PCC FIELD MEDICAL TRAINING BATTALION – WEST (FMTB-W) BLOCK 4 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://pccfmtbwblock4.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 15

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. Where is the recommended needle decompression site for adults?

A. Second intercostal space at the midclavicular line (left or right side)

B. Fourth intercostal space at the anterior axillary line

C. First intercostal space at the midclavicular line

D. Third intercostal space at the midclavicular line

2. Which of the following signs is consistent with hypovolemic shock in a trauma casualty?

A. Tachycardia

B. Hypotension

C. All of the above

D. Altered mental status

3. Which action best aligns with immediate management for a patient with abdominal evisceration after injury?

A. Administer 1 L 0.9% normal saline bolus

B. Apply a tight compression wrap over the abdomen

C. Reposition the patient to supine after imaging

D. Remove any protruding tissue gently

4. As the PCC team lead on deployment, which two requirements are critical to ensure nursing care is scheduled appropriately and divided amongst the care team?

A. 24-hour care checklist and cross-training

B. Shift rotations and handoffs

C. Documentation and equipment checks

D. Patient census and triage protocol

5. What basic steps should be taken if a casualty is suspected of CBRN exposure?

A. Remove from hazard

B. Decontaminate with water if possible

C. Limit exposure

D. All of the above

SAMPLE

6. During wound care, which infection-control measures should be used together to minimize cross-contamination?

A. Sterile technique and gloves only

B. PPE, hand hygiene only

C. Use sterile technique, PPE, hand hygiene, wound cleaning, and minimize cross-contamination

D. Never clean wounds

7. Which action is not recommended in open globe injury management?

A. Do not apply pressure on the eye

B. Cover with protective shield

C. Evacuate

D. Irrigate the eye vigorously

8. Poikilothermia refers to the limb temperature doing what relative to the environment?

A. Matching ambient temperature

B. Raising above ambient

C. Lowering below ambient

D. Remains unchanged

9. What is the first priority when arriving on a casualty scene?

A. Document the scene.

B. Wait for additional medics before acting.

C. Immediately begin airway management.

D. Ensure scene safety for yourself, the casualty, and bystanders; assess threats; then begin treatment.

10. Which of the following is not one of the six P's used to describe burn-related tissue perfusion?

A. Pain

B. Pallor

C. Pus

D. Pulselessness

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Where is the recommended needle decompression site for adults?

A. Second intercostal space at the midclavicular line (left or right side)

B. Fourth intercostal space at the anterior axillary line

C. First intercostal space at the midclavicular line

D. Third intercostal space at the midclavicular line

In adults, needle decompression is performed to rapidly vent air from a tension pneumothorax, and the preferred site is the second intercostal space at the midclavicular line on the affected side. This location gives quick and reliable access to the apex of the pleural space and is straightforward to locate even in a distressed patient. Insert the needle just above the upper border of the rib to avoid the intercostal neurovascular bundle along the inferior rib edge, and advance until you feel a loss of resistance or hear air escape, signaling entry into the pleural space. The other commonly discussed spots are less ideal for immediate decompression: the fourth intercostal space at the anterior axillary line is typically used for chest tube placement, not initial needle decompression; the first intercostal space at the midclavicular line is too superior and risks injury to mediastinal structures; the third intercostal space at the midclavicular line is not the standard landmark for this emergency procedure.

2. Which of the following signs is consistent with hypovolemic shock in a trauma casualty?

A. Tachycardia

B. Hypotension

C. All of the above

D. Altered mental status

Hypovolemic shock from trauma comes from losing a lot of blood, so the body's response includes several coordinated signs. First, the sympathetic system drives the heart faster to push blood where it's still needed, so tachycardia is a common early sign. As the circulating volume drops, there isn't enough blood to maintain normal pressure, so blood pressure falls—hypotension becomes evident as the injury bleeds on. With less blood reaching the brain, mental status changes such as confusion or disorientation occur. In a trauma casualty, you often see this combination of rapid pulse, low blood pressure, and altered mental status together, which is why the option describing all of these signs is the best match for hypovolemic shock.

3. Which action best aligns with immediate management for a patient with abdominal evisceration after injury?

A. Administer 1 L 0.9% normal saline bolus

B. Apply a tight compression wrap over the abdomen

C. Reposition the patient to supine after imaging

D. Remove any protruding tissue gently

Stabilizing circulation right away is the priority when abdominal contents are exposed. Giving an isotonic IV fluid bolus helps restore and maintain perfusion to vital organs, which is crucial in the immediate management of this injury. Starting IV fluids supports blood pressure and helps prevent or treat hypovolemia while you arrange rapid transport and ongoing protection of the protruding tissue (keep it moist with sterile dressings). Avoid compressing the abdomen with a tight wrap, which can cut off blood flow and worsen injury. Repositioning after imaging isn't part of the immediate field management for an actively injured patient, and you should not try to replace or remove any protruding tissue; instead, keep it clean and moist and transport promptly.

SAMPLE

4. As the PCC team lead on deployment, which two requirements are critical to ensure nursing care is scheduled appropriately and divided amongst the care team?

A. 24-hour care checklist and cross-training

B. Shift rotations and handoffs

C. Documentation and equipment checks

D. Patient census and triage protocol

Coordinating nursing care around the clock requires both a clear plan for what needs to be done and a flexible team able to perform those tasks. A 24-hour care checklist provides a complete, hour-by-hour map of routine tasks and responsibilities, so you can schedule who does what across all shifts and ensure nothing is missed. It establishes consistency and accountability, turning care into a structured workflow rather than a series of ad hoc actions. Cross-training is the element that makes that schedule practical. When team members are trained to perform a broader set of tasks, you're not limited to a single person for critical duties. That flexibility lets you rotate workloads, cover variations in patient needs, and maintain balance among the care team. In deployment, this combination—a thorough 24-hour checklist plus cross-trained staff—ensures nursing care is both properly timed and evenly distributed, even as staffing or patient loads change. Other options focus on safety checks, prioritization, or handoffs, which are important but don't by themselves guarantee how care is scheduled or how the workload is divided across the team.

5. What basic steps should be taken if a casualty is suspected of CBRN exposure?

A. Remove from hazard

B. Decontaminate with water if possible

C. Limit exposure

D. All of the above

In suspected CBRN exposure, the priority is to reduce dose and prevent spread while beginning care. Removing the casualty from the hazard is essential to stop ongoing exposure and prevent further absorption. If possible, decontamination with water should be performed to wash away contaminants on skin and clothing, reducing the risk of secondary contamination and further absorption. Limiting exposure is also crucial—shorten the time spent near the hazard, maintain distance, and use shielding as available to protect others and reduce the dose received. These steps together cover stopping ongoing exposure, removing contamination, and protecting others, which is why all of the above is the best approach. Even when one step isn't fully possible, applying the others still helps minimize risk and enables safer, more effective care.

SAMPLE

6. During wound care, which infection-control measures should be used together to minimize cross-contamination?

A. Sterile technique and gloves only

B. PPE, hand hygiene only

C. Use sterile technique, PPE, hand hygiene, wound cleaning, and minimize cross-contamination

D. Never clean wounds

Preventing infection during wound care relies on applying all standard infection-control practices together to break the chain of transmission. Sterile technique helps maintain a sterile field whenever the wound or any invasive component is involved, which reduces the chance of introducing new pathogens. PPE provides a protective barrier between you and the patient, guarding both parties from exposure to infectious material. Hand hygiene before and after touching the patient and after removing gloves is the single most effective step to remove microbes and prevent transfer. Wound cleaning lowers the microbial load in the wound area, helping to prevent infection and promote healing. Minimizing cross-contamination covers proper handling of supplies and contaminated materials, ensuring you don't spread organisms within the care environment. All of these measures together form the most effective approach to prevent cross-contamination during wound care. Omitting any one of them creates gaps—sterile technique without hand hygiene or wound cleaning, for example, leaves room for organisms to be transferred; PPE alone doesn't address the need to clean the wound or maintain a sterile field; never cleaning wounds is unsafe and increases infection risk.

7. Which action is not recommended in open globe injury management?

A. Do not apply pressure on the eye

B. Cover with protective shield

C. Evacuate

D. Irrigate the eye vigorously

In open globe injuries the priority is to prevent any further damage to the eye by minimizing pressure and movement, while getting the patient to specialized care for surgical repair. Covering the eye with a protective shield is the best action because it shields the eye from accidental touch or trauma without applying pressure. Evacuation to a facility capable of definitive repair is essential and appropriate, as time matters in these injuries. Do not apply pressure on the eye, since even gentle pressure can propagate rupture or push intraocular contents out. Vigorous irrigation of the eye is not advised in this scenario because the force can increase pressure inside the eye and worsen extrusion of contents or spread contaminants; irrigation is typically reserved for chemical burns, not open globe injuries.

8. Poikilothermia refers to the limb temperature doing what relative to the environment?

A. Matching ambient temperature

B. Raising above ambient

C. Lowering below ambient

D. Remains unchanged

Poikilothermia means a body part cannot regulate its temperature independently, so its temperature tracks the surrounding environment. The limb will warm up or cool down in step with ambient conditions rather than maintaining its own warmth. That's why matching ambient temperature is the correct description. If the limb stayed the same as core temperature or stayed notably warmer or cooler than the surroundings, it would imply some level of thermoregulation or abnormal heat retention or loss, which isn't characteristic of poikilothermia.

SAMPLE

9. What is the first priority when arriving on a casualty scene?

A. Document the scene.

B. Wait for additional medics before acting.

C. Immediately begin airway management.

D. Ensure scene safety for yourself, the casualty, and bystanders; assess threats; then begin treatment.

The main idea here is that safety comes first at a casualty scene. Before you do anything to help, you must ensure the scene is safe for you, the casualty, and bystanders. Quickly scan for hazards like fire, moving traffic, unstable structures, weapons, or hazardous substances, and establish a safe approach or call for help if needed. If there are ongoing threats, address or mitigate them and wait only as necessary for security or additional resources. Once the environment is safe, you can assess the casualty and begin treatment, starting with the most life-threatening needs. Documentation or waiting for more medics before acting would delay care, and attempting airway management without first ensuring safety risks everyone's well-being.

10. Which of the following is not one of the six P's used to describe burn-related tissue perfusion?

A. Pain

B. Pallor

C. Pus

D. Pulselessness

The question tests your ability to identify signs that indicate tissue perfusion in burn injuries. In burn care, clinicians look for the six Ps that reflect how well the affected tissue is being perfused: Pain, Pallor, Paresthesia, Paralysis, Pulselessness, and Poikilothermia. These signs help gauge arterial flow and nerve function in the burned area, guiding urgent decisions about escalation of care. Pain and pallor are direct clues about perfusion; a limb that is severely deprived of blood may be painful or pale. Pulselessness points to a lack of arterial flow, which is a red flag for potential limb-threatening ischemia. Paresthesia and paralysis indicate nerve and motor compromise from poor perfusion, while Poikilothermia (the limb taking on the temperature of the environment) reflects diminished blood flow. Pus does not fit into this set. It signals infection or wound contamination, not the current perfusion status of the tissue. While infection is important to manage, it's separate from the immediate signs of blood flow and perfusion described by the six Ps.

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://pccfmtbwblock4.examzify.com

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

SAMPLE