

FIELD MANUAL (FM) 4-25.11: FIRST AID ARMY BOARD PRACTICE EXAM (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. How should you treat a penetrating abdominal wound in the field?**
 - A. Apply direct pressure with a sterile dressing; do not remove any protruding tissue; evac promptly
 - B. Remove protruding tissue
 - C. Apply tourniquet around abdomen
 - D. Keep patient standing
- 2. What are the battlefield triage categories described with color codes?**
 - A. Red, Yellow, Green, Blue
 - B. Black, Red, Yellow, Green
 - C. Immediate (red), Delayed (yellow), Minimal (green), Expectant (black).
 - D. Urgent, Delayed, Minimal, Critical
- 3. COLD is a guideline for cold weather protection. Which of the following is NOT part of COLD?**
 - A. Keep it Clean
 - B. Avoid Overheating
 - C. Wear it Loose and in layers
 - D. Keep it Wet
- 4. What is the initial care for a large-area burn?**
 - A. Cool with running water, cover with sterile dressing, prevent infection, seek medical assistance for larger burns.
 - B. Apply butter and cover with cloth.
 - C. Apply ice directly.
 - D. Expose burn to air until pain subsides.
- 5. What is the unique feature of type 'O' blood?**
 - A. It cannot be typed
 - B. It is a universal recipient
 - C. It is a universal donor
 - D. It is the rarest type

- 6. Which symptom is commonly associated with heat stroke but not typical of heat cramps?**
- A. Cramping in the extremities.
 - B. Seizures.
 - C. Excessive sweating.
 - D. Headache.
- 7. If a patient shows confusion after a head injury, what is the recommended course of action?**
- A. Evacuate to a medical facility.
 - B. Let them rest without further assessment.
 - C. Force fluids immediately.
 - D. Apply ice to the head.
- 8. In a field setting, which step is essential in managing heat-related illness?**
- A. Remain in direct sun to acclimate.
 - B. Move to shade and increase hydration when safe.
 - C. Avoid cooling measures.
 - D. Withhold fluids.
- 9. AIDS is the end stage of HIV infection. Which statement best reflects this relationship?**
- A. AIDS is the end stage of HIV infection
 - B. AIDS is a separate, unrelated disease
 - C. HIV is cured by AIDS
 - D. AIDS strengthens the immune system
- 10. Which sign indicates an open fracture?**
- A. Bleeding
 - B. Bones sticking through the skin
 - C. Check for pulse
 - D. Swelling

Answers

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

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Explanations

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1. How should you treat a penetrating abdominal wound in the field?

- A. Apply direct pressure with a sterile dressing; do not remove any protruding tissue; evac promptly
- B. Remove protruding tissue
- C. Apply tourniquet around abdomen
- D. Keep patient standing

Penetrating abdominal wounds require rapid control of bleeding and protection of any exposed tissue while ensuring quick transport to surgical care. The best approach is to apply direct pressure with a sterile dressing to control bleeding, and if tissue is protruding, do not remove or replace it. Instead cover the protruding tissue with sterile, moist dressings to keep it moist and reduce contamination, then evacuate promptly. This minimizes blood loss and infection risk and gets the patient to definitive care quickly. A tourniquet around the abdomen isn't indicated, and keeping the patient standing can worsen bleeding and shock.

2. What are the battlefield triage categories described with color codes?

- A. Red, Yellow, Green, Blue
- B. Black, Red, Yellow, Green
- C. Immediate (red), Delayed (yellow), Minimal (green), Expectant (black).
- D. Urgent, Delayed, Minimal, Critical

Battlefield triage groups casualties by urgency using color tags so medics can act fast under stress. The standard four categories are Immediate for those needing life-saving care right away (red), Delayed for those who can wait a bit (yellow), Minimal for minor injuries that require little or no care right now (green), and Expectant for those unlikely to survive given the situation and resources (black). This exact red/yellow/green/black scheme with those meanings is what military first-aid practice manuals teach for field triage. Other options either use colors not part of battlefield triage or replace color codes with nonstandard terms, so they don't match the recognized system.

3. COLD is a guideline for cold weather protection. Which of the following is NOT part of COLD?

- A. Keep it Clean
- B. Avoid Overheating
- C. Wear it Loose and in layers
- D. Keep it Wet

The concept being tested is staying warm in cold weather using the COLD guideline, which emphasizes keeping clothing dry, staying clean, avoiding overheating, and wearing loose layers. Keep it Wet does not fit because the goal is to stay dry; moisture in clothing conducts heat away from the body and reduces the insulating effectiveness of layers, increasing the risk of hypothermia. The other parts fit because keeping clothes clean supports skin health and comfort; avoiding overheating helps prevent sweat that dampens insulation; and wearing it loose and in layers creates trapped air for insulation and lets you adjust as conditions change.

4. What is the initial care for a large-area burn?

- A. Cool with running water, cover with sterile dressing, prevent infection, seek medical assistance for larger burns.
- B. Apply butter and cover with cloth.
- C. Apply ice directly.
- D. Expose burn to air until pain subsides.

Cooling the burn with running water stops heat transfer and helps limit tissue damage, and it also eases pain. After cooling, protect the wound with a clean, sterile dressing to keep out dirt and reduce infection risk. For large-area burns, medical care is important because extensive burns can lead to fluid loss, infection, and other serious complications; seek professional help promptly or transport the person to a medical facility. Avoid applying ice, butter, or ointments, and keep the burn covered rather than exposed to air for extended periods.

5. What is the unique feature of type 'O' blood?

- A. It cannot be typed
- B. It is a universal recipient
- C. It is a universal donor
- D. It is the rarest type

The key idea is blood type compatibility and why one type is called the universal donor for red blood cells. Type O red blood cells have no A or B antigens on their surface, so a recipient's anti-A and anti-B antibodies won't attack them. That means type O blood can be given to patients of any ABO type during emergencies, especially when the patient's blood type isn't known. In practice, the universal donor for red blood cells is type O negative, which also lacks the Rh antigen, making it safe for all recipients in urgent situations. It's helpful to remember that this universality applies to red blood cells; for plasma transfusions, type AB is the universal donor because type O plasma contains anti-A and anti-B antibodies that can cause reactions. The other statements aren't accurate: blood can be typed and isn't universally recipient, and AB is not less common universally, while O is not the rarest type.

6. Which symptom is commonly associated with heat stroke but not typical of heat cramps?

- A. Cramping in the extremities.
- B. Seizures.
- C. Excessive sweating.
- D. Headache.

Seizures reflect central nervous system involvement from heat stroke. When the body overheats, the brain can become dysfunctional, leading to signs such as confusion, loss of consciousness, or seizures. Heat cramps are caused by fluid and electrolyte imbalances and muscle overuse; they produce painful muscle cramps without affecting brain function. While cramping, sweating, and headaches can occur in both conditions, seizures are characteristic of heat stroke and not typical of heat cramps. This is why seizures are the best answer. If a person shows signs of heat stroke, including possible seizures, seek urgent medical help and begin cooling measures immediately.

7. If a patient shows confusion after a head injury, what is the recommended course of action?

- A. Evacuate to a medical facility.**
- B. Let them rest without further assessment.
- C. Force fluids immediately.
- D. Apply ice to the head.

Confusion after a head injury signals a possible brain injury, and such conditions can deteriorate quickly. The safest and most appropriate action is to evac the person to a medical facility where a clinician can perform a proper evaluation, monitor for signs of bleeding or swelling, and determine if imaging or treatment is needed. Resting at home without assessment can miss a serious problem, and delaying care increases risk of complications. Giving fluids immediately isn't helpful for a potential brain injury and can be risky if vomiting or airway issues arise, and applying ice to the head addresses surface swelling rather than a brain injury, potentially delaying necessary medical care. If you're assisting, keep the person safe, monitor for changes in mental status, and arrange prompt transfer to medical care.

8. In a field setting, which step is essential in managing heat-related illness?

- A. Remain in direct sun to acclimate.
- B. Move to shade and increase hydration when safe.**
- C. Avoid cooling measures.
- D. Withhold fluids.

In heat-related illness, the first priority in the field is to reduce heat load and restore fluid balance. Moving the person to shade and increasing hydration when it's safe to do so achieves both. Shade lowers radiant heat exposure and helps the body dissipate heat more effectively, while fluids replace what's been lost through sweating, support blood flow, and aid temperature regulation. If the person can drink, offer small sips of water or an oral rehydration solution; monitor for signs that they cannot drink or are deteriorating and seek medical help as needed. Staying in direct sun to acclimate only increases heat exposure and can worsen symptoms. Avoiding cooling measures or withholding fluids would worsen the condition and impede recovery.

9. AIDS is the end stage of HIV infection. Which statement best reflects this relationship?

- A. AIDS is the end stage of HIV infection**
- B. AIDS is a separate, unrelated disease
- C. HIV is cured by AIDS
- D. AIDS strengthens the immune system

Understanding this relationship starts with recognizing that HIV is the virus that attacks the body's immune defenses, and AIDS is the most advanced stage that results from long-standing HIV infection. AIDS isn't a separate disease or something that cures HIV; it reflects a severely weakened immune system. Clinically, AIDS is diagnosed when the immune system has deteriorated enough (for example, a very low CD4 count or the presence of certain opportunistic infections or cancers), signaling the end stage of HIV infection. Effective treatment can suppress HIV and prevent or delay progression to AIDS, but once AIDS develops, the body's defense against infections is greatly compromised.

10. Which sign indicates an open fracture?

- A. Bleeding
- B. Bones sticking through the skin**
- C. Check for pulse
- D. Swelling

An open fracture is shown when bone ends are visible through an opening in the skin. That direct exposure confirms the bone has broken through the skin, which markedly increases infection risk and indicates more serious tissue damage. Immediate steps focus on protecting the wound and stabilizing the limb: call for medical help, apply direct pressure with a clean dressing to control bleeding, cover the exposed bone with a sterile (preferably moist) dressing, avoid pushing the bone back in, and immobilize the limb with a rigid splint to limit movement. Keep the person calm, warm, and still, and monitor for signs of shock while awaiting professional care.

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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://fm42511firstaid.examzify.com>

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

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