COMBAT LIFE SAVER 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. What is the name of the pad placed on a wound to absorb blood?

A. Dressing

B. Gauze

C. Padding

D. Wrap

2. What three indicators suggest that a nasopharyngeal airway should be inserted into a breathing casualty?

A. 1) Respiration rate is less than 2 breaths every 15 seconds; 2) Making snoring or gurgling sounds; 3) Unconscious

B. 1) Casualty is alert; 2) Breathing evenly; 3) No neck injury

C. 1) Agitated breathing; 2) Excessive coughing; 3) High pulse rate

D. 1) Chest trauma; 2) Low blood pressure; 3) Heavily bruised face

3. While treating a casualty under fire, which action can you perform before moving the casualty?

A. Administer pain relief

B. Apply a tourniquet to control severe bleeding

C. Begin CPR

D. Remove the casualty's helmet

4. What is a general rule when applying a splint to a casualty's limb?

A. Apply one cravat above and below the injury

B. Apply two cravats above and below the fracture

C. Apply a single cravat tightly around the injury

D. Apply padding only around the fracture site

5. Manual drags are primarily used to move a casualty over what distance?

A. Long distances

B. Medium distances

C. Very short distances

D. Safety zones only

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6. When elevating a casualty's legs to help control shock, when should you use another position?

A. If the casualty has a serious head injury

B. If the casualty has an open abdominal or chest wound

C. If the casualty is conscious and alert

D. If the casualty shows signs of fatigue

7. When checking if a casualty is breathing, how should you position him?

A. On his side

B. In a sitting position

C. On his back

D. Face down on the ground

8. Which of the following actions is NOT part of care under fire?

A. Returning fire to suppress enemy

B. Applying a tourniquet to control bleeding

C. Treating an open chest wound

D. Providing cover while moving the casualty

9. When treating a soldier with a fractured forearm where the bone is protruding, what action should you take?

A. Force the bone back into alignment

B. Apply a splint without realignment

C. Wrap the wound in cloth for protection

D. Seek immediate medical assistance

10. When preparing to lift a casualty on a litter, how should the litter bearers position themselves?

A. With hands on the litter

B. With their knees nearest the litter on the ground

C. Standing straight with arms extended

D. Facing opposite directions

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Answers

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

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Explanations

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1. What is the name of the pad placed on a wound to absorb blood?

A. Dressing

B. Gauze

C. Padding

D. Wrap

The pad placed on a wound to absorb blood is referred to as a dressing. Dressings serve several critical functions in wound management, including protecting the wound from contamination, providing a sterile environment, and promoting healing by absorbing exudate. They come in various materials and sizes, and their primary role is to aid in the healing process while preventing infection. While gauze can also be used in the context of absorbing blood, it is specifically a type of material that is often used within a dressing. Gauze might be a component of a dressing or used in initial wound care; however, a dressing encompasses a broader category that includes any absorbent or protective layer applied over a wound. Padding and wraps serve different purposes, typically related to cushioning or providing support to an injury rather than directly absorbing blood from an open wound. Thus, the term "dressing" most accurately describes the specific pad used for that purpose.

2. What three indicators suggest that a nasopharyngeal airway should be inserted into a breathing casualty?

A. 1) Respiration rate is less than 2 breaths every 15 seconds; 2) Making snoring or gurgling sounds; 3) Unconscious

B. 1) Casualty is alert; 2) Breathing evenly; 3) No neck injury

C. 1) Agitated breathing; 2) Excessive coughing; 3) High pulse rate

D. 1) Chest trauma; 2) Low blood pressure; 3) Heavily bruised face

The indicators that suggest a nasopharyngeal airway should be inserted into a breathing casualty focus on the airway's patency and the presence of obstructive signs. When a casualty is making snoring or gurgling sounds, it indicates that there is an obstruction in the airway, often caused by the tongue or secretions, which can lead to inadequate ventilation. Additionally, the casualty being unconscious means they do not have protective airway reflexes, increasing the risk of airway compromise. A respiration rate of less than 2 breaths every 15 seconds suggests that the casualty is struggling with adequate breathing, further underscoring the need for airway management. In contrast, the other options do not indicate a need for airway intervention. A casualty who is alert and breathing evenly is typically maintaining their airway effectively, while signs of agitation or excessive coughing might suggest respiratory distress but do not directly call for a nasopharyngeal airway insertion. Lastly, chest trauma, low blood pressure, or facial bruising, while indicative of serious injuries, do not specifically imply that the airway is compromised in a manner that necessitates the use of a nasopharyngeal airway. Thus, the correct scenario for inserting this airway involves the outlined unconscious state with obstructive breathing sounds

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3. While treating a casualty under fire, which action can you perform before moving the casualty?

A. Administer pain relief

B. Apply a tourniquet to control severe bleeding

C. Begin CPR

D. Remove the casualty's helmet

Applying a tourniquet to control severe bleeding is a crucial action that can be performed before moving a casualty under fire. When a casualty is experiencing life-threatening hemorrhaging, the application of a tourniquet mitigates the risk of death due to blood loss. It is important to address severe bleeding as rapidly as possible to stabilize the casualty and can often be done quickly, even in a chaotic environment. This action prioritizes the casualty's immediate life needs without exposing the rescuer unnecessarily to danger by moving the casualty before managing critical wounds. Once bleeding is controlled with a tourniquet, it may be safer to consider moving the casualty. Other actions, like administering pain relief or beginning CPR, may require more time or could compromise safety if the situation is still dangerous. Additionally, while it's crucial to create a safer environment for the casualty, removing the helmet is not a priority when severe bleeding is present, as it does not address the immediate life threat. Hence, controlling bleeding with a tourniquet is the right choice in this scenario.

4. What is a general rule when applying a splint to a casualty's limb?

A. Apply one cravat above and below the injury

B. Apply two cravats above and below the fracture

C. Apply a single cravat tightly around the injury

D. Apply padding only around the fracture site

Applying two cravats above and below the fracture is vital for ensuring stability and immobilization of the injured limb. This approach helps restrict movement at both the site of the injury and the adjacent joints, which is crucial for preventing further harm. By securing the splint above and below the fracture, you create a more stable environment for the injured area, thereby minimizing pain and reducing the risk of additional tissue damage. Using two cravats allows for proper distribution of pressure, improving the effectiveness of the splint and preventing the injury from worsening during transport. This technique also aids in maintaining alignment, which is important in the healing process. The application of cravats in this manner is a fundamental principle in first aid and emergency care for fractures.

5. Manual drags are primarily used to move a casualty over what distance?

A. Long distances

B. Medium distances

C. Very short distances

D. Safety zones only

Manual drags are primarily employed to move a casualty over very short distances due to the physical limitations and risks associated with dragging a person. When a casualty must be moved, especially in an emergency, the key considerations include minimizing injury to both the casualty and the rescuer. Manual dragging techniques typically involve moving the injured person quickly to a safer location or closer to medical assistance, which usually is within a short range. Moving a casualty over long or medium distances would require more extensive techniques and equipment to ensure both the safety of the injured individual and the effectiveness of the movement, as prolonged dragging can exacerbate injuries and fatigue the rescuer. Manual drags are not specifically designated for safety zones only, but rather for those immediate scenarios where a quick and limited relocation is necessary.

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6. When elevating a casualty's legs to help control shock, when should you use another position?

A. If the casualty has a serious head injury

B. If the casualty has an open abdominal or chest wound

C. If the casualty is conscious and alert

D. If the casualty shows signs of fatigue

Elevating a casualty's legs is a common practice to help manage shock by promoting blood flow to vital organs. However, specific circumstances may require avoiding this position. Using another position is particularly important if the casualty has an open abdominal or chest wound. Elevating the legs in this scenario could increase the risk of further complications, such as enhancing bleeding from the wound or complicating the casualty's breathing, especially in cases of chest trauma where airflow may already be compromised. By keeping the legs level or in a more appropriate position, the healthcare provider can better manage the casualty's condition while reducing the risk of exacerbating existing injuries. In contrast, certain other conditions, such as serious head injuries, consciousness levels, or signs of fatigue, may warrant cautious monitoring and alternative interventions but do not specifically contraindicate the elevation of legs in the same way as abdominal or chest wounds do.

7. When checking if a casualty is breathing, how should you position him?

A. On his side

B. In a sitting position

C. On his back

D. Face down on the ground

To assess if a casualty is breathing effectively, positioning them on their back is essential. This position allows for an unobstructed view of the chest to observe the rise and fall that indicates breathing. Additionally, lying flat on their back facilitates proper airway management, as it is easier to tilt the head back in this position to open the airway, especially in cases where there might be an obstruction. When a casualty is on their side, it might limit your ability to monitor their respiratory status adequately. Similarly, a sitting position may not provide a clear view of chest movement and can complicate airway access. Face down positioning severely restricts airflow and makes it impossible to check for breathing or perform any necessary interventions. Therefore, having the casualty on their back is the correct method for effectively determining respiration status.

8. Which of the following actions is NOT part of care under fire?

A. Returning fire to suppress enemy

B. Applying a tourniquet to control bleeding

C. Treating an open chest wound

D. Providing cover while moving the casualty

In a combat situation, "care under fire" refers to the actions taken by a caregiver while under enemy fire, prioritizing the safety of both the casualty and the caregiver. The primary focus during this phase is to ensure that the caregiver can effectively protect themselves and the casualty while also returning fire to defend against threats. Applying a tourniquet and providing cover while moving the casualty are critical actions that align with the principles of care under fire. Both involve immediate interventions to control life-threatening conditions while maintaining awareness of the ongoing danger from enemy combatants. Treating an open chest wound, on the other hand, typically requires a safer environment to minimize risk. This kind of intervention involves more intensive medical care and attention, which would be inappropriate to perform in the chaotic and dangerous environment of care under fire. Thus, this action does not fit within the scope of what is feasible or advisable during this high-risk scenario.

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9. When treating a soldier with a fractured forearm where the bone is protruding, what action should you take?

A. Force the bone back into alignment

B. Apply a splint without realignment

C. Wrap the wound in cloth for protection

D. Seek immediate medical assistance

Applying a splint without realignment is the appropriate action when treating a soldier with a fractured forearm that has a bone protruding. This condition is known as an open fracture, where the broken bone has breached the skin, increasing the risk of infection and further injury. In this situation, forcing the bone back into alignment could cause additional damage to the soft tissues, blood vessels, and nerves surrounding the fracture. It is crucial to avoid any manipulation that could exacerbate the injury or lead to complications. By applying a splint without attempting to realign the bone, you stabilize the fracture site, which helps prevent further movement and potential injury. The splint also provides support and reduces pain during transport to a medical facility. Additionally, it is essential to cover the wound with a clean cloth to protect it from contaminants, but the priority is to stabilize the fracture. Seeking immediate medical assistance is vital, but the act of applying a splint to immobilize the fracture should be done first to ensure the soldier's condition does not worsen while awaiting professional care.

10. When preparing to lift a casualty on a litter, how should the litter bearers position themselves?

A. With hands on the litter

B. With their knees nearest the litter on the ground

C. Standing straight with arms extended

D. Facing opposite directions

When preparing to lift a casualty on a litter, the proper positioning of the litter bearers is critical for ensuring both the safety of the casualty and the efficiency of the lift. Positioning themselves with their knees nearest to the litter on the ground is the correct approach. This stance allows bearers to maintain a low center of gravity, which stabilizes their bodies and provides strength when they lift. It also minimizes the risk of injury to the bearers, as kneeling reduces the strain on their backs compared to lifting from a standing position. Kneeling close to the litter enables the bearers to better control the litter during the lift and ensures that their bodies are aligned with the load. This is particularly important in a combat or emergency situation where strength, balance, and coordination are essential for a safe and effective transfer of a casualty. Proper technique not only enhances the bearers' lifting capability but also helps protect the casualty from unnecessary movement or jostling during the process.

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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://combatlifesaver.examzify.com

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

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