-valve mask ventilation**
- B. Endotracheal intubation
- C. Non-invasive ventilation
- D. CPAP

Bag-valve mask ventilation is manual positive-pressure ventilation delivered by hand with a self-inflating bag and a face mask. You control each breath by squeezing the bag, delivering breaths in an intermittent, hand-operated way. It's a noninvasive, manual method often used when a definitive airway hasn't been secured yet, and it provides immediate respiratory support in emergencies. This differs from endotracheal intubation, which creates an invasive airway for mechanical ventilation, and from non-invasive ventilation or CPAP, which rely on a device to provide continuous (or specific pattern) inspiratory support through a mask rather than breaths delivered manually by the clinician.

10. In a crush injury with tea-colored urine, what is an appropriate urine output target?

- A. 60 mL/h
- B. 120 mL/h
- C. 160 mL/h**
- D. 200 mL/h

Crush injuries with tea-colored urine point to rhabdomyolysis, where myoglobin released from damaged muscle can clog kidney tubules and lead to acute kidney injury. The key to preventing this is to keep urine flowing at a level that flushes out myoglobin and maintains good renal perfusion. In practice, a urine output target in the roughly 150–200 mL per hour range is used for many adults, with 160 mL/hour serving as a solid, commonly cited target. This rate balances ensuring adequate renal clearance of myoglobin while avoiding excessive fluid administration. Lower outputs risk inadequate clearance, while higher targets are feasible but not necessary in every patient.

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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