PCC Field Medical Training Battalion – West (FMTB-W) 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

1. **In circulation management, which vital sign is specifically targeted for stabilization besides heart rate and respiratory rate?**

   A. Oxygen Saturation

   B. Blood Pressure

   C. Temperature

   D. Cardiac Output

2. **Which fluid type is preferred for resuscitation in crush injuries according to the protocol?**

   A. Normal Saline

   B. Lactated Ringer's

   C. Hypertonic saline

   D. Dextrose 5% in water

3. **Annex _____ is the medical services portion of the Operation Plan that provides a summary of medical threats, diseases, assets, and prophylactic guidance.**

   A. Annex M

   B. Annex Q

   C. Annex R

   D. Annex S

4. **What is the approximate mean arterial pressure (MAP) for a patient with a blood pressure of 100/50?**

   A. 66.7 mmHg

   B. 75 mmHg

   C. 90 mmHg

   D. 100 mmHg

5. **The described patient exhibits upper arm numbness with inability to move legs; which deficit is present?**

   A. Numbness in the arms and legs

   B. Only facial numbness

   C. Loss of vision

   D. Severe headache

6. What is the highest possible score for the Verbal component of the Glasgow Coma Scale?

A. 1

B. 3

C. 4

D. 5

7. The empiric probability of death increases over time due to which condition?

A. Sepsis

B. Stroke

C. Trauma

D. Myocardial Infarction

8. For suspected severe TBI with impending herniation, what is the recommended ventilation rate for bagging before reassessment?

A. 1 breath every 3 seconds

B. 2 breaths per second

C. 1 breath every 6 seconds

D. 1 breath every 5 seconds

9. True or False: If intravenous lines are not being used, flush saline locks with 10 mL of normal saline at least every 24 hours.

A. True

B. False

C. Only if line is patent

D. Never flush

10. If the IV fluid rate is 260 mL/hour and urine output is above 50 mL/hour, what should be the new rate?

A. 195 mL/hour

B. 260 mL/hour

C. 230 mL/hour

D. 285 mL/hour

Answers

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

Explanations

1. In circulation management, which vital sign is specifically targeted for stabilization besides heart rate and respiratory rate?

A. Oxygen Saturation

B. Blood Pressure

C. Temperature

D. Cardiac Output

Oxygen saturation is the vital sign actively targeted to stabilize because it directly reflects how well oxygen is being carried to the tissues. Pulse oximetry provides a quick, noninvasive read of arterial oxygenation, and keeping it within a safe range guides interventions like supplemental oxygen or airway/ventilation support. If saturation falls, tissues become hypoxic even if heart rate and breathing seem stable, so correcting oxygenation is the priority. Blood pressure matters for perfusion, but it is not the direct measure of oxygen delivery in the moment. Temperature indicates infection or metabolic issues rather than acute oxygenation status. Cardiac output matters, but it isn't a routinely monitored vital sign in many field settings and isn't the immediate target for stabilization alongside heart rate and respiratory rate.

2. Which fluid type is preferred for resuscitation in crush injuries according to the protocol?

A. Normal Saline

B. Lactated Ringer's

C. Hypertonic saline

D. Dextrose 5% in water

In crush injuries, the priority is rapid, generous IV fluid resuscitation to restore circulating volume and keep kidneys filtering, reducing the risk of myoglobin-related kidney injury. Normal saline is the fluid of choice for this purpose because it provides immediate isotonic volume expansion without adding lactate or calcium that could complicate the patient's acid-base balance and electrolyte status. Lactated Ringer's also acts as an isotonic solution, but its lactate component can complicate lactic acidosis in extensive tissue injury, and calcium in LR can pose additional electrolyte challenges during rhabdomyolysis. Hypertonic saline is not used for routine resuscitation in crush injuries because it can cause rapid shifts in fluids and electrolytes, increasing risk of complications. Dextrose-containing solutions don't provide reliable volume expansion and can elevate blood glucose, which isn't helpful in the acute resuscitation phase. So, normal saline best supports the goal of maintaining perfusion and renal clearance in crush injuries.

3. Annex _____ is the medical services portion of the Operation Plan that provides a summary of medical threats, diseases, assets, and prophylactic guidance.

A. Annex M

B. Annex Q

C. Annex R

D. Annex S

In an Operation Plan, the medical planning piece is the Medical Plan, a dedicated annex that brings together health-focused details to protect troops and sustain readiness. This annex provides a concise summary of medical threats and disease risks, lists the medical assets available (units, hospitals, evacuation assets), and outlines prophylactic guidance (vaccination requirements, preventive measures, and medical countermeasures). That combination—threat assessment, asset shortfall and capabilities, plus prophylaxis guidance—is exactly what the Medical Plan is designed to convey, making Annex Q the correct designation in this framework. Other annexes cover different functional areas and do not contain this focused medical threat summary and preventive guidance.

4. What is the approximate mean arterial pressure (MAP) for a patient with a blood pressure of 100/50?

A. 66.7 mmHg

B. 75 mmHg

C. 90 mmHg

D. 100 mmHg

Mean arterial pressure represents the average pressure driving blood through the vessels throughout the cardiac cycle. A quick, reliable estimate uses diastolic pressure plus about one-third of the pulse pressure because most of the cycle is spent in diastole. Here, systolic is 100 and diastolic is 50, so the pulse pressure is 50. One-third of 50 is 16.7, and adding to the diastolic 50 gives approximately 66.7 mmHg. Using the exact form MAP = (SBP + 2×DBP)/3 yields (100 + 2×50)/3 = 200/3 ≈ 66.7 mmHg. So the approximate MAP is about 66.7 mmHg.

5. The described patient exhibits upper arm numbness with inability to move legs; which deficit is present?

A. Numbness in the arms and legs

B. Only facial numbness

C. Loss of vision

D. Severe headache

When a patient has sensory loss in an upper limb and a motor deficit in the lower limbs, the pattern points to deficits across the limbs rather than cranial symptoms. The upper arm numbness shows a sensory deficit in the arm, while the inability to move the legs shows a motor deficit in the legs. Summarizing this as numbness in the arms and legs best fits the described distribution of deficits. The other options describe symptoms (facial numbness, vision loss, or a severe headache) that aren't indicated by the signs given.

6. What is the highest possible score for the Verbal component of the Glasgow Coma Scale?

A. 1

B. 3

C. 4

D. 5

The Verbal component is scored on a 1-to-5 scale that reflects how well a patient can speak and understand. The best verbal response is when the patient is fully oriented to person, place, and time and speaks in clear, coherent words. That level represents the maximum score, which is five. Other levels reflect progressively poorer verbal function: no verbal response, incomprehensible sounds, inappropriate words, or a disoriented but conversational level. So the highest possible Verbal score is five.

7. The empiric probability of death increases over time due to which condition?

A. Sepsis

B. Stroke

C. Trauma

D. Myocardial Infarction

In sepsis, the body's response to infection becomes dysregulated and injurious, leading to progressive organ dysfunction. The longer the infection and inflammatory cascade persist without effective control, the more organs can fail, causing escalating physiological derangements such as hypoperfusion, lactic acidosis, and coagulopathies. Each hour without timely antibiotics, source control, and supportive care adds to the baseline risk of death, so the empiric probability of death tends to rise over time. Stroke and myocardial infarction carry high initial risk, and trauma has variable trajectories, but the pattern of steadily increasing mortality with ongoing uncontrolled systemic infection and multi-organ failure is most characteristic of sepsis, especially if not promptly treated. Early aggressive management can alter this trajectory and reduce mortality.

8. For suspected severe TBI with impending herniation, what is the recommended ventilation rate for bagging before reassessment?

A. 1 breath every 3 seconds

B. 2 breaths per second

C. 1 breath every 6 seconds

D. 1 breath every 5 seconds

In suspected severe traumatic brain injury with impending herniation, the ventilation goal is to rapidly lower intracranial pressure by reducing arterial CO2. Lower PaCO2 causes cerebral vasoconstriction, which decreases cerebral blood volume and helps relieve pressure quickly while you're waiting for reassessment and definitive care. The recommended bagging rate is about twenty breaths per minute, which translates to roughly one breath every three seconds. This rate provides fast enough CO2 reduction to mitigate herniation risk, but it should be temporary and carefully reassessed to avoid overventilation that can drop cerebral blood flow too much. Slower rates wouldn't reduce ICP promptly, while much faster rates (for example, two breaths per second) would risk hyperventilation-related complications and cerebral ischemia.

9. True or False: If intravenous lines are not being used, flush saline locks with 10 mL of normal saline at least every 24 hours.

A. True

B. False

C. Only if line is patent

D. Never flush

Maintaining IV line patency requires regular flushing of saline locks when the line isn't being used. The common approach is to flush with a small volume of saline (typically 3–5 mL) every 8–12 hours and after any use, rather than a single 10 mL flush only once per day. Using 10 mL every 24 hours either under-frequent or over-large can increase the risk of occlusion or fluid overload depending on the patient. So the statement is false because the standard practice is smaller-volume flushes more frequently, not a once-daily 10 mL flush.

10. If the IV fluid rate is 260 mL/hour and urine output is above 50 mL/hour, what should be the new rate?

A. 195 mL/hour

B. 260 mL/hour

C. 230 mL/hour

D. 285 mL/hour

When urine output is adequate (above 50 mL/hour), you can safely trim the IV fluid rate to prevent fluid overload. A standard approach is to reduce the rate by about 25% if renal output is good. Reducing 260 mL/hour by 25% gives 195 mL/hour (since 260 × 0.75 = 195). So the new rate should be 195 mL/hour. After changing the rate, monitor urine output and hemodynamics closely; if urine output stays above 50 mL/hour and the patient remains stable, you may continue with this adjusted rate or reassess soon.

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://pccfmtbw.examzify.com

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