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. **The accuracy of TBSA assessment is critical for fluid resuscitation, because misestimation by more than 10 percent can lead to morbidity.**

   A. True

   B. False

   C. Not sure

   D. Not applicable

2. **If a patient has exactly 20% TBSA burns, are they at increased risk for hypothermia per the guideline?**

   A. Yes

   B. No

   C. Only when greater than 25%

   D. Not specified

3. **Appropriate doses of benzodiazepines such as Ativan or Versed are administered to reduce agitation in the expectant patient.**

   A. True

   B. False

   C. Not sure

   D. Only analgesics

4. **Which class of medications is recommended to reduce agitation and anxiety in the expectant burn patient?**

   A. Benzodiazepines

   B. Antipsychotics

   C. Opioids

   D. Antidepressants

5. **Escharotomy is performed primarily to relieve which form of compromise in chest burns?**

   A. Respiratory compromise

   B. Renal compromise

   C. Neurological compromise

   D. Circulatory compromise only

6. Using the minimum - better - best paradigm, what is the best option for flushing an intravenous catheter?

A. Every 2 hours

B. Every 4 hours

C. Every 6 hours

D. Only after use

7. What is the normal End-Tidal CO2 value?

A. 25-35 mmHg

B. 35-45 mmHg

C. 45-55 mmHg

D. 60-70 mmHg

8. Which frequency is recommended for flushing an IV catheter under the minimum-better-best paradigm?

A. Every 2 hours

B. Every 4 hours

C. Every 8 hours

D. Only after use

9. _____is the best format to use when providing information via telemedicine.

A. VC3 Guide

B. Email

C. Phone memo

D. Face-to-face briefing

10. SpO2 is represented by a triangle on the PCC Flowsheet. True or False?

A. True

B. False

C. Not specified

D. Unknown

Answers

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

Explanations

1. The accuracy of TBSA assessment is critical for fluid resuscitation, because misestimation by more than 10 percent can lead to morbidity.

A. True

B. False

C. Not sure

D. Not applicable

In burn management, TBSA estimation directly drives fluid resuscitation. The amount of fluid given in the initial period is calculated from TBSA burned (often with formulas like 4 mL/kg per %TBSA burned, given over the first 24 hours, with half in the first 8 hours). If you misestimate TBSA by more than about 10%, the calculated fluid volume can be off by a substantial amount, leading to under-resuscitation (risking hypoperfusion and organ injury) or over-resuscitation (risking edema, respiratory failure, and other complications). For a 70 kg patient, a 10% misestimation can alter the 24-hour fluid plan by roughly 2–3 liters, a clinically meaningful difference. That's why accurate TBSA assessment is essential for safe fluid management. The statement is true.

2. If a patient has exactly 20% TBSA burns, are they at increased risk for hypothermia per the guideline?

A. Yes

B. No

C. Only when greater than 25%

D. Not specified

Hypothermia risk in burn patients tracks with how much skin is lost. More burned skin means more heat is lost and greater challenges in temperature regulation. The guideline sets the threshold for increased hypothermia risk at greater than 25% TBSA. So, a patient with 20% TBSA burns does not meet that criterion and would not be considered at increased risk by that guideline. Of course, all burn patients require temperature monitoring and warming as part of standard care, but the guideline's specific cutoff wouldn't classify a 20% burn as high risk.

3. Appropriate doses of benzodiazepines such as Ativan or Versed are administered to reduce agitation in the expectant patient.

A. True

B. False

C. Not sure

D. Only analgesics

In this situation, calming agitation in a pregnant patient with a carefully chosen sedative can be appropriate. Benzodiazepines like lorazepam or midazolam provide rapid anxiolysis and sedation, which can be crucial for ensuring the mother's safety and enabling proper medical assessment and management. The key is using the lowest effective dose and titrating to the desired effect, with vigilant monitoring of the mother's breathing and level of consciousness, and awareness of fetal implications. Because these drugs cross the placenta, they carry risks for the fetus, including potential neonatal sedation or respiratory depression if delivered soon after dosing, so they're used only when benefits outweigh risks and not as routine analgesics. When used thoughtfully, these medications help stabilize the situation and protect both mother and fetus.

4. Which class of medications is recommended to reduce agitation and anxiety in the expectant burn patient?

A. Benzodiazepines

B. Antipsychotics

C. Opioids

D. Antidepressants

When a burn patient is acutely agitated and anxious, you want something that quickly calms nerves and provides safe sedation to allow essential care. Benzodiazepines fit that need best because they enhance GABA's inhibitory effect in the brain, producing rapid anxiolysis, sedation, and muscle relaxation. This helps with painful wound care, dressing changes, and other procedures by reducing tension and improving cooperation, while also easing sleep and overall comfort. They're also readily available in IV or PO forms for swift control in acute settings. Other options don't address anxiety as directly: opioids relieve pain but don't reliably reduce anxiety; antidepressants take weeks to work; and antipsychotics manage agitation from delirium or psychosis rather than primary anxiety and carry different risk profiles. Use with careful dosing and monitoring for respiratory depression, excessive sedation, and potential delirium, adjusting to the patient's condition and monitoring needs.

5. Escharotomy is performed primarily to relieve which form of compromise in chest burns?

A. Respiratory compromise

B. Renal compromise

C. Neurological compromise

D. Circulatory compromise only

Escharotomy is used when the chest burns create a tight, inelastic eschar that prevents the chest wall from expanding during inhalation. This mechanical restriction reduces the amount of air the lungs can move in, leading to respiratory distress and poor oxygenation. Making incisions through the eschar relieves that constriction, allowing the chest to expand normally again and improving ventilation and gas exchange. The primary goal here is to relieve respiratory compromise, not renal or neurological issues. For circulatory problems, the procedure is typically considered for limbs where the eschar compresses blood vessels, not for chest burns. So the best answer is respiratory compromise.

6. Using the minimum - better - best paradigm, what is the best option for flushing an intravenous catheter?

A. Every 2 hours

B. Every 4 hours

C. Every 6 hours

D. Only after use

Maintaining IV catheter patency relies on a regular maintenance flush rather than waiting until use or flushing excessively. The concept in play is choosing a cadence that keeps the lumen open during idle periods without causing unnecessary irritation or workload. Flushing only after each use leaves the line unflushed during times it's idle, which increases the risk of clot formation and occlusion. Flushing more frequently than needed doesn't provide meaningful additional protection and just adds unnecessary handling and potential vein irritation. The moderate, regular maintenance cadence sits between these extremes and aims to keep the catheter patent through periods of nonuse while avoiding overuse of resources. So, the best choice is the intermediate maintenance flush interval, as it balances maintaining patency with practicality and safety.

7. What is the normal End-Tidal CO2 value?

A. 25-35 mmHg

B. 35-45 mmHg

C. 45-55 mmHg

D. 60-70 mmHg

End-tidal CO2 is the CO2 level measured at the end of an exhaled breath, reflecting how effectively the lungs are removing CO2 through ventilation. In a healthy adult, the normal end-tidal CO2 value is about 35 to 45 mmHg. This range sits slightly below arterial CO2 because the exhaled gas comes from ventilated alveoli and a small amount of CO2 remains in the blood and in dead-space air before complete gas exchange. Values outside this window point to ventilation or perfusion problems: higher ETCO2 suggests hypoventilation or rebreathing, while lower ETCO2 can indicate hyperventilation, reduced pulmonary perfusion, or increased dead-space ventilation. Capnography is routinely used during anesthesia, CPR, and airway management to monitor ventilation and verify proper tube placement.

8. Which frequency is recommended for flushing an IV catheter under the minimum-better-best paradigm?

A. Every 2 hours

B. Every 4 hours

C. Every 8 hours

D. Only after use

Maintaining IV catheter patency while using the least amount of effort and resources is the idea behind the minimum-better-best approach. Flushing regularly prevents occlusion from small clots or precipitates when the line isn't in constant use, so there needs to be a predictable maintenance rhythm. Four-hourly flushing provides a practical balance: it keeps the line open and ready for meds without the extra burden of more frequent flushing, while not leaving the line idle for too long. Flushing more often than that tends to add workload without substantially increasing safety for most patients, and flushing only after use risks occlusion during idle periods. Flushing every eight hours is usually not enough to maintain patency in typical lines, so four hours is the recommended standard.

9. _____is the best format to use when providing information via telemedicine.

A. VC3 Guide

B. Email

C. Phone memo

D. Face-to-face briefing

Structured, standardized communication is essential in telemedicine to ensure accurate, complete transfer of clinical information across remote sites. The VC3 Guide provides a consistent template for presenting patient data, findings, assessment, and plan in telemedicine encounters. Using this guide helps ensure all critical elements are included—patient identifiers, presenting problem, current symptoms, vital signs or examination findings, medications and allergies, the clinician's assessment, any differential diagnosis, and the recommended next steps or treatment. This structure reduces ambiguity, supports clear documentation for legal and quality purposes, and improves safety by making the information quick to read and easy to review or share across providers and systems. Informal formats like email or phone memos can omit key data or be misinterpreted, and a face-to-face briefing describes an in-person interaction, not a remote telemedicine exchange.

10. SpO2 is represented by a triangle on the PCC Flowsheet. True or False?

A. True

B. False

C. Not specified

D. Unknown

SpO2, the oxygen saturation measured by pulse oximetry, is logged on the PCC flowsheet as a percentage value next to the SpO2 label. The symbol used for this field is not a triangle. Therefore the statement is false.

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!