

PCC FIELD MEDICAL TRAINING BATTALION – WEST (FMTB-W) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which statement best describes analgesia decision-making in the field?**
 - A. Use available analgesics appropriate for the casualty's condition and medical oversight, balancing efficacy and safety.
 - B. Always choose the strongest opioid for all patients.
 - C. Pain should never be treated with medications; rely on observation.
 - D. Administer analgesics only if the casualty requests them.
- 2. What is the role of basic airway suction in field medicine?**
 - A. To measure airway pressure during suction.
 - B. To sterilize the airway prior to intubation.
 - C. To clear secretions and obstructions, maintaining airway patency and improving ventilation.
 - D. To suction the lower airway selectively.
- 3. Why should you maintain an inline airway management plan for a casualty with potential airway compromise during transport?**
 - A. To allow maximum neck movement to facilitate breathing.
 - B. To enable rapid head tilt-chin lift if needed.
 - C. To quickly remove any cervical protection.
 - D. To maintain airway patency while minimizing cervical spine movement.
- 4. Which vaccination prophylaxis is standard for deployed personnel, with other vaccines dependent on area and mission risk?**
 - A. Polio vaccine
 - B. Hepatitis B vaccine
 - C. Tetanus prophylaxis
 - D. MMR vaccine
- 5. Which airway adjunct is typically used for a conscious casualty with a suspected facial injury or gag reflex?**
 - A. Oropharyngeal airway (OPA)
 - B. Endotracheal tube
 - C. Nasopharyngeal airway (NPA)
 - D. Laryngeal mask airway

6. Which motor response on the GCS corresponds to withdrawing from pain?
- A. 6
 - B. 5
 - C. 4
 - D. 3
7. 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
8. Starting a 100 mL/hr infusion of 3% hypertonic saline through tubing with a drip factor of 10 gtt/mL yields how many drops per minute?
- A. 15 gtt/min
 - B. 17 gtt/min
 - C. 20 gtt/min
 - D. 25 gtt/min
9. A casualty with traumatic brain injury should have secondary brain injury prevented by maintaining adequate:
- A. Oxygenation
 - B. Hydration
 - C. Temperature
 - D. Pain Control
10. 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

Answers

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

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Explanations

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1. Which statement best describes analgesia decision-making in the field?

- A. Use available analgesics appropriate for the casualty's condition and medical oversight, balancing efficacy and safety.**
- B. Always choose the strongest opioid for all patients.
- C. Pain should never be treated with medications; rely on observation.
- D. Administer analgesics only if the casualty requests them.

Analgesia decisions in the field center on delivering pain relief while safeguarding the casualty's safety. The best choice uses available analgesics that are appropriate for the casualty's condition and are guided by medical oversight, balancing how well the medicine will work with potential risks. This means quickly assessing the type and severity of pain, the injury or illness involved, vital signs, age, allergies, and any contraindications, then selecting an option and dose that provides meaningful relief without compromising breathing, consciousness, or circulation. In field practice you'll weigh different approaches—non-opioids for milder pain, local anesthesia for wounds, and opioids when stronger relief is needed and monitoring is possible—always under the guidance of protocols or medical control. Continuous monitoring for side effects and the ability to adjust treatment are essential. Pain should be treated promptly rather than ignored, and you shouldn't default to the strongest opioid for every casualty or wait for a request to treat pain. The goal is effective relief balanced with safety and the ability to continue casualty care.

2. What is the role of basic airway suction in field medicine?

- A. To measure airway pressure during suction.
- B. To sterilize the airway prior to intubation.
- C. To clear secretions and obstructions, maintaining airway patency and improving ventilation.**
- D. To suction the lower airway selectively.

Clearing secretions and obstructions to keep the airway open is the main purpose of basic airway suction in field medicine. By removing mucus, blood, vomitus, or other debris from the mouth and throat, suction prevents blockage that can stop air from reaching the lungs and helps improve ventilation. This is especially important for patients who are unconscious or have impaired gag reflex, or who are producing a lot of secretions. Keeping the airway patent with suction reduces the risk of aspiration and makes it easier to provision oxygen and assess the airway status. It's not about measuring airway pressure, and it isn't used to sterilize the airway. It also isn't a method for selectively suctioning the lower airway in basic care, which requires different techniques and equipment and could cause harm.

3. Why should you maintain an inline airway management plan for a casualty with potential airway compromise during transport?

- A. To allow maximum neck movement to facilitate breathing.
- B. To enable rapid head tilt-chin lift if needed.
- C. To quickly remove any cervical protection.

D. To maintain airway patency while minimizing cervical spine movement.

Maintaining an inline airway management plan means keeping the airway open while protecting the spine from movement. When a casualty could have a cervical spine injury, any neck movement during transport can worsen a spinal injury, so you stabilize the head and neck in line with the body and perform airway maneuvers without compromising that alignment. The best choice captures both goals: keeping the airway patent while minimizing cervical spine movement, using inline stabilization techniques during suctioning, bag-mask ventilation, or intubation, and keeping the neck protected with a collar as appropriate. Moving the neck to tilt the head would risk aggravating a spinal injury. Removing cervical protection during transport removes a critical safeguard against movement. Allowing maximum neck movement directly contradicts the need to protect the spine while ensuring the airway remains open.

4. Which vaccination prophylaxis is standard for deployed personnel, with other vaccines dependent on area and mission risk?

- A. Polio vaccine
- B. Hepatitis B vaccine
- C. Tetanus prophylaxis**
- D. MMR vaccine

Tetanus prophylaxis is kept as a universal baseline for deployed personnel because tetanus exposure can occur in any field setting, and there is no natural immunity to tetanus. The vaccine protects against toxins produced by Clostridium tetani, which can enter through even minor or dirty wounds encountered in austere environments. For deployed service members, keeping tetanus vaccination up to date (Td/Tdap, with boosters typically every 10 years and a booster if a dirty wound occurs and vaccination is not current) is standard practice regardless of where the mission takes place. Other vaccines are added based on specific risks tied to the area and mission. Polio vaccination depends on regional polio activity and travel, hepatitis B vaccination is guided by potential exposure to blood or bodily fluids, and measles-mumps-rubella is prioritized in outbreaks or areas with lower routine coverage. So tetanus prophylaxis serves as the consistent, baseline protection across all deployments, while the other vaccines are tailored to particular circumstances.

5. Which airway adjunct is typically used for a conscious casualty with a suspected facial injury or gag reflex?

- A. Oropharyngeal airway (OPA)
- B. Endotracheal tube
- C. Nasopharyngeal airway (NPA)**
- D. Laryngeal mask airway

When someone is conscious and can't protect their airway due to a gag reflex or facial injury, you want an airway adjunct that keeps the airway open with minimal stimulation. A nasopharyngeal airway fits that need because it goes through the nasal passage into the pharynx, bypassing the back of the tongue and the gag reflex more than an oral airway would. This makes it more tolerable for a awake or semi-awake patient and useful when mouth opening is limited or facial trauma makes an oral airway unsafe. By contrast, an oropharyngeal airway would provoke gagging in a conscious patient, and endotracheal tubes or laryngeal masks are definitive airways used in more controlled settings or under anesthesia, not for a conscious casualty in the field. Be mindful of nasal injuries or suspected basal skull fracture, which would steer you away from a nasal route. That balance—airway patency with minimal gag stimulus while avoiding contraindications—explains why the nasopharyngeal airway is the best option here.

6. Which motor response on the GCS corresponds to withdrawing from pain?

- A. 6
- B. 5
- C. 4**
- D. 3

In the Glasgow Coma Scale, the motor response described as withdrawing from pain is the protective, quick pulling away of the limb from a painful stimulus. This reflexive, non-purposeful withdrawal indicates a functional but limited motor response. It's distinct from localizing pain, which is a more purposeful movement toward the source to remove it, and from abnormal postures like flexion (decorticate) or extension (decerebrate). Obedience to commands reflects the highest motor function, while a lack of any movement indicates no motor response. So, the act of withdrawing the limb from the painful stimulus best matches this motor response category.

7. 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.

8. Starting a 100 mL/hr infusion of 3% hypertonic saline through tubing with a drip factor of 10 gtt/mL yields how many drops per minute?

- A. 15 gtt/min
- B. 17 gtt/min**
- C. 20 gtt/min
- D. 25 gtt/min

To find drops per minute, use the drip factor to convert the hourly milliliter rate into drops per hour, then convert to per minute. With a drip factor of 10 gtt/mL, 100 mL per hour yields $100 \times 10 = 1000$ drops per hour. Divide by 60 minutes per hour to get drops per minute: $1000 \div 60 \approx 16.7$ gtt/min. Rounding to the nearest whole drop gives 17 gtt/min. Therefore, the infusion rate is about 17 drops per minute.

9. A casualty with traumatic brain injury should have secondary brain injury prevented by maintaining adequate:

- A. Oxygenation**
- B. Hydration
- C. Temperature
- D. Pain Control

Secondary brain injury comes from harm to brain tissue after the initial trauma, driven most directly by a lack of oxygen. The brain is highly sensitive to hypoxia, and when oxygen delivery falls, energy fails, cells die, and swelling and further injury can escalate. Because of this, keeping oxygenation adequate is the most effective way to prevent additional brain damage in a casualty with brain injury—usually by ensuring the airway is clear and providing supplemental oxygen to maintain normal oxygen saturation. Hydration and fluid status matter for sustaining cerebral perfusion, but they don't address the immediate risk of hypoxia as directly as ensuring sufficient oxygen delivery. Temperature management helps limit metabolic demands, and pain control reduces stress responses that can worsen brain injury, but neither tackles the critical need for oxygen to the brain as directly as maintaining adequate oxygenation.

10. 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.

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!

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