ARMY DEPLOYED MEDICAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://armydeployedmed.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which triage framework is commonly taught for field mass casualty events and what are the categories?

A. START: Immediate (Red), Delayed (Yellow), Minor (Green), and Expectant (Black).

B. SALT: Critical, Urgent, Delayed, Expectant.

C. ABC: Immediate, Delayed, Minimal, Deceased.

D. MARCHE: Severe, Moderate, Light, None.

2. What is essential in field burn management to prevent infection?

A. Cool the burn, cover with sterile dressing, prevent infection, manage pain, and arrange higher-level care.

B. Apply ice directly to the burn.

C. Immediately perform surgical excision in the field.

D. Cover with mud.

3. Which blood products are commonly used in military field resuscitation when available?

A. Fresh whole blood only.

B. Warmed PRBCs and plasma, used according to protocol and availability, with monitoring for transfusion reactions.

C. Platelets exclusively.

D. Saline solution only.

4. What is the purpose of hemostatic dressings in the field?

A. To moisturize the wound.

B. To accelerate healing by moisture balance.

C. To promote clotting by applying heat.

D. To enhance clot formation and control bleeding when direct pressure is insufficient.

5. Which complication does a three-sided occlusive dressing help prevent for open chest wounds?

A. Bleeding

B. Infection

C. Tension pneumothorax

D. Hypothermia

SAMPLE

6. In a firefight, what is the recommended first action under Care Under Fire?

A. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.

B. Treat non-life-threatening wounds first.

C. Disengage and relocate to a secure position before any medical care.

D. Offer water and comfort measures while troops advance.

7. If a casualty has a fracture that protrudes out of the skin what is your primary concern at this time?

A. Controlling life threatening bleeding.

B. Reducing the fracture before stabilization

C. Immediate imaging of the limb

D. Applying antibiotics to the wound

8. What is the purpose of the analgesic found in the CWMP?

A. Treat infection

B. Help control pain

C. Stabilize vital signs

D. Accelerate healing

9. In Tactical Combat Casualty Care training, which concept is identified as the most important?

A. Providing rapid transport regardless of bleeding

B. Monitoring vital signs every five minutes

C. Identifying and treating the leading causes of preventable death on the battlefield

D. Administering fluids to all casualties

10. What non-pharmacologic measure helps prevent DVT in limited-mobility casualties in the field?

A. Regular repositioning and early mobilization when feasible; use of compression devices if available

B. Daily anticoagulant pills

C. Complete bed rest

D. Frequent hot showers

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which triage framework is commonly taught for field mass casualty events and what are the categories?

A. START: Immediate (Red), Delayed (Yellow), Minor (Green), and Expectant (Black).

B. SALT: Critical, Urgent, Delayed, Expectant.

C. ABC: Immediate, Delayed, Minimal, Deceased.

D. MARCHE: Severe, Moderate, Light, None.

In field mass casualty events, rapid triage focuses on quickly sorting patients by who needs urgent life-saving care versus who can wait, so limited resources go to those most likely to benefit. START, Simple Triage And Rapid Treatment, is the framework most commonly taught for this purpose. It uses four categories: Immediate, Delayed, Minor, and Expectant. Immediate (Red) includes people with life-threatening injuries who can benefit from rapid interventions and transport. Delayed (Yellow) covers serious injuries that do not require immediate attention and can wait a short time. Minor (Green) are walking wounded with minor injuries who can wait longer and require minimal care. Expectant (Black) denotes injuries not likely survivable given current resources, so care is limited to comfort while prioritizing others who can be saved. Other frameworks exist, such as SALT, ABC, or MARCHE, but START's four-color, four-category approach is the most widely taught for rapid field triage in mass casualty situations.

2. What is essential in field burn management to prevent infection?

A. Cool the burn, cover with sterile dressing, prevent infection, manage pain, and arrange higher-level care.

B. Apply ice directly to the burn.

C. Immediately perform surgical excision in the field.

D. Cover with mud.

Preventing infection in field burn care comes from immediately protecting the wound and limiting further tissue damage while setting up for proper follow-up treatment. Cooling the burn helps reduce tissue injury and inflammation, which in turn lowers the risk of bacterial growth and swelling that can compromise healing. Covering with a sterile dressing creates a clean barrier against dirt and microbes, protecting the wound from environmental contamination and helping prevent infection. Along with protection, managing pain supports the patient's comfort and cooperation, which is important for keeping the wound clean and reducing stress responses that can impede healing. Arranging higher-level care ensures the burn is fully assessed, any needed wound care or antibiotics can be provided, tetanus status can be checked, and the patient receives appropriate follow-up. Avoid direct application of ice, which can cause additional tissue damage; do not perform in-field surgical procedures; and avoid covering the burn with mud, which introduces bacteria and contaminants.

SAMPLE

3. Which blood products are commonly used in military field resuscitation when available?

A. Fresh whole blood only.

B. Warmed PRBCs and plasma, used according to protocol and availability, with monitoring for transfusion reactions.

C. Platelets exclusively.

D. Saline solution only.

In battlefield resuscitation, the goal is to restore perfusion and support both oxygen delivery and coagulation without worsening bleeding. Warmed red blood cells provide the oxygen-carrying capacity needed to perfuse tissues, while plasma supplies coagulation factors that help control bleeding and reverse dilutional coagulopathy from fluids and transfusions. Warming the products reduces the risk of hypothermia, which can worsen coagulopathy and outcomes in trauma patients. These components are used according to established protocols and what is available, with careful monitoring for transfusion reactions such as fever, chills, allergic responses, or more serious events like hemolysis, transfusion-related acute lung injury, or fluid overload. Fresh whole blood can be used in some settings but isn't always available, and platelets alone don't restore oxygen delivery or provide the full coagulation activity needed in acute resuscitation, while saline alone fails to address both oxygen-carrying capacity and coagulation factors.

4. What is the purpose of hemostatic dressings in the field?

A. To moisturize the wound.

B. To accelerate healing by moisture balance.

C. To promote clotting by applying heat.

D. To enhance clot formation and control bleeding when direct pressure is insufficient.

In field care, the urgent task is to stop bleeding as quickly as possible. Hemostatic dressings are designed to make that happen when direct pressure alone isn't enough. They contain agents that kick-start the body's clotting process at the wound site, helping to form a clot faster and curb ongoing bleeding. This local procoagulant effect works alongside pressure to stabilize the casualty and buy time for further treatment. They are not meant to moisturize the wound, speed healing through moisture balance, or use heat to promote clotting, all of which are ineffective or potentially harmful for hemorrhage control. The essential purpose is to enhance clot formation and control bleeding when simple pressure isn't sufficient.

SAMPLE

5. Which complication does a three-sided occlusive dressing help prevent for open chest wounds?

A. Bleeding

B. Infection

C. Tension pneumothorax

D. Hypothermia

Open chest wounds carry the risk that air can be sucked into the chest with each breath, building pressure that can collapse the lung and shift the heart and great vessels—a life-threatening situation known as tension pneumothorax. A three-sided occlusive dressing addresses this by sealing the wound on three sides while leaving one side open. That open edge lets air escape during exhalation, so air can vent out rather than be trapped and compressed inside the chest. In effect, it creates a one-way venting mechanism that prevents pressure from accumulating and reduces the chance of tension pneumothorax developing. Bleeding is managed primarily by direct pressure and hemorrhage control, so this dressing isn't aimed at stopping external bleeding. Infection risk is related to contamination and sterile technique, not the venting function of the dressing. Hypothermia is addressed by keeping the patient warm and protected, not by preventing air buildup in the chest. The key benefit of the three-sided approach is specifically preventing the dangerous pressure build-up that leads to tension pneumothorax.

6. In a firefight, what is the recommended first action under Care Under Fire?

A. Return fire or move to cover first, then control life-threatening bleeding if tactically feasible.

B. Treat non-life-threatening wounds first.

C. Disengage and relocate to a secure position before any medical care.

D. Offer water and comfort measures while troops advance.

In Care Under Fire, the priority is safety first: you must reduce the threat and get to cover or suppress the enemy before you can effectively render medical care. That's why the best action is to return fire or move to cover as a primary step. Once you've created safety and the unit can operate, you address life threatening bleeding if you can do so without compromising the situation. Hemorrhage control is crucial because uncontrolled bleeding kills quickly, but it must be done only if it doesn't put you or others at greater risk. The other options don't fit this phase: treating non life threatening wounds first ignores the immediate danger, disengaging entirely before securing safety can leave you exposed and unable to help, and offering water or comfort measures isn't the focus when you're still under direct threat.

7. If a casualty has a fracture that protrudes out of the skin what is your primary concern at this time?

A. Controlling life threatening bleeding.

B. Reducing the fracture before stabilization

C. Immediate imaging of the limb

D. Applying antibiotics to the wound

Controlling life-threatening bleeding is the top priority. An open fracture creates a high risk of major blood loss, so you immediately apply direct pressure with a sterile dress-ing to control the bleed, and if needed, escalate to a tourniquet per protocol while you stabilize the limb and manage the wound. Don't attempt to reduce or manipulate the fracture before bleeding is controlled, and imaging isn't the immediate concern until hemorrhage is addressed. Antibiotics and tetanus prophylaxis are important for open fractures, but securing bleeding control and initial wound management come first to prevent shock and further harm.

SAMPLE

8. What is the purpose of the analgesic found in the CWMP?

A. Treat infection

B. Help control pain

C. Stabilize vital signs

D. Accelerate healing

Pain control is the primary purpose of the analgesic in the CWMP. In battlefield care, relieving pain helps reduce the body's stress response, which lowers heart rate and blood pressure surges and makes it easier to assess and treat the patient. By easing pain, the patient remains more cooperative and comfortable during wound care and examinations, and the care team can work more effectively in a challenging environment. Analgesia does not directly treat infection, nor is its main job to stabilize vital signs (even though it can help stabilize them indirectly by reducing pain-induced stress), and it does not speed healing—healing is driven by wound care, infection control, and tissue repair.

9. In Tactical Combat Casualty Care training, which concept is identified as the most important?

A. Providing rapid transport regardless of bleeding

B. Monitoring vital signs every five minutes

C. Identifying and treating the leading causes of preventable death on the battlefield

D. Administering fluids to all casualties

Prioritizing the problems that kill soldiers on the battlefield and can be prevented with timely care is the central idea in Tactical Combat Casualty Care. The most important concept is quickly identifying and treating the leading causes of preventable death on the battlefield, especially severe hemorrhage, airway compromise, and life-threatening chest injuries. By recognizing these threats early and applying immediate interventions—controlling massive bleeding with tourniquets or hemostatic dressings, securing and maintaining an airway, and addressing chest injuries when present—the casualty's chances of survival are significantly improved before evacuation. This emphasis explains why the care sequence starts with bleeding control and airway management. Transporting a casualty rapidly is important, but it won't save lives if bleeding isn't controlled or an airway isn't secured. Monitoring vital signs at regular intervals is helpful, but it doesn't alter the immediate threats that most commonly cause death on the battlefield. Administering fluids to every casualty isn't appropriate and can worsen outcomes in bleeding patients, so it isn't the primary focus.

SAMPLE

10. What non-pharmacologic measure helps prevent DVT in limited-mobility casualties in the field?

A. Regular repositioning and early mobilization when feasible; use of compression devices if available

B. Daily anticoagulant pills

C. Complete bed rest

D. Frequent hot showers

Preventing venous thrombosis in immobilized casualties hinges on improving venous return and reducing venous stasis. The best nonpharmacologic approach is regular repositioning to relieve pressure and stimulate circulation, paired with early mobilization when feasible to activate the calf muscle pump. If available, compression devices provide external pressure that aids venous return and further reduces stasis when movement is limited. In field settings, these measures are favored because they carry no bleeding risk and can be applied with limited resources. Anticoagulant pills are pharmacologic, not nonpharmacologic, and may be used in appropriate settings but fall outside what this question asks. Complete bed rest increases venous stasis and clot risk, so it's not protective. Hot showers don't prevent DVT and aren't a standard preventive measure.

SAMPLE

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://armydeployedmed.examzify.com

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

SAMPLE