

W2 Team Mega Ballers FC1 Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. What type of hemorrhage control can you provide to your casualty during care under fire?**
 - A. Direct pressure**
 - B. Hasty tourniquet**
 - C. Gauze packing**
 - D. Elevation of the limb**
- 2. What does shock management in the context of severe internal hemorrhage typically include?**
 - A. Monitoring vital signs only**
 - B. Administration of pain relief**
 - C. Fluid resuscitation and stabilization**
 - D. Immediate transport to hospital**
- 3. What litter can you use for extrication in a collapsed building?**
 - A. STRETCHER**
 - B. Sked**
 - C. Backboard**
 - D. Reinforced EMS gurney**
- 4. If you apply a deliberate tourniquet and then give whole blood or Hextend, what is your next action if the pulse distal to the tourniquet returns?**
 - A. Remove the tourniquet**
 - B. Loosen the tourniquet**
 - C. Leave the tourniquet in place**
 - D. Tighten the tourniquet**
- 5. Who is responsible for the transportation and disposition of human remains?**
 - A. The senior medical officer**
 - B. Quartermaster**
 - C. The emergency medical technician**
 - D. The triage officer**

- 6. Which line of a MEDEVAC contains the priority for evacuation?**
- A. Line 2**
 - B. Line 3**
 - C. Line 4**
 - D. Line 5**
- 7. What medication can be administered if a casualty develops respiratory depression after OTFC?**
- A. Ibuprofen**
 - B. Nitroglycerin**
 - C. Narcan**
 - D. Fentanyl**
- 8. What is an indication for using a tourniquet?**
- A. Barely visible bleeding**
 - B. Life-threatening limb hemorrhage**
 - C. Minor cuts and abrasions**
 - D. Internal bleeding in the abdomen**
- 9. When treating a penetrating wound, which action is most critical first?**
- A. Provide fluids**
 - B. Control bleeding**
 - C. Secure an airway**
 - D. Apply a dressing**
- 10. What is a pneumothorax?**
- A. Accumulation of fluid in the lungs**
 - B. Collapse of the lung**
 - C. Accumulation of air in the pleural space**
 - D. Infection in the pleural cavity**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What type of hemorrhage control can you provide to your casualty during care under fire?

- A. Direct pressure**
- B. Hasty tourniquet**
- C. Gauze packing**
- D. Elevation of the limb**

During care under fire, the primary focus is on quick and effective measures to control potentially life-threatening hemorrhages while minimizing the risk to both the casualty and the responder. A hasty tourniquet is the most suitable option in this scenario because it can be rapidly applied to an injured limb to occlude blood flow, significantly reducing blood loss in a short amount of time. Applying a hasty tourniquet can be done swiftly and without the need for extensive assessment of the wound, which is crucial in a high-threat environment where time is of the essence. This method is designed to be straightforward, allowing responders to quickly secure and manage severe bleeding while still being aware of their surroundings. In contrast, direct pressure, while effective in certain situations, may not be feasible under fire where immediate responsiveness is required. Gauze packing takes longer to apply effectively, and elevation of the limb is often inappropriate for significant bleeding and can delay needed care. Thus, the hasty tourniquet emerges as the most effective hemorrhage control during care under fire due to its speed and efficiency in managing severe trauma.

2. What does shock management in the context of severe internal hemorrhage typically include?

- A. Monitoring vital signs only**
- B. Administration of pain relief**
- C. Fluid resuscitation and stabilization**
- D. Immediate transport to hospital**

Shock management in the context of severe internal hemorrhage primarily focuses on fluid resuscitation and stabilization. This approach is critical because severe internal hemorrhage can lead to hypovolemic shock, where there is inadequate blood volume to maintain effective circulation and oxygen delivery to vital organs. Fluid resuscitation involves administering intravenous fluids to replenish the lost blood volume and improve hemodynamics, which helps restore blood pressure and ensure adequate perfusion of tissues. Stabilization pertains to maintaining the patient's condition while preparing for further medical treatment, usually in a hospital setting. This comprehensive response is vital to prevent organ damage and increase the chances of survival. While monitoring vital signs, administering pain relief, and immediate transport to the hospital are also important components of overall patient care, they do not specifically address the immediate life-threatening aspects of shock caused by severe internal hemorrhage as comprehensively as fluid resuscitation and stabilization do. Consequently, the focus on fluid resuscitation and stabilization is essential and represents the prioritized action in such critical situations.

3. What litter can you use for extrication in a collapsed building?

A. STRETCHER

B. Sked

C. Backboard

D. Reinforced EMS gurney

The sked, or a sked stretcher, is specifically designed for extrication situations, especially in challenging environments like collapsed buildings. Its unique structure allows it to be easily maneuvered in tight spaces and its flexibility makes it suitable for navigating through debris. The sked's design accommodates a patient in a supine position and allows for secure transport without further risking injury, which is crucial when a person may already be in a precarious situation due to a collapse. While stretchers, backboards, and reinforced EMS gurneys are valuable tools in patient transport and stabilization, they may not offer the same advantages in extrication scenarios. Regular stretchers may be rigid and difficult to maneuver through rubble, backboards can be cumbersome in tight spaces, and gurneys typically require a smooth and clear surface for effective operation. The sked's adaptability in confined and dangerous environments makes it the preferred choice for effectively extricating individuals from collapsed structures.

4. If you apply a deliberate tourniquet and then give whole blood or Hextend, what is your next action if the pulse distal to the tourniquet returns?

A. Remove the tourniquet

B. Loosen the tourniquet

C. Leave the tourniquet in place

D. Tighten the tourniquet

In a scenario where you have applied a deliberate tourniquet and administered whole blood or Hextend, the appropriate next action if the pulse distal to the tourniquet returns is to tighten the tourniquet. This is essential because the return of the pulse suggests that blood flow may be returning to the affected area, which could lead to further bleeding or the re-establishment of circulation that could compromise the effectiveness of the tourniquet. Tightening the tourniquet ensures that the pressure remains sufficient to control hemorrhage. It helps in maintaining the occlusion of the artery and prevents any potential complications from the restoration of blood flow, particularly if the bleeding source has not yet been adequately addressed or if the injury remains severe. This action is critical in emergency situations to stabilize the patient and prevent further deterioration until advanced medical care can be provided. In contrast, removing or loosening the tourniquet could compromise the effectiveness of hemorrhage control, potentially leading to life-threatening blood loss. Leaving the tourniquet in place without taking further action may not adequately secure the situation if there is a risk of continued bleeding. Thus, tightening the tourniquet is a vital response to ensure the safety and stability of the patient.

5. Who is responsible for the transportation and disposition of human remains?

- A. The senior medical officer**
- B. Quartermaster**
- C. The emergency medical technician**
- D. The triage officer**

The responsibility for the transportation and disposition of human remains typically falls to the quartermaster. The quartermaster is tasked with logistics in a variety of contexts, including the management of supplies, equipment, and personnel. In situations involving the deceased, this responsibility includes ensuring that human remains are handled with care and respect, proper documentation is maintained, and the remains are transported to the appropriate location for final disposition. The other roles, while crucial in their respective areas, do not typically encompass the direct responsibility for handling remains. The senior medical officer generally oversees medical operations and may manage patient care but does not specifically handle logistics for human remains. Emergency medical technicians focus on the immediate medical care and stabilization of living patients, while the triage officer assesses patient conditions and prioritizes care during emergencies but also does not deal with human remains directly. Thus, the role of the quartermaster is uniquely aligned with the responsibility for the safe and respectful handling of human remains.

6. Which line of a MEDEVAC contains the priority for evacuation?

- A. Line 2**
- B. Line 3**
- C. Line 4**
- D. Line 5**

The correct response identifies that Line 2 of a MEDEVAC request is where the priority for evacuation is specified. This line is crucial as it communicates the urgency of the medical situation to the receiving medical facility and associated command structures, thereby ensuring that resources are allocated appropriately based on the severity of the patient's condition. Line 2 typically includes information such as the urgency levels of the evacuation, which can range from "urgent" to "routine." This prioritization is vital for operational efficiency, particularly in high-stress scenarios where multiple patients may need evacuation at the same time. By establishing a clear priority system in Line 2, it streamlines decision-making and mobilization of medical support services, which is essential during crisis situations. Understanding the specific function of each line within a MEDEVAC request is important for effective communication in emergency medical situations, enabling responders to deliver timely care based on the patient's immediate needs.

7. What medication can be administered if a casualty develops respiratory depression after OTFC?

- A. Ibuprofen**
- B. Nitroglycerin**
- C. Narcan**
- D. Fentanyl**

The correct medication to administer if a casualty develops respiratory depression after OTFC (Oral Transmucosal Fentanyl Citrate) is Narcan, also known as Naloxone. This medication is an opioid antagonist, meaning it works by binding to the same receptors in the brain that opioids like fentanyl affect, but it does so without activating them. By doing this, Narcan effectively reverses the effects of opioid overdose, including respiratory depression, which is a potentially life-threatening condition. Using Narcan in cases of respiratory depression from opioids is crucial because the opioid's effects can slow or stop breathing, leading to inadequate oxygen supply to the body. Administering Narcan can quickly restore normal respiratory function, making it a vital emergency treatment in situations where opioid overdose is suspected. In this context, pain relievers like ibuprofen are not suitable since they do not address the effects of opioids. Similarly, nitroglycerin is used primarily for chest pain related to heart conditions and is also not indicated for reversing respiratory depression. Fentanyl would exacerbate the problem rather than alleviate it, as it is an opioid itself. Thus, in the scenario of respiratory depression following OTFC, Narcan is the appropriate and lifesaving

8. What is an indication for using a tourniquet?

- A. Barely visible bleeding**
- B. Life-threatening limb hemorrhage**
- C. Minor cuts and abrasions**
- D. Internal bleeding in the abdomen**

Using a tourniquet is indicated primarily for managing life-threatening limb hemorrhage. This situation arises when a person is experiencing severe bleeding from a limb that poses an immediate risk to their life. A tourniquet works by applying pressure to the blood vessels of the limb, effectively halting blood flow and preventing exsanguination, which is critical in scenarios where other methods of bleeding control are inadequate or ineffective. In contrast, options that mention barely visible bleeding, minor cuts and abrasions, or internal bleeding in the abdomen do not warrant the use of a tourniquet. Barely visible bleeding typically does not require such an invasive measure and can often be managed with simple first aid. Minor cuts and abrasions also fall under the scope of basic wound care, which wouldn't necessitate a tourniquet. Internal bleeding in the abdomen is a serious medical emergency but requires different interventions, such as surgical evaluation, rather than external compression like that provided by a tourniquet. Thus, the specific nature of life-threatening limb hemorrhage is what justifies the use of a tourniquet in a medical emergency.

9. When treating a penetrating wound, which action is most critical first?

- A. Provide fluids**
- B. Control bleeding**
- C. Secure an airway**
- D. Apply a dressing**

When treating a penetrating wound, controlling bleeding is the most critical first action due to the immediate risk of significant blood loss that can lead to shock or even death. Penetrating wounds can damage major blood vessels, and uncontrolled bleeding is a life-threatening situation that requires urgent attention. By addressing bleeding first, you increase the chances of survival and stabilize the patient for further treatment. Other actions, while also important, become secondary in nature. For instance, providing fluids is generally necessary after bleeding has been controlled, and securing an airway is crucial but may not take precedence over ensuring that the patient is not losing critical blood volume. Applying a dressing is important for protecting the wound and minimizing infection but will not be effective if the bleeding is not halted first. Therefore, controlling bleeding is paramount in the management of penetrating wounds.

10. What is a pneumothorax?

- A. Accumulation of fluid in the lungs**
- B. Collapse of the lung**
- C. Accumulation of air in the pleural space**
- D. Infection in the pleural cavity**

A pneumothorax refers specifically to the accumulation of air in the pleural space, leading to a potential collapse of the lung. The pleural space is the thin fluid-filled gap between the two pleurae, which are membranes surrounding the lungs. When air enters this space, it disrupts the negative pressure that is normally present, which is necessary for the lungs to remain fully inflated. This condition can result in a partial or complete collapse of the affected lung, causing difficulty in breathing and chest pain. Understanding the mechanisms behind a pneumothorax is important for recognizing its symptoms and the necessary medical interventions. For instance, the presence of air in the pleural cavity could arise from a variety of causes, including trauma, certain medical procedures, or underlying lung diseases. Being able to identify a pneumothorax correctly is crucial for timely treatment, as it can be a life-threatening condition if not addressed promptly.