ANNEX D PROLONGED CASUALTY CARE (PCC) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. Give the GCS score for a patient that is speaking in random words, pulls away from pain, and only opens his eyes when spoken to.

A. GCS 9

B. GCS 10

C. GCS 11

D. GCS 12

2. Which statement best describes the purpose of the 24-hour care checklist?

A. To standardize shift tasks and ensure continuous coverage

B. To track only one-time tasks

C. To replace clinical judgment

D. To evaluate patient outcomes after discharge

3. Adequate fluid resuscitation and end organ perfusion is best indicated by everything, except:

A. Adequate urine output

B. Normal mental status

C. Normal capillary refill

D. Present bowel sounds

4. All deceased casualties should be placed in which container?

A. Morgue

B. Body bags

C. Caskets

D. Shrouds

5. What is the normal range for EtCO2 in a healthy individual?

A. 20-30 mmHg

B. 35-45 mmHg

C. 50-60 mmHg

D. 60-70 mmHg

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6. Which option correctly identifies the monitoring method that uses exhaled CO_2 measurement to assess ventilation?

A. Pulse Oximetry

B. Blood Gas Analysis

C. Capnography

D. X-ray

7. Which class of medication is used to reduce anxiety and ease suffering in the expectant patient?

A. Opioids

B. Antihistamines

C. Benzodiazepines

D. Beta blockers

8. What is the primary objective of the basic airway management approach in PCC?

A. To evacuate before securing airway.

B. To achieve rapid endotracheal intubation in all cases.

C. To maintain airway without worsening spinal injury.

D. To continue without assistance.

9. During a MACE 2 exam on a suspected traumatic brain injury patient who reports a severe headache and vomiting, which action is inappropriate?

A. Continue with the MACE exam

B. Stop the exam and assess vitals

C. Administer antiemetic and reassess

D. Stop the exam and secure airway

10. Which of the following is NOT a potential complication from using a bag-valve mask?

A. Bronchoconstriction

B. Ventilatory fatigue

C. Air leak around mask and poor seal

D. Gastric distention with aspiration

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Answers

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

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Explanations

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1. Give the GCS score for a patient that is speaking in random words, pulls away from pain, and only opens his eyes when spoken to.

A. GCS 9

B. GCS 10

C. GCS 11

D. GCS 12

Glasgow Coma Scale scores are built from three parts—eye opening, verbal response, and motor response—to quantify level of consciousness. Here, eye opening occurs only when spoken to, which equals a score of 3 for eye opening. Verbal response is described as speaking in random words, which fits the category of inappropriate words, giving a verbal score of 3. Motor response is withdrawal from pain, meaning the patient pulls away rather than localizes or follows commands, which is a score of 4. Adding them together: 3 + 3 + 4 equals 10. So the overall GCS score is 10.

2. Which statement best describes the purpose of the 24-hour care checklist?

A. To standardize shift tasks and ensure continuous coverage

B. To track only one-time tasks

C. To replace clinical judgment

D. To evaluate patient outcomes after discharge

The main idea behind a 24-hour care checklist is to standardize the tasks that need to be done across all shifts within a day, so care continues smoothly when staff rotate. By providing a consistent set of actions to complete, it helps prevent omissions, ensures essential monitoring and care are carried out, and supports continuity and safety for the patient. It's not just about one-time tasks, since many needs recur or require ongoing attention; it doesn't replace clinical judgment—care providers still assess and decide in context, using the checklist as a guide. It also isn't used to evaluate outcomes after discharge, which happens later and involves different measures.

3. Adequate fluid resuscitation and end organ perfusion is best indicated by everything, except:

A. Adequate urine output

B. Normal mental status

C. Normal capillary refill

D. Present bowel sounds

End-organ perfusion is best judged by signs that reflect blood flow to the brain, kidneys, and peripheral tissues. Normal mental status indicates adequate cerebral perfusion, adequate urine output shows kidneys are receiving enough blood to filter and produce urine, and normal capillary refill suggests good peripheral perfusion. Bowel sounds, on the other hand, reflect gastrointestinal motility and are not a reliable measure of current perfusion to organs. They can be present or absent for reasons unrelated to how well tissues are being perfused, so they don't indicate success of fluid resuscitation. In practice, use mental status, urine output, and capillary refill together, while being mindful of factors that can affect them (temperature, medications, injuries).

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4. All deceased casualties should be placed in which container?

A. Morgue

B. Body bags

C. Caskets

D. Shrouds

In field casualty care, the priority is safe, contained handling of a deceased person to prevent contamination, protect responders, and enable easy transport. A body bag is designed for this purpose: it contains fluids, reduces biohazard risk, provides a sealed, transport-ready container, and allows clear tagging for identification and handoff to authorities or a funeral service. Other options aren't practical at the incident scene: a morgue is a facility not available on scene, and caskets or shrouds don't offer the same containment, leak prevention, or ease of transport.

5. What is the normal range for EtCO2 in a healthy individual?

A. 20-30 mmHg

B. 35-45 mmHg

C. 50-60 mmHg

D. 60-70 mmHg

End-tidal CO2 (EtCO2) reflects how effectively CO2 is being eliminated by the lungs and closely mirrors arterial CO2 in a healthy person. In a normal, healthy individual, EtCO2 falls in the range of about 35–45 mmHg. This window exists because CO2 production from metabolism is matched by ventilation, so the CO2 level at the end of exhalation stays within this standard band. Values that fall well below this range point to overly rapid or shallow breathing, low CO2 production, or poor alveolar perfusion, while values above suggest hypoventilation, CO2 buildup, or rebreathing. Therefore, 35–45 mmHg is the normal EtCO2 range for a healthy individual.

6. Which option correctly identifies the monitoring method that uses exhaled CO2 measurement to assess ventilation?

A. Pulse Oximetry

B. Blood Gas Analysis

C. Capnography

D. X-ray

Capnography measures exhaled carbon dioxide to assess ventilation in real time. It tracks CO2 throughout the breathing cycle and presents a capnogram waveform, with the end-tidal CO2 value showing the CO2 level at the end of expiration. This provides immediate feedback on how effectively a patient is ventilating and whether the airway is patent. It's especially useful for confirming airway device placement and quickly detecting problems like apnea, hypoventilation, disconnection, or changes in ventilation. Pulse oximetry looks at oxygen saturation, not ventilation; blood gas analysis requires a blood sample and gives PaCO2 as a snapshot rather than continuous monitoring; X-ray shows anatomy rather than real-time ventilation status.

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7. Which class of medication is used to reduce anxiety and ease suffering in the expectant patient?

A. Opioids

B. Antihistamines

C. Benzodiazepines

D. Beta blockers

Benzodiazepines provide rapid anxiety relief by enhancing the effect of the brain's calming neurotransmitter, GABA, at the GABA-A receptor. This deeper inhibition of neural activity produces a quick sense of calm, reduces agitation, and eases the emotional suffering a patient may feel in a stressful situation. In an expectant patient facing distress, that immediate anxiolytic effect helps them stay composed and cooperative with care, which is often essential for effective treatment or observation. These drugs act fast, can be given by several routes, and they also offer muscle relaxation and anticonvulsant properties, making them versatile for acute distress. However, they can depress respiration and cause excessive sedation, especially when combined with other sedatives or alcohol, so they must be used with caution and appropriate monitoring. Opioids mainly relieve pain rather than anxiety, and their sedative properties come with a high risk of respiratory depression when anxiolysis is the goal. Antihistamines can cause sedation but do not reliably control anxiety or suffering in a clinical sense. Beta blockers may blunt some physical signs of anxiety (like a racing heart) but they do not provide the calming, global anxiolysis that benzodiazepines offer.

8. What is the primary objective of the basic airway management approach in PCC?

A. To evacuate before securing airway.

B. To achieve rapid endotracheal intubation in all cases.

C. To maintain airway without worsening spinal injury.

D. To continue without assistance.

The aim in basic airway management during PCC is to keep the airway open without worsening a possible spinal injury. In trauma, protecting the cervical spine is a priority, so airway techniques are chosen to minimize neck movement. This means using inline stabilization and a maneuver such as a jaw-thrust with the head in a neutral position, rather than more disruptive methods, and employing simple airway adjuncts or bag valve mask ventilation to maintain patency and oxygenation. Advanced airway steps like rapid endotracheal intubation are not the default goal for basic PCC—those decisions depend on the situation and the provider's training. Evacuating or continuing without assistance aren't the primary objectives of this basic approach either; airway management should focus on maintaining a clear, protected airway while preserving spinal integrity.

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9. During a MACE 2 exam on a suspected traumatic brain injury patient who reports a severe headache and vomiting, which action is inappropriate?

A. Continue with the MACE exam

B. Stop the exam and assess vitals

C. Administer antiemetic and reassess

D. Stop the exam and secure airway

In this scenario, the principle is to protect the airway and reassess vital signs whenever there are red-flag signs after head trauma. A suspected traumatic brain injury with a severe headache and vomiting raises concern for intracranial injury and possible deterioration, so you pause the current assessment to stabilize and monitor the patient rather than pushing through the exam. Continuing with the MACE exam would delay critical actions and could allow a worsening condition, including airway compromise or aspiration risk if vomiting progresses. Stopping to assess vitals is essential to gauge hemodynamic status and detect any deterioration. Stopping to secure the airway is also appropriate if there are signs the patient may not protect their airway or if vomiting makes airway protection necessary. Administering an antiemetic and reassessing can be part of the plan to reduce vomiting and prevent aspiration, provided the airway is adequately protected or will be shortly. Overall, the action of continuing the exam without pausing is the inappropriate choice.

10. Which of the following is NOT a potential complication from using a bag-valve mask?

A. Bronchoconstriction

B. Ventilatory fatigue

C. Air leak around mask and poor seal

D. Gastric distention with aspiration

The main idea here is recognizing the kinds of complications that can arise from using a bag-valve mask (BVM) for ventilation. A BVM delivers positive pressure to aid breathing, so the common potential problems are those affecting ventilation efficiency and airway safety: air can be forced into the stomach, causing gastric distention and raising the risk of aspiration; an improper seal around the face can cause air leaks and poor ventilation; and if ventilation is prolonged or the patient tires, ventilatory fatigue can occur. Bronchoconstriction is not caused by the mask or the act of bagging itself; it's a response of the airways to underlying conditions like asthma or an allergic reaction, not a direct consequence of BVM use.

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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://annexdpcc.examzify.com

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

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