The intent of this training workbook is to assist commanders and candidates alike in preparing for the EFMB Written Test. It is not intended to replace the actual references for EFMB, but be used to augment them for training purposes. Where the information presented herein conflicts with that of the original publication, because of revision, omissions, mistakes, or misspells, the original publication takes precedence.
The Expert Field Medical Badge (EFMB) was designed as a special skill award for recognition of exceptional competence and outstanding performance by field medical personnel and approved by the Department of the Army on 18 June 1965. The Expert Field Medical Badge may be awarded to all officers assigned or detailed to an Army Medical Department (AMEDD) corps; Army officers in training at the Uniformed Services University of the Health Sciences; Army officers enrolled in the Health Professions Scholarship Program; warrant officers who have an AMEDD primary Military Occupational Specialty (MOS) controlled by The Surgeon General; warrant officer pilots that have a special qualification identifier "D" (Aeromedical Evacuation Pilot) and are assigned to an air ambulance unit; and enlisted personnel who have an AMEDD primary MOS or MOS 18D, this includes all MOSs in the Career Management Field (CMF) 68.
FORWARD

The Expert Field Medical Badge (EFMB) is the mark of a professional; one who cares and has taken it upon himself to demonstrate that he possesses the skills required to be identified as an expert. History has often validated that the course of the battle is influenced more by the health of the Soldier than by strategy or tactics. The proud tradition of the EFMB is one of the major factors in conserving the fighting strength.

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AMEDDC&S Pam 350-10 (Expert Field Medical Badge Test) standardizes EFMB requirements and testing procedures. It also prescribes new, standardized, written, and specific performance tests. The written test consists of 60 questions. One and half hours are allowed for the test. To pass, candidates must correctly answer a minimum of 45 questions.

There are four references for the EFMB Written Test: Unit Field Sanitation Team (FM 4-25.12), Medical Support to Detainee Operations (FMI 4-02.46), Soldier’s Manual of Common Tasks Skill Level 1 (STP 21-1-SMCT), and Soldier’s Manual and Trainer’s Guide, MOS 68W Health Care Specialist (Skill level 1 tasks only)( STP 8-68W13-SM-TG). The EFMB Written Test is created from these references not this training workbook! In addition to intense training for the didactical and "hands-on" portions of the test, a rigorous physical training program is vital to each candidate's successful completion of the test.

The EFMB Test Control Offices' website also provides links to the above stated references and has up to date information on the EFMB Program. It should be checked for updates and is located at: https://www.us.army.mil/suite/page/140048

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

The use of trade names or trademarks in this publication is for illustrative purposes only. Their use does not imply endorsement by the Department of Defense.
EFMB Written Test Training Workbook Overview

The EFMB Written Test Training Workbook is comprised of various training aids to assist prospective EFMB candidates in preparing for the EFMB Written Test. It is also designed to be utilized during organized EFMB Train-Ups. The training workbook was created by the EFMB Test Control Office to assist with studying the actual references and is not designed to replace them.

There are five different applications that are included throughout this workbook. The answer keys for each exercise are located at the back of this workbook.

Matching Quiz
Place the letter of the matching description from the right column on the line in front of the number of the left column.

Fill-in-the-Blanks Quiz
Fill in the blank with the term or description that is described. There can be more than one word for the blank. This is a great review tool for use towards the end of an EFMB training program. The candidate must recall the answer through memory.

Crossword Puzzle
Find the word that answers the description and write it in the corresponding place in the puzzle.

Word Jumble
The definition is given and the answer has been mixed up. Rearrange the given letters provided to reveal the correct answer.

Word Search
Words are placed forward, backwards, diagonally, up, and down. Clues are listed below the puzzle to help you identify and thus find the words. Circle the hidden vocabulary words in the puzzle.

Also available on the EFMB Website are jeopardy slides. The information included in these training aids relates directly with the information provided within this workbook.

Candidates should check the EFMB Website for updates to EFMB Written Test References and ensure there have been no updates to this publication. The EFMB TCO Website is located on AKO at https://www.us.army.mil/suite/page/140048
THE EXPERT FIELD MEDICAL BADGE (EFMB)
WRITTEN TEST WORKBOOK

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FM 4-25.12
Unit Field Sanitation Team
Reference Dated: 25 January 2002
ACROSS
1. Provides the second stage for water treatment after it is processed through the multimedia filter
2. Most serious overall threat during current day operations
3. Personnel responsible for inspecting waste facilities and methods of operation
4. Device that is provided outside latrine enclosures and in the food service area
5. A process of killing infectious agents outside the body by direct exposure to chemical or physical agents
6. Latrine that is dug approximately 1-foot deep and is completely covered and packed down after use
7. Washed, rinsed, sanitized, and properly stored after each use

DOWN
1. Preferred human waste disposal devices
2. To ensure that team members understand their roles and responsibilities
3. Must be clean and completely enclosed
4. Number of Soldier within the FST
5. ARE prohibited in the field food service
6. Method is used when disinfecting compounds are not available
7. Temperature between 41°F (5°C) and 139°F (59°C)
8. Leading cause of combat ineffectiveness
9. Primary source of disease and food contamination
10. is responsible for appointing, training, and equipping the FST within unit
11. Water flows through the semi permeable membrane from lower to higher concentration of matter
1. ______________ waste disposal becomes a problem for both the individual and the unit in the field.

2. In temporary bivouac areas, the ______________ ______________ latrine is used unless more permanent facilities are provided for the unit.

3. The numbers of latrines are based on one commode or urinal per ______ male Soldiers and one commode per ______ female Soldiers.

4. ______________ are so constructed to prevent the contamination of food and water.

5. To construct a __________ __________, an oil drum is cut in half, and handles are welded to the sides of the half drum for easy carrying.

6. Three rodent species have associated themselves with man for their primary requirements of food and shelter. These are the __________ __________, the __________ __________, and the __________ __________.

7. The straddle trench latrine is dug ______ wide, ______ deep, and ______ long.

8. ______________ is disposed of by burial or incineration

9. Garbage must not be buried within ______ feet of any natural source of water.

10. The ______________ ______________ waste is disposed of in the soil by means of soakage pits at or near the place where it is produced.

11. In a hot, dry climate where heavy clay soil prevents the use of ______________ ______________, evaporation beds may be required.

12. In addition to disease transmission, ______________ can cause direct injuries to man.

13. The ______________ of ticks and mites are designed to anchor their bodies to the host.

14. Diseases transmitted to man by ______________ are some of the most serious known to man.

15. ______________ is a serious disease that occurs most commonly in tropical and semitropical regions.

16. ______________ ______________ is a viral disease transmitted by the aedes mosquito.

17. Use of the aerosol ______________ is the last line of defense

18. The ideal location for a bivouac site is on high, well-drained ground at least ______ mile from breeding sites of flies and mosquitoes and ______ mile from native habitations.

19. The best strategy for defense against insects and other disease-bearing arthropods is use of the ______________ ______________ ______________

20. The repellent for personal use, applied directly to the skin, is ______ percent DEET which provides protection against mosquitoes, other biting Diptera, and fleas and is relatively effective against ticks and chiggers.
1. Exposure to a high environmental temperature produces this on the body
2. These two things impair the body’s heat-lossing mechanisms
3. Direct blood flow to the digestive tract.
4. Inhibit sweating, such as atropine and antihistamines
5. Three distinct clinical syndromes of heat injury
6. Involves the development of procedures to alert individuals to the existence of dangerous heat stress levels
7. Increased by the gradual acclimatization of individuals to hot environments
8. The human body is highly dependent on this to cool itself in a hot environment
9. This must be tailored to fit the climate, the physical condition of personnel, and the military situation
10. This must be reduced at high temperatures when dehydration resulting from excess sweating and lack of water replacement occurs.
11. This can cause heat injury at even lower temperatures, especially if body armor or vapor impermeable protective clothing is worn
12. This reduces the exposure of the body surface to solar radiation
13. This will establish the work/rest cycles and the amount of water consumption to minimize heat injuries.
14. Defined as tissue injury produced by exposure to cold
15. This results from intermittent exposure to temperatures above freezing, in high humidity.
1. Results from prolonged exposure, usually more than 12 hours, in water at temperatures usually below 50°F (10°C)

MOREMOSFLINTO

2. Results from prolonged exposure to cold and usually wetness at temperatures from just above freezing to 50°F (10°C).

CTORTOHENF

3. Is produced by exposure at temperatures of freezing or below.

ROSETBFIT

4. This is an acute problem resulting from prolonged cold exposure and body heat loss.

HOMEPENRAYHEALRIGT

5. This is a predominant factor in cold injury

HEWATER
## CHAPTER 2

**COMPLETE THE TABLE**

<table>
<thead>
<tr>
<th>WBGT INDEX F</th>
<th>MODERATE WORK</th>
<th>HARD WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WORK/REST</td>
<td>WATER INTAKE QT/HR</td>
</tr>
<tr>
<td>1</td>
<td>78-81.9</td>
<td>NO LIMIT ½</td>
</tr>
<tr>
<td>2 (________)</td>
<td>NO LIMIT ½</td>
<td>50/10 MIN ⅔</td>
</tr>
<tr>
<td>3 (________)</td>
<td>NO LIMIT ⅔</td>
<td>40/20 MIN ⅔</td>
</tr>
<tr>
<td>4 (________)</td>
<td>NO LIMIT ¾</td>
<td>30/30 MIN 20/40 MIN 1</td>
</tr>
<tr>
<td>5 (________)</td>
<td>&gt;90 20/40 MIN 1</td>
<td>10/50 MIN 1</td>
</tr>
</tbody>
</table>

This table may be used as a guide to estimate the drinking water requirements for personnel exposed to heat. This table should be used for planning and procurement purposes only and should not be used as a yardstick for water intake of any individual.

Fill in the blanks correctly with the information provided below.

1. **YELLOW**
2. 1
3. **BLACK**
4. **NO LIMIT**
5. **EASY WORK**
6. **GREEN**
7. 1
8. **82-84.9**
9. **NO LIMIT**
10. **40/20 MIN**
11. **50/10 MIN**
12. **RED**
13. **30/30 MIN**
14. **HEAT CATEGORY**
15. ¾
**CHAPTER 1 & 2**

<table>
<thead>
<tr>
<th>Review</th>
<th>Terms and Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Potable Water</td>
</tr>
<tr>
<td></td>
<td>A water treatment process that uses chlorine or a chlorine compound</td>
</tr>
<tr>
<td>2</td>
<td>Disinfection</td>
</tr>
<tr>
<td></td>
<td>B For cold weather combat has been designed to be worn as an ensemble for protecting the head, torso, and extremities.</td>
</tr>
<tr>
<td>3</td>
<td>Chlorine Residual</td>
</tr>
<tr>
<td></td>
<td>C The total amount of free available chlorine (FAC) or chlorine compound added to a given amount of water.</td>
</tr>
<tr>
<td>4</td>
<td>Parts per Million</td>
</tr>
<tr>
<td></td>
<td>D Water that is fit for humans to drink.</td>
</tr>
<tr>
<td>5</td>
<td>Water Treatment</td>
</tr>
<tr>
<td></td>
<td>E The amount of FAC that is used or consumed by substances in the water before a chlorine residual develops.</td>
</tr>
<tr>
<td>6</td>
<td>Chlorination</td>
</tr>
<tr>
<td></td>
<td>F The amount of FAC left after chlorination has taken place</td>
</tr>
<tr>
<td>7</td>
<td>Dermatitis</td>
</tr>
<tr>
<td></td>
<td>G Contributes to cold injury because as personnel become exhausted they fail to carry out simple preventive measures</td>
</tr>
<tr>
<td>8</td>
<td>Toxic industrial</td>
</tr>
<tr>
<td></td>
<td>H Water that has an agreeable taste and odor.</td>
</tr>
<tr>
<td>9</td>
<td>Chlorine Demand</td>
</tr>
<tr>
<td></td>
<td>I The most common occupational disease seen</td>
</tr>
<tr>
<td>10</td>
<td>Mist</td>
</tr>
<tr>
<td></td>
<td>J Gaseous form of substances which are normally in a solid or liquid state at normal room temperature and pressure.</td>
</tr>
<tr>
<td>11</td>
<td>Irritants</td>
</tr>
<tr>
<td></td>
<td>K Suspended liquid droplets generated by condensation from the gaseous to the liquid state or by a liquid breaking up</td>
</tr>
<tr>
<td>12</td>
<td>Clothing</td>
</tr>
<tr>
<td></td>
<td>L Solid particles generated by handling, crushing, grinding, impacting, detonating, and decrepitating materials.</td>
</tr>
<tr>
<td>13</td>
<td>Vapor</td>
</tr>
<tr>
<td></td>
<td>M Procedures that are used to change the chemical, physical, or microbiological quality of water</td>
</tr>
<tr>
<td>14</td>
<td>Asphyxiants</td>
</tr>
<tr>
<td></td>
<td>N A measure of concentration. One part per million (ppm) of chlorine means one part chlorine in 1,000,000 parts of water.</td>
</tr>
<tr>
<td>15</td>
<td>Chlorine Dosage</td>
</tr>
<tr>
<td></td>
<td>O Chemicals are classified according to their physical state or chemical characteristics.</td>
</tr>
<tr>
<td>16</td>
<td>Palatable Water</td>
</tr>
<tr>
<td></td>
<td>P Airborne dispersion consisting of minute solid particles arising from heating a solid such as lead.</td>
</tr>
<tr>
<td>17</td>
<td>Fume</td>
</tr>
<tr>
<td></td>
<td>Q These materials cause inflammation of mucous membranes with which they come in contact.</td>
</tr>
<tr>
<td>18</td>
<td>Systemic poisons</td>
</tr>
<tr>
<td></td>
<td>R Materials that deprive the respiratory tissues of oxygen; they do not damage the lungs</td>
</tr>
<tr>
<td>19</td>
<td>Dust</td>
</tr>
<tr>
<td></td>
<td>S A process of killing infectious agents outside the body by direct exposure to chemical or physical agents</td>
</tr>
<tr>
<td>20</td>
<td>Fatigue</td>
</tr>
<tr>
<td></td>
<td>T These materials cause damage to internal organs such as the liver, kidney, central nervous system, or the cardiovascular system</td>
</tr>
</tbody>
</table>
Quiz

1. What is the work/rest cycle during HEATCAT 4 when conducting hard work?

   A. 30/30 MIN  
   B. 20/40 MIN  
   C. 10/50 MIN  
   D. 40/20 MIN

2. Which of the following results from prolonged exposure to cold and usually wetness at temperatures from just above freezing to 50°F (10°C)?

   A. Immersion foot  
   B. Frostbite  
   C. Trench foot  
   D. General hypothermia

3. The numbers of latrines are based on one commode or urinal per _______ male soldiers and one commode per _______ female soldiers.

   A. 25/17  
   B. 17/25  
   C. 30/15  
   D. 15/30

4. Which of the following is the process of killing infectious agents outside the body by direct exposure to chemical or physical agents?

   A. Chlorination  
   B. Disinfection  
   C. Systemic poisons  
   D. Palatable Water

5. Which one of the following is not one of the three distinct clinical syndromes of heat injury?

   A. Heat cramps  
   B. Sun burn  
   C. Heat exhaustion  
   D. Heatstroke
FMI 4-02.46
MEDICAL SUPPORT TO DETAINEE OPERATIONS
Reference Dated: November 2007
CROSSWORD PUZZLE

1. Person that is interned during armed conflict or occupation for security reasons
2. Historically, it has been used to extract tactical information from an uncooperative EPW
3. Personnel engaged in hostilities against the US or its multinational partners during an armed conflict
4. May include spies, saboteurs, or civilians who are participating in hostilities
5. Concern the victims of war or armed conflict
6. The conduct of armed hostilities on land and sea is regulated by
7. “To spare, not to attack,” (According to first paragraph of Article 12, GWS)
8. The abuse of any sexual activity to which the individual does not consent or is incapable of consenting
9. Personnel can included Health care personnel, chaplains, or staff of national Red Cross societies

ACROSS
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DOWN
1. These individuals wear a fixed distinctive sign recognizable at a distance and abide by the laws of war
2. Concerns the methods and means of warfare
3. “To come to someone’s defense, to lend help and support.” (According to first paragraph of Article 12, GWS)
4. Physical exam that evaluates and documents medical injury and/or trauma and reviews a detainee’s overall health
5. Will not have access to medical records except as needed to maintain safe, legal, and ethical interrogations
6. Involves slapping, hitting, bruising, beating, or any other intentional act that causes someone physical pain, injury, or suffering
7. Medical necessity and conforms to existing standards of health care is not considered physical mutilation and therefore not prohibited
8. Abuse that involves threatening, humiliating, and causing emotional pain, or anguish; can be verbal or nonverbal
1. The four “Ps” of abuse prevention are:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>has a command philosophy that places honor and dignity at the top of priorities be established</td>
</tr>
<tr>
<td></td>
<td>It is not good enough to tell everyone to do the right thing…put it in writing.</td>
</tr>
<tr>
<td>Procedures</td>
<td>Continuous exercise of a professional demeanor and conduct is required.</td>
</tr>
</tbody>
</table>

2. ___________________ ___________________ ___________________ can only be performed when there is a reasonable belief that the detainee is concealing an item that could present a security risk and must be authorized by the first general officer in the chain of command.

3. It is essential for all health care personnel involved in the care of personnel in US custody to understand that the differences between categories of ___________________, ___________________, or ___________________ should not affect health care treatment.

4. For purposes of the war on terrorism, the term ___________________ ___________________ means an individual who was part of or supporting terrorist forces that are engaging in hostilities against the US or multinational partners.

5. Health care personnel exclusively engaged in the:

   A. _____________________________________________________________

   B. _____________________________________________________________

   C. _____________________________________________________________

6. Persons in the custody of the US Armed Forces that have not been classified as an _______ (Article 4, GPW), a _______ (Article 33, GPW), or ___________________ (Article 78, GC), shall be treated as an ____________ until a legal status is ascertained by competent authority.

7. The essential and dominant idea of the GWS is that the ________________ who has been wounded or is sick, and for that reason is out of the fight, is from that moment protected.

8. The “_________________ and ___________________” to which wounded and sick enemy civilians are entitled is the same as that accorded to wounded and sick enemy military personnel.

9. Human wastes should be disposed of in latrines that are designed, constructed, and maintained in a sanitary manner and acceptable to detainees, taking into account ___________________ norms, ease of cleaning, and ___________________.

10. Refuse containers (33 gallon) should be provided at a ratio of _______ for every _______ detainees and should be clearly marked, lined with plastic bags, and covered with tight-fitting lids.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPW</td>
<td>Personnel who are engaging in hostilities on behalf of a party to the conflict</td>
</tr>
<tr>
<td>DHA</td>
<td>Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field</td>
</tr>
<tr>
<td>ISN</td>
<td>Is an independent agency whose activities include observing and reporting on conditions in wartime detention camps and facilities</td>
</tr>
<tr>
<td>Enemy</td>
<td>Includes spies, saboteurs, or civilians who are engaging in or supporting, hostilities against the US or multinational partners</td>
</tr>
<tr>
<td>Civilian</td>
<td>Includes killing, torture, medical/scientific experimentation, physical mutilation, removal of tissues/organs for transplantation, and causing serious injury, pain, and suffering.</td>
</tr>
<tr>
<td>GWS</td>
<td>Enemy prisoner of war</td>
</tr>
<tr>
<td>Emotional</td>
<td>Includes slapping, hitting, bruising, beating, or any other intentional act that causes someone physical pain, injury, or suffering.</td>
</tr>
<tr>
<td>Sexual</td>
<td>Personnel engaged in hostilities against the US or its multinational partners during an armed conflict.</td>
</tr>
<tr>
<td>ICRC</td>
<td>Includes threatening, humiliating, and causing emotional pain, distress, or anguish</td>
</tr>
<tr>
<td>TIF</td>
<td>Is the ongoing, systematic collection of medical data that is essential to the evaluation, planning, and implementation of public health practice and prevention</td>
</tr>
<tr>
<td>Unlawful</td>
<td>Any detainee refusing food for 72 hours</td>
</tr>
<tr>
<td>Medical</td>
<td>Retained person/personnel</td>
</tr>
<tr>
<td>Hunger</td>
<td>Assess environmental safety and security in relation to DO in the inpatient and outpatient care areas of the hospital.</td>
</tr>
<tr>
<td>Vulnerability</td>
<td>Includes medical nutrition therapy, nutritional assessment, nutrition risk screening of inpatients, nutrition education and health promotion</td>
</tr>
<tr>
<td>Permissible</td>
<td>Theater internment facility</td>
</tr>
<tr>
<td>Lawful</td>
<td>Includes all types of fish, poultry, goats, sheep, cattle, camel, buck, buffalo, and rabbits.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Detainee holding area</td>
</tr>
<tr>
<td>Physical</td>
<td>Any sexual activity to which the individual does not consent or is incapable of consenting.</td>
</tr>
<tr>
<td>Prohibited</td>
<td>A person that is interned during armed conflict or occupation for security, protection or has committed an offense against the detaining power.</td>
</tr>
<tr>
<td>RP</td>
<td>Internment serial number</td>
</tr>
<tr>
<td>GALLONS PER PERSON PER DAY</td>
<td>FOR</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>1.5</td>
<td>Drinking in temperate climates</td>
</tr>
<tr>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Drinking in arctic climates</td>
</tr>
<tr>
<td>1.7</td>
<td>Personal hygiene</td>
</tr>
<tr>
<td>3.1</td>
<td>Food preparation</td>
</tr>
</tbody>
</table>
1. This type of abuse involves threatening, humiliating, and causing emotional pain, distress, or anguish (can be verbal or nonverbal).

A. Physical  
B. Sexual  
C. Emotional  
D. Torture

2. Water needs vary according to climate, sanitation facilities available, and the detainees’ normal habits, religious, and cultural practices. Water consumption planning factors should be the same as for US Forces.

A. True  
B. False

3. __________________________ may make an initial classification decision of detainees as being on suicide-watch status prior to a BH assessment.

A. Behavior Health Specialist  
B. Healthcare Provider  
C. Medic  
D. Military Police

4. Some detainees will know their prior medications by name and no efforts should be made to restart these same medications.

A. True  
B. False

5. Patients deemed by authorities to be host-nation (HN) civilians, rather than detainees, are not routinely placed in restraints.

A. Placed in Detention Holding Area (DHA)  
B. Placed in MP security only  
C. Placed in restraints  
D. None of the above

6. What does GWS stand for?
CROSSWORD PUZZLE

Across
4. Tinea cruris
6. Acronym for intercostal space
8. Acronym for do not give the casualty anything by mouth
10. Acronym for total body surface area
14. When the blood pressure is higher than normal range
16. Blue skin color
17. Temporary absence of breathing
19. Air entering pleural space through defect in pleural wall
23. Listen
24. Acronym for nasopharyngeal airway

Down
1. Two or more ribs fractured in two or more places or a fractured sternum
2. Caused by a violent jar or shock to the head
3. Athlete's foot
5. High blood sugar
7. Bleeding
9. Acronym for flow-restricted oxygen-powered ventilation device
11. Accumulation of blood in the chest cavity not outside the lungs
12. Inflammation of the wall of the vein
13. Difficult or labored breathing
15. Acronym for tenderness, instability, or crepitus
18. Accumulation of fluids in the tissue surrounding an IV needle site
20. Hives
21. Greater than 100 beats per minute
22. Acronym for oropharyngeal airway
## Subject Area 1: Vital Signs

### STP 8-68W13-SM-TG

#### COMPLETE THE TABLES

<table>
<thead>
<tr>
<th>NORMAL RANGES OF RESPIRATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULTS</td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td></td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPTH OF RESPIRATIONS</th>
<th></th>
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<tbody>
<tr>
<td>Deep, even movement of the chest</td>
<td></td>
</tr>
<tr>
<td>Minimal rise and fall of the chest and abdomen</td>
<td></td>
</tr>
<tr>
<td>Increased effort to breathe, with possible gasping</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF RESPIRATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effortless, automatic, regular rate, even depth, noiseless, and free of discomfort</td>
<td></td>
</tr>
<tr>
<td>Difficult or labored breathing</td>
<td></td>
</tr>
<tr>
<td>Rapid respiratory rate; usually a rate exceeding 24 breaths/min (adult)</td>
<td></td>
</tr>
<tr>
<td>Snoring, rattling, wheezing (whistling), or grunting</td>
<td></td>
</tr>
<tr>
<td>Temporary absence of breathing</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NORMAL RANGES OF PULSE RATES</th>
<th></th>
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<tbody>
<tr>
<td>ADULTS</td>
<td></td>
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<tr>
<td>CHILDREN</td>
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</tr>
<tr>
<td>INFANTS</td>
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</table>

<table>
<thead>
<tr>
<th>RATES OF PULSE</th>
<th></th>
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<tbody>
<tr>
<td>Less than 60 beats/min</td>
<td></td>
</tr>
<tr>
<td>Exceed 100 beats/min (adult)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PULSE RHYTHM</th>
<th></th>
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<tbody>
<tr>
<td>Easy to find</td>
<td></td>
</tr>
<tr>
<td>Regular rate and rhythm</td>
<td></td>
</tr>
<tr>
<td>Varies with the individual</td>
<td></td>
</tr>
<tr>
<td>Any change from a regular beating pattern</td>
<td></td>
</tr>
</tbody>
</table>
Subject Area 1: Vital Signs

COMPLETE THE TABLES

<table>
<thead>
<tr>
<th>PULSE STRENGTH</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Usually easy to find</td>
<td>Beats evenly and forcefully</td>
</tr>
<tr>
<td>Easy to find</td>
<td>Exceptionally strong heartbeats that make the arteries difficult to compress.</td>
</tr>
<tr>
<td>Usually difficult to find</td>
<td>Weak and thin</td>
</tr>
</tbody>
</table>

### NORMAL RANGES FOR BLOOD PRESSURE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Adult (systolic)</td>
<td></td>
</tr>
<tr>
<td>Adult (diastolic)</td>
<td></td>
</tr>
<tr>
<td>Children (systolic)</td>
<td></td>
</tr>
<tr>
<td>Infants (systolic)</td>
<td></td>
</tr>
<tr>
<td>When blood pressure is lower than normal range</td>
<td></td>
</tr>
<tr>
<td>When blood pressure is higher than normal range</td>
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</tbody>
</table>

### NORMAL RANGES FOR TEMPERATURE

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Oral method</td>
<td></td>
</tr>
<tr>
<td>Rectal method</td>
<td></td>
</tr>
<tr>
<td>Tympanic method</td>
<td></td>
</tr>
<tr>
<td>Axillary method</td>
<td></td>
</tr>
</tbody>
</table>
Identify the following authorized abbreviations.

Which block do you use the following abbreviations in? Block #

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Block #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abr W</td>
<td></td>
</tr>
<tr>
<td>2. Cont W</td>
<td></td>
</tr>
<tr>
<td>3. FC</td>
<td></td>
</tr>
<tr>
<td>4. FCC</td>
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<tr>
<td>5. FS</td>
<td></td>
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<tr>
<td>6. LW</td>
<td></td>
</tr>
<tr>
<td>7. MW</td>
<td></td>
</tr>
<tr>
<td>8. Pen W</td>
<td></td>
</tr>
<tr>
<td>9. Perf W</td>
<td></td>
</tr>
<tr>
<td>10. SL</td>
<td></td>
</tr>
<tr>
<td>11. SV</td>
<td></td>
</tr>
</tbody>
</table>
### Terms and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Petit mal</td>
<td>May be preceded by an aura. Has two phases. Tonic/Clonic phase and Postictal phase.</td>
</tr>
<tr>
<td>2. Edema</td>
<td>Gently shake the casualty, asking, &quot;Are you OK?&quot;</td>
</tr>
<tr>
<td>3. Dyspnea</td>
<td>Located at the center of the chest.</td>
</tr>
<tr>
<td>4. APGAR testing</td>
<td>Hypnotics (Downers; example; Valium, Xanax).</td>
</tr>
<tr>
<td>5. Sedative</td>
<td>Uppers (example: cocaine).</td>
</tr>
<tr>
<td>6. Activated charcoal</td>
<td>Swelling.</td>
</tr>
<tr>
<td>7. Sternum</td>
<td>Brief loss of concentration or awareness without loss of motor tone, lip smacking and eye blinking, occurs mainly in children and is rarely an emergency.</td>
</tr>
<tr>
<td>8. Hyperglycemia</td>
<td>Most common of all diabetic emergencies.</td>
</tr>
<tr>
<td>9. Acetone</td>
<td>High blood sugar.</td>
</tr>
<tr>
<td>10. Grand mal</td>
<td>Will cause tachycardia, dilated pupils, flushed face, and often sees or hears things, has very little concept of time.</td>
</tr>
<tr>
<td>11. Establish unresponsiveness</td>
<td>Difficulty in breathing.</td>
</tr>
<tr>
<td>12. Sympathomimetics</td>
<td>Two or more seizures without an intervening period of consciousness or a seizure lasting more than 30 minutes.</td>
</tr>
<tr>
<td>13. DCAP-BTLS</td>
<td>Signs and symptoms include shortness of breath, dyspnea, rales upon auscultation, and blood tinged sputum.</td>
</tr>
<tr>
<td>14. Hypoglycemia</td>
<td>Contraindicated for casualties that have an altered mental status, that you suspect have swallowed acids or alkalis, or that are unable to swallow.</td>
</tr>
<tr>
<td>15. Hallucinogens</td>
<td>Common complications of this include respiratory failure and circulatory collapse.</td>
</tr>
<tr>
<td>16. Stridor</td>
<td>Done to control gastric bleeding.</td>
</tr>
<tr>
<td>17. AED</td>
<td>Sweet, fruity breath odor.</td>
</tr>
<tr>
<td>18. Ice Lavage</td>
<td>Harsh, high pitched sound during inspiration.</td>
</tr>
<tr>
<td>19. Status epilepticus</td>
<td>Deformities, contusions, abrasions, punctures or penetration, burns, tenderness, lacerations, swelling.</td>
</tr>
<tr>
<td>20. Pulmonary edema</td>
<td>Do not use this to defibrillate if anyone is touching the patient or the patient is wet, touching metal, or wearing a nitroglycerin patch.</td>
</tr>
</tbody>
</table>
TREAT A CASUALTY WITH AN OPEN ABDOMINAL WOUND
1. Initiate ______ large bore (18 gauge) IV if the casualty is exhibiting signs and symptoms of shock.
2. The most important concern in the initial management of abdominal injuries is ________________.
3. Protruding abdominal organs should be kept moist to prevent the tissue from drying out. A ___________________, ___________________ dressing should be applied if available.
4. Do not cause further injury to the casualty.
   a. Do not________________________________________________________
   b. Do not________________________________________________________
   c. Do not________________________________________________________
   d. Do not________________________________________________________

TREAT A CASUALTY WITH IMPALEMENT
1. If the impalement injury is on an extremity, check the ________________
   ________________ to the injury site.
2. Do not ________________ the bandage on or exert pressure on the impaled object.

INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK
1. Anyone who has just been shot or who has experienced detonation of explosives nearby will have ________________.
2. A palpable radial pulse usually indicates that the casualty has a systolic blood pressure of ______ mm Hg.
3. Aggressively treat for ________________ in a trauma patient.

TREAT A CASUALTY WITH A CHEST INJURY
1. All penetrating chest wounds should be treated as if they were ________________ chest wounds.
2. In an emergency, any ________________ material can be used. It must be large enough so it is not sucked into the chest cavity.
3. Assess the effectiveness of the flutter valve when the casualty breathes. When the casualty inhales, the plastic should be sucked against the wound, preventing the ________________ of air.
4. When the casualty ________________, trapped air should be able to escape from the wound and out the un-taped side of the dressing.
5. Severe coughing can cause ________________ ________________.
6. Do not tape, strap, or bind the chest, these interventions increase the development of ________________.
TREAT A CASUALTY WITH AN OPEN OR CLOSED HEAD INJURY
1. A direct blow to the skull may _______________ the brain.
2. Progressive loss of _______________ or _______________ is an important indicator of brain injury.
3. Position the casualty with the head elevated _____ inches to assist with the drainage of blood from the brain.

TREAT FOREIGN BODIES OF THE EYE
1. If the foreign bodies cannot be located, bandage _______________ eye(s) and seek further medical aid immediately.
2. For a foreign body under the lower eyelid, pull the lower lid _______________.

TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE
1. If conscious, perform _______________ _______________.
2. Do not attempt to reposition the _______________ or replace it in the socket.
3. If available, place a _______________ _______________ or cone-shaped piece of cardboard over the eye. Do not apply pressure to the injury site.

TREAT BURNS OF THE EYE
1. _______________ burns often do not appear until several hours after exposure.
2. When treating a casualty with a chemical burn to the eye, irrigate the eye(s) for a minimum of _____ minutes with copious amounts of water.
3. Irrigate the eye(s) with sterile water or sterile normal saline, if available. If not available, use any _______________ _______________.
4. Casualties with severe burns to the eyes may have additional _______________ burns due to spontaneous _______________.

ADMINISTER INITIAL TREATMENT FOR BURNS
1. Do not remove clothing that is stuck to the burned area. If the clothing and skin are still hot, irrigate with copious amounts of _______________ _______________ water or cover with a wet dressing, if available.
2. Electrical shock may cause the casualty to go into cardiac arrhythmia or _______________.
3. Flush longer for _______________ burns because they penetrate deeper and cause more severe injury.
4. _______________ _______________ will stick to the skin and continue to burn until it is deprived of air.
5. Check for _______________ and _______________ burns when treating electrical burns and lightning strikes.
PERFORM A TRAUMA CASUALTY ASSESSMENT
1. If the ________ is significant, direct another Soldier to provide manual, in-line stabilization of the cervical spine.
2. Check the radial pulse in adults. Check the radial pulse and _______________ _______________ in children.
3. If the MOI is significant, perform a ___________________ ___________________ ___________________.

PROVIDE BASIC EMERGENCY MEDICAL CARE FOR AN AMPUTATION
1. When performing emergency management for traumatic amputations in a combat environment (under fire), you should do the following
   a. __________________________________________________________
   b. __________________________________________________________
2. In a noncombat environment (not under fire), the tourniquet may be loosened and bleeding should be controlled by attempting other means.
   a. ___________________ ___________________ ___________________
   b. ___________________ ___________________ ___________________
   c. ___________________ ___________________ ___________________
3. When caring for an amputated part, to avoid further injury you should.
   a. Never______________________________ ___________________
   b. Never______________________________ ___________________
   c. Never______________________________ ___________________
   d. Never______________________________ ___________________

CONTROL BLEEDING
1. If bleeding is profuse, apply ___________________ ___________________ to the wound with your gloved hand.
2. Once bleeding has been controlled it is important to check a ___________________ ___________________ to make sure that the dressing has not been applied too tightly. If a pulse is not palpable, adjust the dressing to reestablish circulation.
3. The ___________________ artery is used to control bleeding from the distal end of an upper extremity.
4. In combat while under enemy fire, a ___________________ is the primary means to control bleeding.
Subject Area 3: Trauma Treatment

TREAT A CASUALTY FOR CONTUSIONS OR ABRASIONS
1. When treating an abrasion, the Principles of management are as follows:
   a. Prevention of ____________________
   b. Promotion of ____________________
   c. Prevention of "__________________" from retained foreign bodies.
2. The final step of treating an abrasion is to give the casualty instructions on wound care and signs and symptoms of infection.
   a. Topical antibiotic ointment applied _____ or _____ times a day
   b. Dressing changed every _____ to _____ days with gentle cleaning
   c. Monitor abrasion for signs and symptoms of ____________________.
3. When treating a contusion, ensure that there is no underlying ________________ or any evidence of ___________________ or ___________________ involvement.

APPLY A TOURNIQUET TO CONTROL BLEEDING
1. A properly applied __________________ will quickly control life-threatening hemorrhage until the casualty can be moved away from the effective fire.
2. Place C.A.T. between the heart and the wound on the injured extremity, ______ - ______ inches above the wound.
3. Secure the C.A.T. in place with ________________.

APPLY A HEMOSTATIC DRESSING
1. Pack combat gauze directly over the source of bleeding, pack the wound with the entire dressing, and apply direct pressure for _____ minutes.
2. If the bandage becomes completely soaked through and there is still active bleeding.
   a. ____________________
   b. ____________________
3. If the wound cavity is deep, apply ___________________ ___________________ over the dressing.

APPLY A PRESSURE DRESSING TO AN OPEN WOUND
1. Fully expose the injury unless ________________ is adhered to the wound.
2. Apply the dressing, white (sterile, non-adherent pad) side ________________, directly over the wound.
3. Apply firm manual pressure over the emergency bandage for _____ to _____ minutes.

APPLY KERLIX TO AN OPEN WOUND
1. This bandage must be wrapped ____________. You must stretch all the elastic out of the bandage while wrapping. Do not allow the roller gauze to leak out from under the pressure bandage.
2. Apply _______ inch tape over the finished product to secure the pressure bandage in place, even if a closure bar is already engaged.
PERFORM A TACTICAL CASUALTY ASSESSMENT

<table>
<thead>
<tr>
<th>TACTICAL COMBAT CASUALTY CARE (TCCC) CARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME / UNIT:</td>
</tr>
<tr>
<td>DTG: Unknown</td>
</tr>
<tr>
<td>ALLERGIES:</td>
</tr>
</tbody>
</table>

**A:** Intact Adjunct Cric Intubated

**B:** Chest Seal NeedleD Chest Tube

**C:** TQ Hemostatic Packed PressureDrsg

<table>
<thead>
<tr>
<th>FLUIDS:</th>
<th>IV</th>
<th>IO</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS / LR</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td>Hextend</td>
<td>500</td>
<td>1000</td>
</tr>
</tbody>
</table>

**DRUGS (Type / Dose / Route):**

PAIN

ABX

**OTHER**

First Responder's Name:
PERFORM A TACTICAL CASUALTY ASSESSMENT

Performance Steps
1. Perform care under fire. (Care under fire is care rendered at the scene of the injury while the combat medic and the casualty are ________________ under effective hostile fire.
   a. ________________ ________________ as directed or required before providing medical treatment.
   b. Determine if casualty is ________________ or ________________.
   d. Communicate ________________ ________________ to team leader.
   e. Tactically ________________ casualty, his weapon, and mission-essential equipment to cover.
   f. Recheck ________________ ________________ measures as the tactical situation permits.

2. Perform tactical field care. (Tactical field care is care rendered by the medic when ________________ under effective hostile fire)
   a. Communicate ________________ ________________ to patrol leader.
   b. Note general impression of the casualty by determining responsiveness or level of consciousness (AVPU).
      (1) A - ________________ ________________
      (2) V - ________________ ________________
      (3) P - ________________ ________________
      (4) U - ________________ ________________
   c. Assess and secure the ________________.
   d. Assess the ________________ and perform medical care to correct problems in ________________ or ________________.
   e. Identify and control ________________ ________________ not previously controlled.
   f. Determine if the casualty requires ________________ ________________.
   g. ________________ any wounds.
   h. Splint obvious ________________ - ________________ fractures.
   i. Administer ________________ ________________ as needed to any Soldier wounded in combat.
   j. Initiate medical evacuation request lines ______ through _______.
   k. Complete _______.
   l. Transport the casualty to the site where evacuation is anticipated.

3. Perform combat casualty evacuation care (CASEVAC).
   a. Additional ________________ personnel may accompany the evacuation asset to assist the medic.
   b. Additional ________________ ________________ and ________________ may also accompany the evacuation asset.
OPEN THE AIRWAY
1. Establish the airway using the __________________ or __________________ method.
2. When performing the head-tilt/chin-lift maneuver, do not completely ______________ the casualty's mouth.
3. Use the __________________ ______________ method if a spinal injury is suspected

CLEAR AN UPPER AIRWAY OBSTRUCTION
1. __________________ ______________ are usually not effective for dislodging a partial obstruction.
2. Use abdominal thrusts unless the casualty is in __________________ ______________, is __________________ ______________, significant ______________ ______________.
3. When administering abdominal thrusts, grasp your fist with your other hand and press your fist into the casualty's abdomen with quick ______________ and ______________ thrusts.

PERFORM RESCUE BREATHING
1. Ventilate the casualty using the ______________, ______________, ______________ bagvalve-mask (BVM) system, or flow-restricted oxygen-powered ventilation device (FROPVD or demand-valve), as appropriate.
2. The ______________ method is recommended when you cannot open the casualty's mouth, there are jaw or mouth injuries, or you cannot maintain a tight seal around the casualty's mouth.
3. The ______________ ______________ is an important part of infection control to the rescuer.
4. The most difficult part of performing rescue breathing using the ______________ system is maintaining an adequate seal.
5. Do not use this device on infants or children. __________________

INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)
1. To select the appropriate size of OPA, you should place the airway beside the outside of the casualty's jaw and measure from the casualty's ______________ to the ______________.
2. When Inserting an OPA, insert the airway with the tip facing the ______________.
3. If the casualty starts to regain consciousness and gags or vomits, ______________ the airway immediately.
VENTILATE A PATIENT WITH A BAG-VALVE-MASK SYSTEM

1. An operational BVM should have the following:
   a. _____________________________________________
   b. _____________________________________________
   c. _____________________________________________
   d. _____________________________________________
   e. _____________________________________________

SET UP A D-SIZED OXYGEN TANK
1. United States oxygen cylinders are color coded
   a. _____________________________________________
   b. _____________________________________________
2. The international color code is ____________________.
3. "_________________" and "_________________" signs should be posted in the areas where oxygen is in use or stored.

PERFORM ORAL AND NASOPHARYNGEAL SUCTIONING OF A PATIENT
1. Position the patient in a __________________ position or, in the case of severe trauma, roll the patient onto his side to allow gravity to assist in clearing the airway.
2. __________________ (__________________) catheters are best for suctioning in the field, as they have wide diameter tips and are somewhat rigid.
3. __________________ (__________________, or whistle-tip) catheters are used in situations where rigid catheters cannot be used, such as a patient with clenched teeth or for use in nasopharyngeal suctioning.
4. After each suctioning attempt or suctioning period, __________________ the patient.

INSERT A NASOPHARYNGEAL AIRWAY
1. Do not use a NPA if the patient has ________________ or ________________ trauma.
2. Select the appropriate size NPA by measuring the tip of the patient’s ________________ to ________________.
3. When inserting the NPA, position the tube so that the bevel of the airway faces ________________ the septum.
4. Place the patient in the ________________ position to prevent aspiration of blood, mucus, or vomitus.
ADMINISTER OXYGEN
1. The safe residual level of the oxygen at which the tank should be replaced has been established to be _______ pounds per square inch (psi).
2. Ensure the cylinder is labeled for medical oxygen; bottles may be completely ________________, ________________, or ________________ with a green area around the valve stem on top.

PERFORM A NEEDLE CHEST DECOMPRESSION
1. Air may enter the chest cavity either from the lungs through a rupture, laceration, or from the outside through a ________________ ________________ wound.
2. Firmly insert the needle into the skin ________________ the top of the ________________ rib into the ________________ intercostal space, until the chest cavity has been penetrated, as evidenced by feeling a "pop" as the needle enters the chest cavity.
3. Blood vessels and nerves run along the ________________ of each rib.

PERFORM A NEEDLE CHEST DECOMPRESSION

Circle which of the following is the proper insertion site for a NCD.
Subject Area 5: Venipuncture and IV Therapy

INITIATE AN INTRAVENOUS INFUSION
1. Select and inspect the equipment for ___________________, ___________________, and ___________________.
2. IV fluid - Discard containers that have ___________________, ___________________, ___________________, sedimentation, condensation, or fluid which is not crystal clear and colorless.
3. Spike, drip chamber, tubing, and needle adapter. Discard them if there are cracks or holes or if any _______________ is present.
4. Flow regulator. Inspect the flow regulator and ensure that it ___________________.
5. Catheter-over-needle. Discard them if they are flawed with ___________________ or ___________________.
6. Hang the container at least _______ feet above the level of the patient's heart, if possible.
7. Choose the most ___________________ and ___________________ vein of an uninjured arm or hand.
8. Move the flow regulator _______ to _______ inches below the drip chamber and tighten/close it.

MANAGE AN INTRAVENOUS INFUSION
1. _______________ is an accumulation of fluids in the tissue surrounding an IV needle site.
2. _______________ is an inflammation of the wall of the vein.
3. _______________ is a yellowish, foul-smelling discharge (pus) from the venipuncture site.
4. _______________ is the obstruction of a blood vessel by air carried via the bloodstream (usually occurring in the lungs or heart).
5. _______________ is an increased blood volume that is caused by excessive IV fluid infused too rapidly into the vein (over hydration).

INITIATE A SALINE LOCK
1. Flush the IV catheter. Using the 21 gauge needle and 5 cc syringe filled with sterile fluid, penetrate the transparent dressing and insert the needle into the saline lock. Inject _______ cc of sterile fluid into the IV catheter, looking for signs of infiltration.
IRRIGATE AN OBSTRUCTED EAR
1. Common solutions used to irrigate the ear include _______________, _______________, hydrogen peroxide and water, and prescribed medication solution.
2. Cold solutions are not only uncomfortable but may cause _______________ or _______________ as a result of stimulation of the equilibrium sensors in the semicircular canals.
3. If the patient moves when the solution is instilled, the syringe may damage the _______________ or _______________.
4. A normal _______________ is slightly cone-shaped, shiny, translucent, and pearly grey.

TREAT SKIN DISORDERS
1. Herpes simplex.
   a. Type ______ - causes cold sores, self-limiting, no cure
   b. Type ______ - causes lesions in the genital area
2. Transmission of both types of virus may occur by _______________ with any open lesion. Type 2 mode is primarily _______________. Lesions are present ______ to ______ weeks and are most painful the first week.
3. Herpes zoster vesicle (shingles) can last ______ to ______ days.
4. Tinea capitis (ringworm of the scalp) is spread by contact with _______________.
5. Tinea pedis is normally starts between ______ and ______ toes and then may spread.
TREAT ABDOMINAL DISORDERS
1. Red flags of abdominal symptoms (must see a medical officer).
   a. Abdominal pain with guarding or rebound tenderness or progressive severe pain that persists without improvement for over _______ hours
   b. Recent (< 6 months) __________________________ __________________________
   c. Abdominal pain with __________________________
   d. Abdominal pain with __________________________
   e. Abdominal pain with __________________________
   f. Abdominal pain in a __________________________ patient
2. __________________________ must be ruled out before the diagnosis of GERD is made, especially if the symptom is chest pain (consult with medical officer).
3. __________________________ is most commonly caused by viral, bacterial, and parasitic infections, frequently resulting from consumption of unpurified water or improperly stored or prepared food.
4. __________________________ causes include medications, (such as antibiotics), and food allergies.
5. __________________________ is diarrhea persisting for more than 3 weeks.

TREAT COMMON MUSCULOSKELETAL DISORDERS
1. Treatment of a cervical sprain consists of immobilization, rest, support, and __________________________.
2. Treatment of a dislocation consists of pain medication and/or muscle relaxant may be used to relieve anxiety, pain and muscle spasm prior to __________________________.
3. Treatment of __________________________ (________________________) __________________________ consists of initially treating with RICE, NSAID, stretches and exercises to strengthen quadriceps. Physical therapy consults for prolonged cases.

TREAT COMMON RESPIRATORY DISORDERS
1. Possible red flags (warning) for pneumonia: fever > _______ degrees and shortness of breath.
2. Treatment is __________________________ for a viral upper respiratory infection.
APPLY A SAM SPLINT
1. If a pulse is not found, apply gentle ___________________________ in line with the long axis of the limb.
2. Do not apply a ___________________________ directly over the fracture site.

APPLY AN ELASTIC BANDAGE
1. Elastic roller bandages may be used wherever pressure support or restriction of movement is needed. They should not be used to ___________________________ dressings.
2. Do not wrap too tightly. The roller bandage may act as a ___________________________ on an injured limb, causing further damage.

IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM OR DISLOCATED SHOULDER
1. Do not try to ___________________________ or ___________________________ the fracture. Splint it where it lies unless a severe deformity makes it necessary to reposition the limb to keep it within the confines of the litter and/or evacuation vehicle.
2. Ensure that the ___________________________ are left exposed so that ___________________________ can be assessed.
3. Apply the cravats in order and always recheck the ___________________________ ___________________________ after each cravat is applied.

IMMOBILIZE THE HIP
1. ___________________________ ___________________________ is very rare and is caused by the legs suddenly being forced widely apart and locked in this position.
2. ___________________________ ___________________________ is the most common type of hip dislocation.
3. ___________________________ ___________________________ of dislocation may occur during any movement. This may be accompanied by additional damage to nerves and blood vessels. The receiving facility must be informed if this occurs.

APPLY A TRACTION SPLINT
1. Do not use a traction splint for an injury close to or involving the knee, injury of the hip or pelvis, ___________________________ ___________________________ or avulsions with bone separation, or lower leg or ankle injury.
2. Extend the splint _______ to _______ inches beyond the casualty's foot.
3. Do not attempt to align the fracture fragments ___________________________.
4. Adequate traction has been applied when the injured leg is the same length as the other leg or the ___________________________.
PROVIDE BASIC EMERGENCY TREATMENT FOR A PAINFUL, SWOLLEN, DEFORMED EXTREMITY

1. In order for any splint to be effective, it must immobilize the adjacent ______________________ and ______________________.
2. Maintain manual stabilization or ______________________ during positioning and until the splinting process is complete.
3. If the casualty is unstable, immobilize on a long spine board and ______________________ immediately.

TREAT A CASUALTY WITH A SUSPECTED SPINAL INJURY

1. Lacerations and/or contusions in the spinal region indicate severe trauma and usually accompany a ______________________ ______________________.
2. The ability to walk, move the extremities, feel sensation, and the absence of pain does not necessarily rule out a ______________________ ______________________ injury.
3. A cervical spine injury may cause numbness or paralysis in all ______________________ extremities.
4. When using a Kendrick Extrication Device (KED), the pelvic straps must be ______________________ after being placed on a long spine board in order to place the casualty in a ______________________ position.

APPLY A CERVICAL COLLAR

1. The front height of the collar should fit between the point of the ______________________ and the ______________________ at the ______________________ ______________________. 
2. The collar should rest on the ______________________ ______________________ and provide firm support under both sides of the mandible without obstructing the airway or any ventilation efforts.
3. If the collar is too large, the casualty's neck may be placed in ______________________.
4. If the collar is too small, the casualty's neck may be placed in ______________________.

APPLY A KENDRICK EXTRICATION DEVICE

1. Before placing the KED behind the casualty, the two ______________________ ______________________ are unfastened and placed behind the device.
2. Secure the KED to the casualty's torso in the following order:
   a. ______________________ ______________________
   b. ______________________ ______________________
   c. ______________________ ______________________
3. Manual stabilization is maintained at all times until the casualty is fully ______________________ on the long spine board.
APPLY A LONG SPINE BOARD
1. A __________________ level spine injury may cause numbness or paralysis in all four extremities.
2. A __________________ level spinal injury may cause numbness or paralysis below the waist.
3. Ask the casualty to try to move their _________________ and _________________ to check for paralysis.
TREAT A NERVE AGENT CASUALTY IN THE FIELD
1. If the casualty has been exposed to vapor or aerosol, the pupils will become pinpointed ____________.
2. If the nerve agent is absorbed through the skin only or by ingesting contaminated food or water, the pinpointing of the pupils may be ________________ or ________________.
3. Effects from vapor exposure will occur within seconds to minutes after being exposed and will not normally worsen after being removed from the exposure for _____ to ______ minutes.
4. Do not give more than _______ additional CANA injections for a total of three.
5. Ensure all expended autoinjectors are secured to the ________________ pocket on the sleeve of the joint service lightweight integrated suit technology (JSLIST) overgarment.

TREAT A BLOOD AGENT (HYDROGEN CYANIDE) CASUALTY IN THE FIELD
1. Blood agents in high concentration act quickly and death may result in _______ seconds.
2. These agents release an odor of ___________________________ or ___________________________.

TREAT A CHOKING AGENT CASUALTY IN THE FIELD
1. It is essential that the casualty be __________________ and __________________ to increase the possibility of survival.
2. Although heavy concentrations of poison bring on these symptoms very quickly, small doses may take up to ______ to ______ hours before there is any sign of poisoning.

TREAT A BLISTER AGENT CASUALTY (MUSTARD, LEWISITE, PHOSGENE OXIME) IN THE FIELD
1. Moist areas of the body are highly susceptible to ________________ ________________.
2. If contaminated by ________________ (     ) pain will be intense and immediate
3. If contaminated by ________________ (     ) pain will be delayed from 1 hour to days.
4. During ________________ ________________, blister agents can cause a greater number of casualties.
DECONTAMINATE A CASUALTY
1. Dip and scrub the scissors in the ______% solution after each separate cutting procedure and rinse your gloves in the same solution in order to reduce the spread of contamination.
2. Use only the ______% solution to decontaminate the skin and the parts of the mask that touch the face. The ______% solution is corrosive and may burn the skin.
3. Decontaminate your butyl rubber gloves in the ______% solution before you touch the casualty's garments or exposed skin.

TREAT A BIOLOGICAL EXPOSED CASUALTY
1. Biological warfare agents
   a. Pneumonia-like agents
      (1) _________________________
      (2) _________________________
      (3) _________________________
      (4) _________________________
   b. Encephalitis-like agents
      (1) _________________________
      (2) _________________________
   c. Biological toxins
      (1) _________________________
      (2) _________________________
      (3) _________________________
      (4) _________________________
   d. Other agents
      (1) _________________________
      (2) _________________________
      (3) _________________________
   
Venezuelan equine encephalitis
Viral hemorrhagic fevers
Anthrax
Mycotoxins
Staphylococcal enterotoxin B
Brucellosis
Cholera
Tularemia
Smallpox
Plague
Q fever
Botulinium
Brucellosis
Ricin

2. _________________________, _________________________, and _________________________ are highly transmissible.
3. When triaging biological casualties based upon their level of exposure, all ambulatory casualties are considered _________________________.

TREAT A RADIATION CASUALTY
1. Nausea and vomiting occur with increasing frequency as the radiation exceeds ______ - ______ centigrays (cGy). Onset may be as long as ______ to ______ hours post exposure. Vomiting within the first hours is associated with _________________________ doses.
2. A noticeable decline in _________________________ is seen if the casualty received a lethal dose of whole-body radiation.
GUIDE A HELICOPTER TO A LANDING POINT

This figure shows which of the following:
Day Marking
Night Marking

ESTABLISH A HELICOPTER LANDING POINT
1. A helicopter requires a relatively level landing area _______ meters in diameter.
2. When selecting the landing site, the ground slope must be no more than _______ degrees. Helicopters cannot safely land on a slope of more than _______ degrees.
3. When the ground slope is ____________________ 7 degrees, the helicopter should land up slope.
4. When the ground slope is 7 to 15 degrees, the helicopter must land _______________ slope.

REQUEST MEDICAL EVACUATION
1. Line numbers 1 through 5 must always be transmitted during the _______________ with the evacuation unit.
2. Lines _______ through _______ may be transmitted while the aircraft or vehicle is en route.
3. Pronounce letters and numbers according to appropriate ____________________ procedures.
4. End the transmission by stating "__________________."
# Subject Area 9: Triage and Evacuation (Includes Change 1)  STP 8-68W13-SM-TG

## MEDEVAC REQUEST FORM

<table>
<thead>
<tr>
<th>LINE</th>
<th>ITEM</th>
<th>EVACUATION REQUEST MESSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Location of Pickup Site.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Radio Freq., Call Sign, &amp; Suffix.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No. of Patients by Precedence.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Special Equipment Required.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of Patients by Type.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Security of Pickup Site (Wartime).</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Number and Type of Wound, Injury, or Illness (Peacetime).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Method of Marking Pickup Site.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Patient Nationality and Status.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>NBC Contamination (Wartime).</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Terrain Description (Peacetime).</td>
<td></td>
</tr>
</tbody>
</table>

## LINE ITEM | EXPLANATION

1. **Location of Pickup Site.**
   - Encrypt grid coordinates. When using DRYAD Numerical Cipher, the same SET line will be used to encrypt grid zone letters and coordinates. To preclude misunderstanding, a statement is made that grid zone letters are included in the message (unless unit SOP specifies its use at all times).

2. **Radio Frequency, Call Sign, Suffix.**
   - Encrypt the frequency of the radio at the pickup site, not a relay frequency. The call sign (and suffix if used) of person to be contacted at the pickup site may be transmitted in the clear.

3. **No. of Patients by Precedence.**
   - Report only applicable info & encrypt brevity codes. A = Urgent. B = Urgent-Surg. C = Priority. D = Routine. E = Convenience. (If 2 or more categories reported in same request, insert the word “break” between each category.)

4. **Spec Equipment.**

5. **No. of Patients by Type.**
   - Report only applicable information and encrypt brevity code. If requesting MEDEVAC for both types, insert the word “break” between the litter entry and ambulatory entry: L + # of Pnt-Litter; A + # of Pnt - Ambul (sitting).

6. **Security Pickup Site (Wartime).**

6. **Number and Type of Wound, Injury, Illness (Peacetime).**
   - Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient blood type, if known.

7. **Method of Marking Pickup Site.**

8. **Patient Nationality and Status.**

9. **NBC Contamination (Wartime).**
   - Include this line only when applicable. Encrypt the applicable brevity codes. N = nuclear. B = biological. C = chemical.

9. **Terrain Description (Peacetime).**
   - Include details of terrain features in and around proposed landing site. If possible, describe the relationship of site to a prominent terrain feature (lake, mountain, tower).
TRIAGE CASUALTIES ON A CONVENTIONAL BATTLEFIELD

**Identify the priorities for treatment**

| Casualties whose conditions demand immediate treatment to save life, limb or eyesight. This category has the highest priority |
| Casualties who have less risk of loss of life or limb if treatment is delayed |
| "Walking wounded", can be treated by self-aid or buddy-aid. |
| Casualties who are so critically injured that only complicated and prolonged treatment can improve life expectancy |

**Using the above priorities for treatment, determine the priorities for treatment**

| Open or penetrating abdominal injuries without shock |
| Massive external bleeding |
| Other open wounds |
| Massive head injuries with signs of impending death |
| Fractures |
| Minor lacerations and contusions |
| First or second degree burns (not involving the face, hands, feet, genitalia, and perineum) covering under 20% of the TBSA |
| Shock |
| Burns on the face, neck, hands, feet, perineum or genitalia |
| Open wounds of the chest without respiratory distress |
| Severe eye injuries without hope of saving eyesight |
| Sprains and strains |
| Respiratory and cardiorespiratory distress from otherwise treatable injuries (for example, electrical shock, drowning or chemical exposure) |
| Second and third degree burns (not involving the face, hands, feet, genitalia, and perineum) covering 20% or more of the total body surface area (TBSA) |
| Airway obstruction |
| Minor combat stress problems |
| Burns, mostly third degree, covering more than 85% of the TBSA |
Identify MEDEVAC priorities by precedence category

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Evacuation is required as soon as possible, but within 1 hour, to save life, limb or eyesight. Generally, casualties whose conditions cannot be controlled and have the greatest opportunity for survival are placed in this category.</td>
</tr>
<tr>
<td>2nd</td>
<td>Evacuation is required for casualties who must receive far forward surgical intervention to save life and stabilize for further evacuation within 1 hour.</td>
</tr>
<tr>
<td>3rd</td>
<td>Evacuation is required within 4 hours or the casualty's condition could get worse and become an &quot;Urgent&quot; or &quot;Urgent Surgical&quot; category condition. Generally, this category applies to any casualty whose condition is not stabilized or who is at risk of trauma-related complications.</td>
</tr>
<tr>
<td>4th</td>
<td>Evacuation is required within 24 hours for further care. Immediate evacuation is not critical. Generally, casualties who can be controlled without jeopardizing their condition or who can be managed by the evacuating facility for up to 24 hours.</td>
</tr>
<tr>
<td>5th</td>
<td>Evacuation by medical vehicle is a matter of convenience rather than necessity.</td>
</tr>
</tbody>
</table>
Subject Area 9: Triage and Evacuation (Includes Change 1)  
STP 8-68W13-SM-TG

Using the MEDEVAC priorities by precedence category, determine the correct category for MEDEVAC

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head injuries with signs of increasing intracranial pressure</td>
<td></td>
</tr>
<tr>
<td>Penetrating wounds</td>
<td></td>
</tr>
<tr>
<td>Simple fractures</td>
<td></td>
</tr>
<tr>
<td>Decreased circulation in the extremities</td>
<td></td>
</tr>
<tr>
<td>Burns covering 20% to 80% of the TBSA if the casualty is receiving and responding to IV fluid therapy</td>
<td></td>
</tr>
<tr>
<td>Burns on the hands, face, feet, genitalia, or perineum, even if under 20% of the TBSA.</td>
<td></td>
</tr>
<tr>
<td>Closed-chest injuries, such as rib fractures without a flail segment or other injuries that interfere with respiration</td>
<td></td>
</tr>
<tr>
<td>Cardiorespiratory distress</td>
<td></td>
</tr>
<tr>
<td>Spinal injuries</td>
<td></td>
</tr>
<tr>
<td>Eye injuries that do not threaten eyesight</td>
<td></td>
</tr>
<tr>
<td>Severe facial injuries</td>
<td></td>
</tr>
<tr>
<td>Minor open wounds</td>
<td></td>
</tr>
<tr>
<td>Open chest and/or abdominal wounds with decreased blood pressure</td>
<td></td>
</tr>
<tr>
<td>Sprains and strains</td>
<td></td>
</tr>
<tr>
<td>Open wounds including chest injuries without respiratory distress</td>
<td></td>
</tr>
<tr>
<td>Prolonged unconsciousness</td>
<td></td>
</tr>
<tr>
<td>Uncontrollable hemorrhage or open fractures with severe hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Terminal cases</td>
<td></td>
</tr>
<tr>
<td>Shock not responding to IV fluid therapy</td>
<td></td>
</tr>
<tr>
<td>Minor burns under 20% of TBSA</td>
<td></td>
</tr>
<tr>
<td>Burns covering 20% to 85% of the TBSA</td>
<td></td>
</tr>
<tr>
<td>Abdominal injuries with no decreased blood pressure</td>
<td></td>
</tr>
<tr>
<td>Behavioral emergencies and combat stress casualties</td>
<td></td>
</tr>
<tr>
<td>Brief periods of unconsciousness</td>
<td></td>
</tr>
<tr>
<td>Soft tissue injuries and open or closed fractures</td>
<td></td>
</tr>
</tbody>
</table>
TRIAGE CASUALTIES ON AN INTEGRATED BATTLEFIELD

Establish priorities for treatment

<table>
<thead>
<tr>
<th>No signs and symptoms of chemical agent poisoning. Presence of life-threatening conventional injuries.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of signs and symptoms of severe chemical agent poisoning. No conventional injuries.</td>
</tr>
<tr>
<td>Presence of mild signs and symptoms of chemical agent poisoning. Presence of conventional injuries that are not life-threatening.</td>
</tr>
<tr>
<td>No signs and symptoms of chemical agent poisoning. Presence of minor conventional injuries.</td>
</tr>
<tr>
<td>Presence of severe signs and symptoms of both chemical agent poisoning and life-threatening conventional injuries. No conventional injuries and not breathing due to chemical agent poisoning.</td>
</tr>
</tbody>
</table>
LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORMS

<table>
<thead>
<tr>
<th>Truck, ambulance, 4X4, 2 litter, utility (M996)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITTER</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Load casualties in the _________ berth first and then the _________.
Load the most seriously injured casualty _________.

<table>
<thead>
<tr>
<th>Truck, ambulance, 4X4, 4 litter, utility (M997)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITTER</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Load casualties in the upper__________, _________ right, upper left, and then the lower ____________ berth.
Load the most seriously injured casualties _________.

<table>
<thead>
<tr>
<th>Carrier, personnel, full tracked, armored (M113, T113E2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITTER</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Load casualties in the upper right, lower right, _________ left, and then the lower left berths.
Load the most seriously injured casualties _________.
LOAD CASUALTIES ONTO NONSTANDARD VEHICLES
1 1/4 TON, 4X4, M998

**1 1/4 TON, 4X4, M998**

<table>
<thead>
<tr>
<th>Two-man configuration</th>
<th>______ litters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place one litter lengthwise, head first, in the bed of the truck</td>
<td></td>
</tr>
</tbody>
</table>

**1 1/4 TON, 4X4, M998**

<table>
<thead>
<tr>
<th>Four-man configuration</th>
<th>____ litters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place two litters lengthwise, head first, in the bed of the truck</td>
<td></td>
</tr>
</tbody>
</table>

LOAD CASUALTIES ONTO NONSTANDARD VEHICLES
2 1/2 TON, 6X6 OR 5 TON, 6X6, CARGO TRUCK

**NONSTANDARD VEHICLES, 2 1/2 TON, 6X6 OR 5 TON, 6X6, CARGO TRUCK**

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ L / ______ A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LOAD CASUALTIES ON NONSTANDARD VEHICLES
5 TON M-1085, M-1093, 2 1/2 TON M-1081

Long Wheelbase, 5-Ton, M-1085

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_____ L / _____ A</td>
</tr>
</tbody>
</table>

Light Vehicle Air Drop/Air Delivery, 5 Ton, M-1093

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_____ L / _____ A</td>
</tr>
</tbody>
</table>

Light Vehicle Air Drop/Air Delivery, 2 1/2 Ton, M-1081

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_____ L / _____ A</td>
</tr>
</tbody>
</table>
NOTE: FM 4-02.2 Medical Evacuation contains suggested loading plans for many common nonmedical vehicles. You should become familiar with the plans for vehicles assigned to your unit.

1. When loading casualties into the vehicle, load the most seriously injured casualty ____________________.
2. When a casualty is placed lengthwise, load the casualty with his ____________________ pointing forward, toward the direction of travel.
3. Secure each litter to the ____________________ as it is loaded into place.
4. Watch the casualties closely for life-threatening conditions and provide treatment, as necessary, during ____________________.
1. The medication label must be verified this many times.
2. All parts of the needle are ____________________.
3. Contamination could this in the patient
4. A large bore needle is indicated for these types of medications.
5. The two types of sizes of the patient when administering medications.
6. Cover the needle with the protective needle cover utilizing this type of method.
7. The outer thigh, upper arm deltoid muscle, and the buttocks are used for these types of injections.
8. Do not aspirate with this type of injection.
9. Administer this if a morphine overdose is suspected.
10. When using a morphine autoinjector, remove the safety cap and place this end on the outer thigh and press firmly to deliver the dosage.
11. When liquid is poured into a cylinder, it forms this.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mitt restraints</td>
<td>A</td>
<td>Harbor pathogenic bacteria in their bodies</td>
</tr>
<tr>
<td>2</td>
<td>Immersion syndrome</td>
<td>B</td>
<td>Is indicated when the face, hands, or feet stop hurting</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>C</td>
<td>These restraints should not be used for long periods and should be replaced with regular restraining devices as soon as possible</td>
</tr>
<tr>
<td>4</td>
<td>Antivenom</td>
<td>D</td>
<td>Is a medical emergency. If the casualty is not cooled rapidly, the body cells, especially the brain cells, are literally cooked</td>
</tr>
<tr>
<td>5</td>
<td>Heat exhaustion</td>
<td>E</td>
<td>Is caused by fairly long exposure of the feet or hands to wet conditions at temperatures from about 50 °F down to 32 °F.</td>
</tr>
<tr>
<td>6</td>
<td>Black widow spider</td>
<td>F</td>
<td>Caused by repeated prolonged exposure of bare skin to low temperatures from 60 °F down to 32 °F.</td>
</tr>
<tr>
<td>7</td>
<td>Frostbite</td>
<td>G</td>
<td>Has a distinct groove between its chest and abdominal body parts, and a violin shaped mark on its back</td>
</tr>
<tr>
<td>8</td>
<td>Fire ants</td>
<td>H</td>
<td>Can transmit Rocky Mountain Spotted Fever and Lyme’s disease, and may even cause anemia if the infestation is severe enough.</td>
</tr>
<tr>
<td>9</td>
<td>Heat stroke</td>
<td>I</td>
<td>The entire body has cooled with the core temperature below 95 °F</td>
</tr>
<tr>
<td>10</td>
<td>Honey bee</td>
<td>J</td>
<td>Mix this many ampoules of calcium hypochlorite to ½ canteen cup of water for 36 gallons of water</td>
</tr>
<tr>
<td>11</td>
<td>Stretcher restraints</td>
<td>K</td>
<td>The only deadly type in the United States.</td>
</tr>
<tr>
<td>12</td>
<td>Ticks</td>
<td>L</td>
<td>Profuse sweating and pale (or gray), moist, cool skin are characteristic signs and symptoms</td>
</tr>
<tr>
<td>13</td>
<td>Chilblains</td>
<td>M</td>
<td>Injects a very irritating toxin into the skin</td>
</tr>
<tr>
<td>14</td>
<td>Arizona (black) scorpion</td>
<td>N</td>
<td>Are neurotoxic and leave only one or more tiny scratch marks in the area of the bite.</td>
</tr>
<tr>
<td>15</td>
<td>22</td>
<td>O</td>
<td>Most are a glossy black with a red or orange hourglass shape on the underside of the abdomen.</td>
</tr>
<tr>
<td>16</td>
<td>Generalized hypothermia</td>
<td>P</td>
<td>Usually leaves its stinger in the casualty.</td>
</tr>
<tr>
<td>17</td>
<td>Brown recluse spider</td>
<td>Q</td>
<td>A TEMPORARY restraint for a patient who is combative or uncontrollable.</td>
</tr>
<tr>
<td>18</td>
<td>Hard ticks</td>
<td>R</td>
<td>Indicated in casualties who, within 30 to 60 minutes following the bite, show progressive swelling involving the injured area, complain of paresthesia of the mouth, scalp, fingertips, or toes</td>
</tr>
<tr>
<td>19</td>
<td>Field expedient</td>
<td>S</td>
<td>Mix this many ampoules of calcium hypochlorite to ½ canteen cup of water for 400 gallons of water</td>
</tr>
<tr>
<td>20</td>
<td>Coral snakes</td>
<td>T</td>
<td>Remove and replace at least every 8 hours and perform range-of-motion exercises.</td>
</tr>
</tbody>
</table>
1. This is not only uncomfortable but may cause dizziness or nausea as a result of stimulation of the equilibrium sensors in the semicircular canals.

2. A normal one of these is slightly cone-shaped, shiny, translucent, and pearly grey.

3. This simplex can be Type 1 which causes cold sores or Type 2 which causes lesions.

4. Herpes zoster vesicle is also known by this name.

5. Another name for Tinea cruris.

6. Cardiac disease must be ruled out before the diagnosis of this is made.

7. This type of diarrhea persists for more than 3 weeks.

8. Treatment for this includes pain medication and/or muscle relaxant may be used to relieve anxiety, pain and muscle spasm prior to reducing.
1. ________________ is defined as the presence of air within the chest cavity.

2. Trapped air in the chest cavity under ________________ called a (tension pneumothorax) compresses the lung beneath it.

3. ________________ should ONLY be performed if the casualty has a chest trauma and progressive respiratory distress.

4. The most important concern in the initial management of abdominal injuries is ________________.

5. ________________ is an accumulation of fluids in the tissue surrounding an IV needle site. It is caused by penetration of the vein wall by the needle/catheter or later dislodgement of the catheter.

6. This is most commonly caused by viral, bacterial, and parasitic infections, frequently resulting from consumption of unpurified water or improperly stored or prepared food.

   A. Non-infectious diarrhea  
   B. Chronic diarrhea  
   C. Secretory diarrhea  
   D. Acute diarrhea

7. Anthrax is this type of biological warfare agent?

   A. Biological toxin  
   B. Encephalitis-like agent  
   C. Pneumonia-like agent  
   D. Other agent

8. When carrying a litter, if the casualty does not have a fractured leg, carry the casualty on ground level—

   A. Feet first  
   B. Head first

9. When carrying a litter, if the casualty does not have a fractured leg, when going uphill, carry the casualty—

   A. Feet first  
   B. Head first
STP 21-1-SMCT
Soldier’s Manual of Common Tasks
WARRIOR SKILLS
LEVEL 1
Reference Dated: 11 September 2012
Perform a Function Check on an M16-Series Rifle/M4-Series Carbine

1. ____ Using the table below correctly list the step to perform a Function Check on an M16A2, M16A4, and M4 only
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____
11. ____
12. ____
13. ____
14. ____
15. ____
16. ____
17. ____
18. ____
19. ____
20. ____
21. ____
22. ____

Note: steps may be used more than once

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Charge weapon three times</td>
</tr>
</tbody>
</table>
| B | Release the trigger with a slow, smooth motion, until the trigger is fully forward  
   Note: An audible click should be heard |
| C | Squeeze trigger, hammer should fall |
| D | Pull trigger, hammer should fall |
| E | Release trigger |
| F | Place selector lever on SAFE |
| G | Pull charging handle to rear and release |
| H | Release the trigger all the way then squeeze it again.  
   Note: The hammer should not fall because it should have fallen when the bolt was allowed to move forward during the chambering and locking sequences. |
| I | Confirm the weapon is clear |
| J | Charge weapon one time |
| K | Cock the weapon again |
| L | Pull trigger, hammer should not fall |
| M | Hold trigger to the rear |
| N | Place selector lever on BURST (M16A2, M16A4, and M4 Only) |
| O | Hold trigger to the rear and charge the weapon |
| P | Place selector lever on SEMI |
| Q | Place the selector switch on AUTO. (M16A3 and M4A1 only.) |
| R | Pull the charging handle to the rear, charging the weapon |
Subject Area 1: Shoot/Maintain, Employ, and Engage

List the fundamentals of marksmanship

(1) _____________________________________________
(2) _____________________________________________
(3) _____________________________________________
(4) _____________________________________________

List the steps when performing immediate action

S-__________________________________________________________
____________________________________________________________________

P-__________________________________________________________
____________________________________________________________________

O-__________________________________________________________
____________________________________________________________________

R-__________________________________________________________
____________________________________________________________________

T-__________________________________________________________
____________________________________________________________________

S-__________________________________________________________
____________________________________________________________________

Indentify the components of a hand grenade

1.__________________________________________________________
2.__________________________________________________________
3.__________________________________________________________
4.__________________________________________________________
5.__________________________________________________________
List the five positions to throw grenades

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
Move as a Member of a Fire Team

Indentify the following fire teams

1. ___________________               _________________
2. ___________________               _________________
   
3. ___________________               __________________ used when employing the wedge is impractical. This formation is most often used in severely restrictive terrain, like inside a building; dense vegetation; limited visibility; and so forth

4. ___________________               __________________ is the basic team formation. It is easy to control, is flexible, allows immediate fires in all directions, and offers all-round local security.

5. Maintain proper distance between team members. The normal distance between Soldiers is ______ meters. When enemy contact is possible, the distance between teams should be about ______ meters.

COMPLETE THE TABLE

Identify the six basic colors on a military map

<table>
<thead>
<tr>
<th>Black</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All relief features-contour lines on old maps cultivated land on red-light readable maps</td>
</tr>
<tr>
<td></td>
<td>Vegetation</td>
</tr>
<tr>
<td>Red</td>
<td>All relief features and main roads on red-light readable maps</td>
</tr>
</tbody>
</table>
Subject Area 2: Move

Identify the terrain features

1.

2.

3.

4.

5.

6.

7.

8.
Subject Area 2: Move

Orient the map

There are three ways to orient a map:
1. Using a ______________________ - The magnetic arrow of the compass points to magnetic north. As such, pay special attention to the declination diagram.
2. Using ______________________ ______________________ - This method is typically used when a compass is not available or when the user has to make many quick references as he moves across country.
3. Using ______________________ ______________________ Methods- These methods are used when a compass is available and there are no recognizable terrain features.

Effects of Metal and Electricity

Metal objects and electrical sources can affect the performance of a compass. However, nonmagnetic metals and alloys do not affect compass readings.

Identify the correct separation distances to ensure proper functioning of a compass:

High-tension power lines ............................................. ______ meters
Field gun, truck, or tank.................................................... ______ meters
Telegraph or telephone wires and barbed wire...... ______ meters
Machine gun.................................................................... ______ meters
Steel helmet or rifle......................................................... ______ meter

Select Temporary Fighting Positions

1. ______________________ is anything you use to keep yourself, your equipment, and your position from being identified.

2. ______________________, made of natural or fabricated materials, gives protection from bullets, fragments of exploding rounds, flame, nuclear effects, biological and chemical agents, and enemy observation.

3. ______________________ is anything that hides personal, equipment and/or vehicles from enemy observation. ______________________ does not protect you from enemy fire.
### Move under Direct Fire

Indentify the correct movement technique

<table>
<thead>
<tr>
<th>Use this crawl when there is good cover and concealment but enemy fire prevents you from getting up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gives you the lowest silhouette. It is used to cross places where the cover and/or concealment are very low and enemy fire or observation prevents you from getting up</td>
</tr>
<tr>
<td>Fastest way to move from one position to another. Use when you must cross an open area and time is critical.</td>
</tr>
</tbody>
</table>
### Sent a Situation Report (SITREP)

*Indentify the correct line number (Information is not in the correct order)*

<table>
<thead>
<tr>
<th>Map</th>
<th>Give a minimum six digit grid of the squad or team current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit</td>
<td>Identify the unit making the report</td>
</tr>
<tr>
<td>Own</td>
<td>Report activities of own forces</td>
</tr>
<tr>
<td></td>
<td>(1) Changes in numbers of units and/or formations</td>
</tr>
<tr>
<td></td>
<td>(2) Activities of forces not attached to originating unit</td>
</tr>
<tr>
<td>Enemy</td>
<td>Report enemy activity</td>
</tr>
<tr>
<td></td>
<td>(1) Nationality</td>
</tr>
<tr>
<td></td>
<td>(2) Location</td>
</tr>
<tr>
<td></td>
<td>(3) Uniforms</td>
</tr>
<tr>
<td></td>
<td>(4) Time of Sighting</td>
</tr>
<tr>
<td>Until</td>
<td>Report the date that the operational situation ends or will end</td>
</tr>
<tr>
<td>From</td>
<td>Report the time that the operational situation started or will start</td>
</tr>
<tr>
<td>Date and Time Group (DTG)</td>
<td>Report date and time the report is being submitted</td>
</tr>
<tr>
<td>Nonhostile</td>
<td>Report nonhostile activity</td>
</tr>
</tbody>
</table>
# Subject Area 3: Communicate

**STP 21-1-SMCT**

## Send a Spot Report (SPOTREP)

*Indentify the correct line number (Information is not in the correct order)*

<table>
<thead>
<tr>
<th><strong>Date time group (DTG) of report submission</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting unit (Unit Making Report).</td>
</tr>
<tr>
<td>Authentication (report authentication) per SOP</td>
</tr>
<tr>
<td>Assessment (apparent reason for or purpose of the activity observed, and apparent threats to or opportunities for friendly forces).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit (detected element unit, organization, or facility).</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Conventional.</td>
</tr>
<tr>
<td>(2) Irregular.</td>
</tr>
<tr>
<td>(3) Coalition.</td>
</tr>
<tr>
<td>(4) Host nation.</td>
</tr>
<tr>
<td>(5) Nongovernmental organization (NGO).</td>
</tr>
<tr>
<td>(6) Civilian.</td>
</tr>
<tr>
<td>(7) Facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Activity of detected element at DTG of report.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If necessary add a narrative to clarify, describe, or explain the type of activity.</td>
</tr>
<tr>
<td>(1) Attacking (direction from).</td>
</tr>
<tr>
<td>(a) Air defense artillery (ADA) (engaging).</td>
</tr>
<tr>
<td>(b) Aircraft (engaging) (rotary wing [RW], fixed wing [FW]).</td>
</tr>
<tr>
<td>(c) Ambush (IED [exploded], IED [unexploded], sniper, anti-armor, other).</td>
</tr>
<tr>
<td>(d) Indirect fire (point of impact, point of origin).</td>
</tr>
<tr>
<td>(e) Chemical, biological, radiological or nuclear (CBRN).</td>
</tr>
<tr>
<td>(2) Defending (direction from).</td>
</tr>
<tr>
<td>(3) Moving (direction from).</td>
</tr>
<tr>
<td>(4) Stationary.</td>
</tr>
<tr>
<td>(5) Cache.</td>
</tr>
<tr>
<td>(6) Civilian (criminal acts, unrest, infrastructure damage).</td>
</tr>
<tr>
<td>(7) Personnel recovery (isolating event, observed signal).</td>
</tr>
<tr>
<td>(8) Other (give name and description)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location (universal transverse mercator (UTM) or grid coordinate with military grid reference system (MGRS) grid zone designator of detected element activity or event observed).</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment (equipment of element observed).</td>
</tr>
<tr>
<td>(1) ADA</td>
</tr>
<tr>
<td>(2) Arty</td>
</tr>
<tr>
<td>(3) Armored track vehicle</td>
</tr>
<tr>
<td>(4) Armored wheel vehicle</td>
</tr>
<tr>
<td>(5) Wheel vehicle</td>
</tr>
<tr>
<td>(6) INF weapon (WPN)</td>
</tr>
<tr>
<td>(7) Aircraft</td>
</tr>
<tr>
<td>(8) Mine or IED</td>
</tr>
<tr>
<td>(9) CBRN</td>
</tr>
<tr>
<td>(10) Supplies</td>
</tr>
<tr>
<td>(11) Civilian</td>
</tr>
<tr>
<td>(12) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Size of detected element.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Persons: Military, Civilian.</td>
</tr>
<tr>
<td>(2) Vehicles: Military, Civilian.</td>
</tr>
<tr>
<td>(3) Equipment: Military, Civilian.</td>
</tr>
</tbody>
</table>

**Narrative (free text for clarifying report)**
Subject Area 3: Communicate
Use Visual Signaling Techniques

**Indentify the Visual Signals**

- Raise one arm above the head and rotate it in a small circle.
- Extend the arms parallel to the ground. Bend the arms until the forearms are perpendicular. Repeat.
- Extend the right arm parallel to the ground. Bend the arm until the forearm is perpendicular. Repeat.
- Extend the left arm parallel to the ground. Bend the arm until the forearm is perpendicular. Repeat.
- Extend both arms parallel to the ground. Raise the right arm until it is overhead. Repeat.
- Bend the arms with forearms at a 45-degree angle. The forearms are crossed. Repeat.
- Raise the fist to shoulder level and thrust it several times in the desired direction of action.
- Extend both arms parallel to the ground. Raise the left arm until it is overhead. Repeat.
- Extend the arm sideways, slightly above the horizontal, palm to the front. Wave the arm to and from the head several times.
- Extend the arms and fists. Bend the arms to the shoulders. Repeat.
React to Chemical or Biological (CB) Hazard/Attack

List the following situations when to don your protective mask automatically

1. ________________________________________________________________________
2. ________________________________________________________________________
3. ________________________________________________________________________
4. ________________________________________________________________________
5. ________________________________________________________________________
6. ________________________________________________________________________
7. ________________________________________________________________________
8. ________________________________________________________________________
9. ________________________________________________________________________

Detect Chemical Agents Using M8 or M9 Detector Paper

1. M8 and M9 detector paper will not detect ____________________________ vapors.
2. If you are right-handed, place a strip of M9 detector paper around your
   ____________________________, ____________________________, and
   ____________________________.
3. If you are left-handed, place a strip of M9 detector paper around your
   ____________________________, ____________________________, ____________________________, and
   ____________________________.
4. Do not attach M9 detector paper to hot, dirty, oily, or greasy surfaces because it may
give a ____________________________ reading.

5. Match the correct color with the agent
   Yellow-gold color
   Red-pink color
   Dark green color
   presence of a nerve (V) agent
   presence of a nerve (G) agent
   presence of a blister (H) agent

6. _______ detector paper reacts positively to petroleum products, ammonia, and
decontaminating solution number 2 (DS2).
7. _______ detector paper reacts positively to petroleum products, insecticides, and
   antifreeze.
Perform First Aid to Prevent or Control Shock

List the signs and symptoms of shock

1. ______________________________________________
2. ______________________________________________
3. ______________________________________________
4. ______________________________________________
5. ______________________________________________
6. ______________________________________________
7. ______________________________________________
8. ______________________________________________
9. ______________________________________________

Move a casualty using a four-man litter squad

1. Position one squad member at each litter handle with the litter squad leader at the casualty's ____________________ shoulder. The leader should be at the ___________________ shoulder to monitor the casualty's condition.
2. On the preparatory command, “___________________________,” the four bearers kneel beside and grasp the litter handles.
3. On the command, “___________________________,” all bearers rise together.
4. On the command, “___________________________, move,” all bearers walk forward in unison.
   (a) If the casualty does not have a fractured leg, carry the casualty ________________ first on level ground and head first when going uphill.
   (b) If the casualty has a fractured leg, carry the casualty ________________ first, except when going uphill.

5. To change direction of movement, such as from feet first to head first, begin in a litter ________________ position. The front and back bearers release the litter and the middle bearers rotate the litter and themselves.
Transport a Casualty

List the appropriate method to transport the casualty

1. ________________ ________________ is used for an unconscious or severely injured casualty.

2. ________________ ________________ is used in combat, generally for short distances.

3. ________________ ________________ is used to move a casualty who cannot walk when being moved up or down stairs.

Report Intelligence Information

1. S-__________________. Report the number of personnel, __________________, aircraft, or size of an object. Make an estimate if necessary.

2. A-__________________. Report detailed account of the detected element ________________.

3. L-__________________. Report where you saw the activity. Include ________________ with Grid Zone Designator or reference from a known point including the distance and direction from the known point.

4. U-__________________. Report the detected element ________________, organization, or facility. Indicate the type of unit, organization, or facility detected.

5. T-__________________. Report the ________________ and ________________ the activity was observed, not the time you report it.

6. E-__________________. Report all ________________ associated with the activity, such as weapons, vehicles, tools.
Perform Surveillance without the Aid of Electronic Device

*Identify the type of search*

1. _______________________________________________________________________

2. _______________________________________________________________________

3. The technique of viewing an object using ______________  ______________ is ineffective at night due to the night blind spot that exist during low illumination. You must learn to use ______________  ______________.

*Report Information of Potential Intelligence Value*

O - _______________________________________________________________________

A - _______________________________________________________________________

K - _______________________________________________________________________

O - _______________________________________________________________________

C - _______________________________________________________________________

D - _______________________________________________________________________
Subject Area 5: Adapt

See Yourself Culturally

1. The Army defines culture as _____________________________________________.
   
   _____________________________________________.

2. Culture is a system of ______________ and ______________ that guide our lives, both personally and publicly.

3. Culture is ____________________; there is no “culture of one.”

4. Culture is ___________________, meaning that people in a group or society live and think in ways forming definitive, repeating patterns.

5. Culture is ___________________, through social interactions between people and groups.

6. Culture is ___________________, in the sense that it is habitual, taken for granted, and perceived as “natural” by people within the group or society.

7. Culture is ____________________.

8. The distinctive features that describe a particular culture include its ______________ and ______________.

Develop in the five Dimensions of Comprehensive Soldier Fitness

1. ____________________: Maintain physical readiness; excel in physical activities that require strength, endurance, and mobility.

2. ____________________: Approach challenges in a positive, optimistic way

3. ____________________: Build and maintain trusted and valued relationships

4. ____________________: Strengthen beliefs, principals, and values that sustain a person beyond Family, institutional, and societal sources of strength.

5. ____________________: Grow daily as part of the Army and supportive family unit: identify issues and help other Soldiers as needed.
ANSWER KEY
CROSSWORD PUZZLE

Across  
1. CARTRIDGEFILTRATION  
2. MEDICALTHREAT  
3. PVNTMED  
4. HANDWASHING  
5. DISINFECTION  
6. CATHOLE  
7. COOKING UTENSILS  

DOWN  
1. CHEMICALLATRINES  
2. FSTTRAINING  
3. VEHICLES  
4. TWO  
5. LEFTOVERS  
6. BOILINGWATER  
7. DANGERZONE  
8. DNBI  
9. FOODHANDLERS  
10. COMMANDER  
11. OSMOSIS  

FILL IN THE BLANK  
1. HUMAN  
2. STRADDLE TRENCH  
3. 25/17  
4. Latrines  
5. burn-out latrine  
6. Norway rat/roof rat/house mouse  
7. 1-foot/2 1/2-feet/4-feet  
8. Garbage  
9. 100  
10. Liquid kitchen  
11. Standard soakage pits  
12. Arthropods  
13. Mouthparts  
14. Arthropods  
15. Malaria  
16. Yellow fever  
17. Insecticide  
18. 1/1  
19. DOD Insect Repellent System  
20. 33
PAGE 10  WORD SEARCH

1. Stress
2. Overweight/Fatigue
3. Heavy meals
4. Drugs
5. Heat cramps/Heat exhaustion/Heatstroke
6. Prevention
7. Resistance
8. Water
9. Work schedules
10. Workload
11. Overexertion
12. Clothing
13. Heat index
14. Cold Injury
15. Chilblain

PAGE 11  WORD JUMBLE

1. Immersion foot
2. Trench foot
3. Frostbite
4. General hypothermia
5. Weather
### Complete the Table

<table>
<thead>
<tr>
<th>HEAT CATEGORY</th>
<th>WBGT INDEX F</th>
<th>EASY WORK</th>
<th>MODERATE WORK</th>
<th>HARD WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>WORK/REST</td>
<td>WATER INTAKE, QT/HR</td>
<td>WORK/REST</td>
</tr>
<tr>
<td>1</td>
<td>78-81.9</td>
<td>NO LIMIT</td>
<td>½</td>
<td>NO LIMIT</td>
</tr>
<tr>
<td>2 (GREEN)</td>
<td>82-84.9</td>
<td>NO LIMIT</td>
<td>½</td>
<td>50/10 MIN</td>
</tr>
<tr>
<td>3 (YELLOW)</td>
<td>85-87.9</td>
<td>NO LIMIT</td>
<td>¾</td>
<td>40/20 MIN</td>
</tr>
<tr>
<td>4 (RED)</td>
<td>88-89.9</td>
<td>NO LIMIT</td>
<td>¾</td>
<td>30/30 MIN</td>
</tr>
<tr>
<td>5 (BLACK)</td>
<td>&gt;90</td>
<td>50/10 MIN</td>
<td>1</td>
<td>20/40 MIN</td>
</tr>
</tbody>
</table>

### Terms and Definitions

1. D 11. Q
2. S 12. B
3. F 13. J
5. M 15. C
7. I 17. P
8. O 18. T
10. K 20. G

### Quiz

1. B
2. C
3. A
4. B
5. B
MEDICAL SUPPORT TO DETAINEE OPERATIONS
FMI 4-02.46

PAGE 16 CROSSWORD PUZZLE

ACROSS
1. CIVILIAN INTERNEE
2. TORTURE
3. ENEMY COMBATANTS
4. UNLAWFUL ENEMY COMBATANT
5. GENEVA CONVENTIONS
6. LAW OF LAND WARFARE
7. RESPECT
8. SEXUAL
9. RETAINED PERSONNEL

DOWN
1. LAWFUL ENEMY COMBATANTS
2. THE HAGUE CONVENTIONS
3. PROTECT
4. MEDICAL EXAMINATION
5. BSCT
6. PHYSICAL
7. AMPUTATION
8. EMOTIONAL

PAGE 17 FILL IN THE BLANK

1. Priorities has a command philosophy that places honor and dignity at the top of priorities be established
   Policies It is not good enough to tell everyone to do the right thing…put it in writing.
   Procedures Have systems in place that by nature reduce the potential for abuse.
   Practices Continuous exercise of a professional demeanor and conduct is required.

2. Body cavity searches
3. Captured, Retained, Detained personnel
4. Enemy combatant
5. A. Search for, collection, transport, or treatment of the wounded or sick.  
   B. Prevention of disease.  
   C. Staff administration of medical units and establishments exclusively.
6. EPW, RP, Civilian Internee, EPW
7. Soldier
8. Protection, respect
9. Cultural, Privacy
10. One, 25
### TERMS AND DEFINATIONS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>11 D</td>
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<td>2</td>
<td>Q</td>
<td>12 J</td>
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<td>3</td>
<td>T</td>
<td>13 K</td>
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<td>4</td>
<td>H</td>
<td>14 M</td>
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<tr>
<td>5</td>
<td>S</td>
<td>15 P</td>
</tr>
<tr>
<td>6</td>
<td>B</td>
<td>16 A</td>
</tr>
<tr>
<td>7</td>
<td>I</td>
<td>17 N</td>
</tr>
<tr>
<td>8</td>
<td>R</td>
<td>18 G</td>
</tr>
<tr>
<td>9</td>
<td>C</td>
<td>19 E</td>
</tr>
<tr>
<td>10</td>
<td>O</td>
<td>20 L</td>
</tr>
</tbody>
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### COMPLETE THE TABLE

<table>
<thead>
<tr>
<th>Gallons Per Person Per Day</th>
<th>For</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Drinking in temperate climates</td>
</tr>
<tr>
<td>3.0</td>
<td>Drinking in tropical and arid climates</td>
</tr>
<tr>
<td>2.0</td>
<td>Drinking in arctic climates</td>
</tr>
<tr>
<td>1.7</td>
<td>Personal hygiene</td>
</tr>
<tr>
<td>1.7</td>
<td>Centralized hygiene (showers)</td>
</tr>
<tr>
<td>2.8</td>
<td>Food preparation</td>
</tr>
<tr>
<td>3.1</td>
<td>Laundry</td>
</tr>
</tbody>
</table>

### QUIZ

1. C
2. A
3. D
4. B
5. C
CROSSWORD PUZZLE

Across
4. Jockitch
6. ICS
8. NPO
10. TBSA
14. Hypertension
16. Cyanotic
17. Apnea
19. Open pneumothorax
23. Auscultate
24. NPA

Down
1. Flail Chest
2. Concussion
3. Tinea pedis
5. Hyperglycemia
7. Hemorrhage
9. FROPVD
11. Hemothorax
12. Phlebitis
13. Dyspnea
15. TIC
18. Infiltration
20. Urticaria
21. Tachycardia
22. OPA

COMPLETE THE TABLES

NORMAL RANGES OF RESPIRATIONS

<table>
<thead>
<tr>
<th></th>
<th>Adults</th>
<th>12-20 breaths/min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children</td>
<td>15-30 breaths/min</td>
</tr>
<tr>
<td></td>
<td>Infants</td>
<td>25-50 breaths/min</td>
</tr>
</tbody>
</table>

DEPTH OF RESPIRATIONS

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>deep, even movement of the chest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shallow</td>
<td>minimal rise and fall of the chest and abdomen</td>
</tr>
<tr>
<td></td>
<td>Labored</td>
<td>increased effort to breathe, with possible gasping</td>
</tr>
</tbody>
</table>

QUALITY OF RESPIRATIONS

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>effortless, automatic, regular rate, even depth, noiseless, and free of discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dyspnea</td>
<td>difficult or labored breathing</td>
</tr>
<tr>
<td></td>
<td>Tachypnea</td>
<td>rapid respiratory rate; usually a rate exceeding 24 breaths/min (adult)</td>
</tr>
<tr>
<td></td>
<td>Noisy</td>
<td>snoring, rattling, wheezing (whistling), or grunting</td>
</tr>
<tr>
<td></td>
<td>Apnea</td>
<td>temporary absence of breathing</td>
</tr>
</tbody>
</table>

NORMAL RANGES OF PULSE RATES

<table>
<thead>
<tr>
<th></th>
<th>Adults</th>
<th>60-100 beats/min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children</td>
<td>70-150 beats/min</td>
</tr>
<tr>
<td></td>
<td>Infants</td>
<td>100-160 beats/min</td>
</tr>
</tbody>
</table>

RATES OF PULSE

<table>
<thead>
<tr>
<th></th>
<th>Bradycardia</th>
<th>Less than 60 beats/min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tachycardia</td>
<td>Exceed 100 beats/min (adult)</td>
</tr>
</tbody>
</table>

PULSE RHYTHM

<table>
<thead>
<tr>
<th></th>
<th>Regular rhythm</th>
<th>easy to find regular rate and rhythm that varies with the individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Irregular rhythm</td>
<td>any change from a regular beating pattern</td>
</tr>
</tbody>
</table>
### PULSE STRENGTH

<table>
<thead>
<tr>
<th>Pulse Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong (full) pulse</td>
<td>Usually easy to find, beats evenly and forcefully</td>
</tr>
<tr>
<td>Bounding (stronger than normal) pulse</td>
<td>Easy to find, exceptionally strong heartbeats that make the arteries difficult to compress.</td>
</tr>
<tr>
<td>Weak (thread) pulse</td>
<td>Usually difficult to find, weak and thin</td>
</tr>
</tbody>
</table>

### NORMAL RANGES FOR BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Category</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (systolic)</td>
<td>90-140 mm Hg</td>
</tr>
<tr>
<td>Adult (diastolic)</td>
<td>60-90 mm Hg</td>
</tr>
<tr>
<td>Children (systolic)</td>
<td>80-110 mm Hg</td>
</tr>
<tr>
<td>Infants (systolic)</td>
<td>60 mm Hg</td>
</tr>
<tr>
<td>Hypotension</td>
<td>When blood pressure is lower than normal range</td>
</tr>
<tr>
<td>Hypertension</td>
<td>When blood pressure is higher than normal range</td>
</tr>
</tbody>
</table>

### NORMAL RANGES FOR TEMPERATURE

<table>
<thead>
<tr>
<th>Method</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral method</td>
<td>97.0° to 99.0° F</td>
</tr>
<tr>
<td>Rectal method</td>
<td>98.0° to 100.0° F</td>
</tr>
<tr>
<td>Tympanic method</td>
<td>97.0° to 99.0° F</td>
</tr>
<tr>
<td>Axillary method</td>
<td>96.0° to 98.0° F</td>
</tr>
</tbody>
</table>
Identify the following authorized abbreviations. Which block do you use the following abbreviations in? Block # 3

1. Abr W—Abraded wound
2. Cont W—Contused wound
3. FC—Fracture (compound) open
4. FCC—Fracture (compound) open comminuted
5. FS—Fracture (simple) closed
6. LW—Lacerated wound
7. MW—Multiple wounds
8. Pen W—Penetrating wound
9. Perf W—Perforating wound
10. SL—Slight
11. SV—Severe
Terms and Definitions

OPEN ABDOMINAL WOUND
1. One
2. Shock
3. Moist, sterile
4a. Do not touch any exposed organs with bare hands.
4b. Do not try to push any exposed organs back into the body.
4c. Do not tie the dressing tails tightly or directly over the dressing.
4d. Do not give the casualty anything by mouth (NPO).

IMPALEMENT
1. Pulse distal
2. Anchor

HYPOVOLEMIC SHOCK
1. Tachycardia
2. 80
3. Hypothermia
CHEST INJURY
1. Sucking
2. Airtight
3. Entry
4. Exhales
5. Rib fracture
6. Pneumonia

OPEN OR CLOSED HEAD INJURY
1. Bruise
2. Strength, sensation
3. 6

FOREIGN BODIES OF THE EYE
1. Both
2. Down

LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE
1. Visual acuity testing
2. Globe
3. Paper cup

BURNS OF THE EYE
1. Electrical
2. 20
3. Potable water
4. Respiratory/ inhalation

INITIAL TREATMENT FOR BURNS
1. Room-temperature
2. Arrest
3. Alkali
4. White phosphorus
5. Entry, exit
TRAUMA CASUALTY ASSESSMENT
1. MOI
2. Capillary refill
3. Rapid Trauma Assessment

PROVIDE BASIC EMERGENCY MEDICAL CARE FOR AN AMPUTATION
1a. Move the casualty to a covered and concealed location
1b. Immediately apply a tourniquet
2a. Direct pressure
2b. Pressure point
2c. Pressure dressing
3a. Never warm an amputated part.
3b. Never place an amputated part directly in water
3c. Never place an amputated part directly on ice
3d. Never use dry ice to cool an amputated part

CONTROL BLEEDING
1. Direct pressure
2. Distal pulse
3. Brachial
4. Tourniquet

TREAT A CASUALTY FOR CONTUSIONS OR ABRASIONS
1a. Infection
1b. Rapid healing
1c. "tattooing"
2a. Three, four
2b. Two, three
2c. Infection
3. Fracture, neurological, vascular

APPLY A TOURNIQUET TO CONTROL BLEEDING
1. Tourniquet
2. 2-3
3. Tape

APPLY A HEMOSTATIC DRESSING
1. 3
2a. Remove all of the gauze from the wound
2b. Replace with a new package of combat gauze
3. Cotton gauze

APPLY A PRESSURE DRESSING TO AN OPEN WOUND
1. Clothing
2. Down
3. 5 to 10

APPLY KERLIX TO AN OPEN WOUND
1. Tight
2. Three

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PERFORM A TACTICAL CASUALTY ASSESSMENT

Performance Steps
1. Perform care under fire. (Care under fire is care rendered at the scene of the injury while the combat medic and the casualty are still under effective hostile fire).
   a. **Return fire** as directed or required before providing medical treatment. This may include wounded Soldiers still able to fight.
   b. Determine if casualty is **alive** or **dead**.
   c. Communicate **medical situation** to team leader.
   d. Tactically **transport** casualty, his weapon, and mission-essential equipment to cover.
   e. Recheck **bleeding control** measures as the tactical situation permits.
2. Perform tactical field care. (Tactical field care is care rendered by the medic when no longer under effective hostile fire)
   a. Communicate **medical situation** to patrol leader.
   b. Note general impression of the casualty by determining responsiveness or level of consciousness (AVPU).
      1. A - **Alert**.
      2. V - **Responds to verbal commands**.
      3. P - **Responds to painful stimuli**.
      4. U - **Unresponsive**.
   c. Assess and secure the **airway**.
   d. Assess the **chest** and perform medical care to correct problems in **breathing** or **respiration**.
   e. Identify and control **major bleeding** not previously controlled.
   f. Determine if the casualty requires **fluid resuscitation**.
   g. **Expose** any wounds.
   h. Splint obvious **long-bone** fractures.
   i. Administer **pain medications** as needed to any Soldier wounded in combat.
   j. Initiate medical evacuation request lines 1 through 5
   k. Complete **FMC**.
   l. Transport the casualty to the site where evacuation is anticipated.
3. Perform combat casualty evacuation care (CASEVAC).
   a. Additional **medical** personnel may accompany the evacuation asset to assist the medic.
   b. Additional **medical supplies** and **equipment** may also accompany the evacuation asset.

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OPEN THE AIRWAY
1. Head-tilt/chin-lift or jaw thrust
2. Close
3. Jaw thrust

CLEAR AN UPPER AIRWAY OBSTRUCTION
1. Abdominal thrusts
2. advanced stages of pregnancy, very obese, abdominal wound
3. Inward and upward
PERFORM RESCUE BREATHING
1. Mouth-to-mouth, mouth-to-nose, mouth-to-mask
2. Mouth-to-nose
3. Face mask
4. BVM
5. FROPVD

INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)
1. Ear lobe, corner of the mouth
2. Roof of the mouth
3. Remove

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VENTILATE A PATIENT WITH A BAG-VALVE-MASK SYSTEM
1a. Self-refilling bag
1b. Non-rebreathing outlet valve
1c. Oxygen reservoir
1d. One-way inlet valve
1e. Transparent face mask

SET UP A D-SIZED OXYGEN TANK
1a. Green
1b. Silver or chrome with a green area around the valve stem on top
2. White
3. "OXYGEN", "NO SMOKING"

PERFORM ORAL AND NASOPHARYNGEAL SUCTIONING OF A PATIENT
1. Semi-Fowler's
2. Tonsil-tip (Yankauer)
3. Flexible (French, or whistle-tip)
4. Re-oxygenate

INSERT A NASOPHARYNGEAL AIRWAY
1. Maxillofacial, head
2. Nose to earlobe
3. Toward
4. Recovery

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ADMINISTER OXYGEN
1. 200
2. Green, silver, chrome

PERFORM A NEEDLE CHEST DECOMPRESSION
1. Sucking chest wound
2. Over, third, second
3. Bottom
INITIATE AN INTRAVENOUS INFUSION
1. Defects, expiration date, contamination
2. Cracks, scratches, leaks
3. Discoloration
4. Tightens
5. Barbs, nicks
6. 2
7. Distal, accessible
8. 6, 8

MANAGE AN INTRAVENOUS INFUSION
1. Infiltration
2. Phlebitis
3. Infection
4. Air embolism
5. Circulatory overload

INITIATE A SALINE LOCK
1. 5
IRRIGATE AN OBSTRUCTED EAR
1. Water, normal saline
2. Dizziness, nausea
3. Ear canal, tympanic membrane
4. Eardrum

TREAT SKIN DISORDERS
1. 1, 2
2. Direct contact, sexual, 2, 3
3. 7 to 28
4. Infected articles
5. 4th, 5th

TREAT ABDOMINAL DISORDERS
1a. 6
1b. abdominal surgery
1c. fever
1d. tachycardia
1e. dehydration
1f. pregnant
2. Cardiac disease
3. Acute diarrhea
4. Non-infectious diarrhea
5. Chronic diarrhea

TREAT COMMON MUSCULOSKELETAL DISORDERS
1. NSAID
2. Reducing
3. Retropatellar (patellofemoral) pain syndrome

TREAT COMMON RESPIRATORY DISORDERS
1. 101
2. Symptomatic

APPLY A SAM SPLINT
1. Manual traction
2. Cravat

APPLY AN ELASTIC BANDAGE
1. Secure
2. Tourniquet

IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM OR DISLOCATED SHOULDER
1. Reduce, set
2. Fingernails, capillary refill
3. Radial pulse
IMMOBILIZE THE HIP
1. Anterior dislocation
2. Posterior dislocation
3. Spontaneous reduction

APPLY A TRACTION SPLINT
1. Partial amputations
2. 8 to 12
3. Anatomically
4. Casualty feels relief

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PROVIDE BASIC EMERGENCY TREATMENT FOR A PAINFUL, SWOLLEN, DEFORMED EXTREMITY
1. Joints, bone ends
2. Traction
3. Transport

TREAT A CASUALTY WITH A SUSPECTED SPINAL INJURY
1. Spinal injury
2. Spinal cord
3. Four
4. Released, supine

APPLY A CERVICAL COLLAR
1. Chin, chest, supraternal notch
2. Shoulder girdle
3. Hyperextension
4. Hyperflexion

APPLY A KENDRICK EXTRICATION DEVICE
1. Long straps (groin straps)
2a. Middle strap
2b. Lower strap
2c. Upper strap
3. Fully immobilized

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APPLY A LONG SPINE BOARD
1. Neck (cervical)
2. Waist
3. Fingers, toes

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TREAT A NERVE AGENT CASUALTY IN THE FIELD
1. Immediately
2. Delayed or absent
3. 15, 20
4. Two
5. Left

TREAT A BLOOD AGENT (HYDROGEN CYANIDE) CASUALTY IN THE FIELD
1. 15
2. Bitter almonds, peach kernels

TREAT A CHOKING AGENT CASUALTY IN THE FIELD
1. Masked and evacuated
2. 2, 6

TREAT A BLISTER AGENT CASUALTY (MUSTARD, LEWISITE, PHOSGENE OXIME) IN THE FIELD
1. Blister agents
2. Lewisite (L)
3. Mustard (HD)
4. Hot weather

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DECONTAMINATE A CASUALTY
1. 5%
2. 0.5, 5
3. 5

TREAT A BIOLOGICAL EXPOSED CASUALTY
a. Pneumonia-like agents
   (1) Tularemia
   (2) Q fever
   (3) Plague
   (4) Anthrax
b. Encephalitis-like agents
   (1) Smallpox
   (2) Venezuelan equine encephalitis
c. Biological toxins
   (1) Mycotoxins
   (2) Staphylococcal enterotoxin B
   (3) Ricin
   (4) Botulinum
d. Other agents
   (1) Brucellosis Cholera
   (2) Viral hemorrhagic fevers
   (3) Brucellosis

| Venezuelan equine encephalitis | Viral hemorrhagic fevers |
| Anthrax                        | Mycotoxins               |
| Staphylococcal enterotoxin B   | Brucellosis Cholera      |
| Tularemia                      | Plague                   |
| Smallpox                      | Q fever                  |
| Botulinum                     | Brucellosis              |
| Ricin                          |                          |

2. Smallpox, plague, ebola
3. Minimal

TREAT A RADIATION CASUALTY
1. 100-200, 6, 12, fatal
2. Systemic blood pressure

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GUIDE A HELICOPTER TO A LANDING POINT
Figure 1 - Night Marking
ESTABLISH A HELICOPTER LANDING POINT
1. 30
2. 15, 15
3. Under
4. Side

REQUEST MEDICAL EVACUATION
1. Initial contact
2. 6, 9
3. Radiotelephone
4. OVER

TRIAGE CASUALTIES ON A CONVENTIONAL BATTLEFIELD

<table>
<thead>
<tr>
<th>Identify the priorities for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
</tr>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Minimal</td>
</tr>
<tr>
<td>Expectant</td>
</tr>
</tbody>
</table>

Using the above priorities for treatment, determine the priorities for treatment

<table>
<thead>
<tr>
<th>Using the above priorities for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Immediate</td>
</tr>
<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Expectant</td>
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<tr>
<td>Delayed</td>
</tr>
<tr>
<td>Minimal</td>
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<td>Minimal</td>
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<td>Immediate</td>
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<tr>
<td>Immediate</td>
</tr>
<tr>
<td>Minimal</td>
</tr>
<tr>
<td>Expectant</td>
</tr>
</tbody>
</table>
Identify MEDEVAC priorities by precedence category

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent</td>
<td>Evacuation is required as soon as possible, but within 1 hour, to save life, limb or eyesight. Generally, casualties whose conditions cannot be controlled and have the greatest opportunity for survival are placed in this category</td>
</tr>
<tr>
<td>Urgent Surgical</td>
<td>Evacuation is required for casualties who must receive far forward surgical intervention to save life and stabilize for further evacuation within 1 hour</td>
</tr>
<tr>
<td>Priority</td>
<td>Evacuation is required within 4 hours or the casualty's condition could get worse and become an &quot;Urgent&quot; or &quot;Urgent Surgical&quot; category condition. Generally, this category applies to any casualty whose condition is not stabilized or who is at risk of trauma-related complications.</td>
</tr>
<tr>
<td>Routine</td>
<td>Evacuation is required within 24 hours for further care. Immediate evacuation is not critical. Generally, casualties who can be controlled without jeopardizing their condition or who can be managed by the evacuating facility for up to 24 hours.</td>
</tr>
<tr>
<td>Convenience</td>
<td>Evacuation by medical vehicle is a matter of convenience rather than necessity.</td>
</tr>
</tbody>
</table>
Using the MEDEVAC priorities by precedence category, determine the correct category for MEDEVAC

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent</td>
<td>Head injuries with signs of increasing intracranial pressure</td>
</tr>
<tr>
<td>Urgent Surgical</td>
<td>Penetrating wounds</td>
</tr>
<tr>
<td>Routine</td>
<td>Simple fractures</td>
</tr>
<tr>
<td>Urgent Surgical</td>
<td>Decreased circulation in the extremities</td>
</tr>
<tr>
<td>Routine</td>
<td>Burns covering 20% to 80% of the TBSA if the casualty is receiving and responding to IV fluid therapy</td>
</tr>
<tr>
<td>Priority</td>
<td>Burns on the hands, face, feet, genitalia, or perineum, even if under 20% of the TBSA.</td>
</tr>
<tr>
<td>Priority</td>
<td>Closed-chest injuries, such as rib fractures without a flail segment or other injuries that interfere with respiration</td>
</tr>
<tr>
<td>Urgent</td>
<td>Cardiorespiratory distress</td>
</tr>
<tr>
<td>Priority</td>
<td>Spinal injuries</td>
</tr>
<tr>
<td>Priority</td>
<td>Eye injuries that do not threaten eyesight</td>
</tr>
<tr>
<td>Urgent Surgical</td>
<td>Severe facial injuries</td>
</tr>
<tr>
<td>Convenience</td>
<td>Minor open wounds</td>
</tr>
<tr>
<td>Urgent Surgical</td>
<td>Open chest and/or abdominal wounds with decreased blood pressure</td>
</tr>
<tr>
<td>Convenience</td>
<td>Sprains and strains</td>
</tr>
<tr>
<td>Routine</td>
<td>Open wounds including chest injuries without respiratory distress</td>
</tr>
<tr>
<td>Urgent</td>
<td>Prolonged unconsciousness</td>
</tr>
<tr>
<td>Urgent Surgical</td>
<td>Uncontrollable hemorrhage or open fractures with severe hemorrhage</td>
</tr>
<tr>
<td>Routine</td>
<td>Terminal cases</td>
</tr>
<tr>
<td>Urgent</td>
<td>Shock not responding to IV fluid therapy</td>
</tr>
<tr>
<td>Convenience</td>
<td>Minor burns under 20% of TBSA</td>
</tr>
<tr>
<td>Urgent</td>
<td>Burns covering 20% to 85% of the TBSA</td>
</tr>
<tr>
<td>Priority</td>
<td>Abdominal injuries with no decreased blood pressure</td>
</tr>
<tr>
<td>Routine</td>
<td>Behavioral emergencies and combat stress casualties</td>
</tr>
<tr>
<td>Priority</td>
<td>Brief periods of unconsciousness</td>
</tr>
<tr>
<td>Priority</td>
<td>Soft tissue injuries and open or closed fractures</td>
</tr>
</tbody>
</table>

TRIAGE CASUALTIES ON AN INTEGRATED BATTLEFIELD

Establish priorities for treatment

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>No signs and symptoms of chemical agent poisoning.</td>
</tr>
<tr>
<td></td>
<td>Presence of life-threatening conventional injuries.</td>
</tr>
<tr>
<td>Chemical immediate</td>
<td>Presence of signs and symptoms of severe chemical agent poisoning.</td>
</tr>
<tr>
<td></td>
<td>No conventional injuries.</td>
</tr>
<tr>
<td>Delayed</td>
<td>Presence of mild signs and symptoms of chemical agent poisoning.</td>
</tr>
<tr>
<td></td>
<td>Presence of conventional injuries that are not life-threatening.</td>
</tr>
<tr>
<td>Minimal</td>
<td>No signs and symptoms of chemical agent poisoning.</td>
</tr>
<tr>
<td></td>
<td>Presence of minor conventional injuries.</td>
</tr>
<tr>
<td>Expectant</td>
<td>Presence of severe signs and symptoms of both chemical agent poisoning and life-threatening conventional injuries.</td>
</tr>
<tr>
<td></td>
<td>No conventional injuries and not breathing due to chemical agent poisoning.</td>
</tr>
</tbody>
</table>
LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORMS

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6</td>
<td>1 L / 3 A</td>
</tr>
</tbody>
</table>

Load casualties in the right berth first and then the left.
Load the most seriously injured casualty last.

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>8</td>
<td>2 L / 4 A</td>
</tr>
</tbody>
</table>

Load casualties in the upper right, lower right, upper left, and then the lower left berths.
Load the most seriously injured casualties last.

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>10</td>
<td>2 L / 5 A</td>
</tr>
</tbody>
</table>

Load casualties in the upper right, lower right, upper left, and then the lower left berths.
Load the most seriously injured casualties last.

1 1/4 TON, 4X4, M998

**Two-man configuration**
3 litters
Place one litter lengthwise, head first, in the bed of the truck

1 1/4 TON, 4X4, M998

**Four-man configuration**
5 litters
Place two litters lengthwise, head first, in the bed of the truck

NONSTANDARD VEHICLES, 2 1/2 TON, 6X6 OR 5 TON, 6X6, CARGO TRUCK

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>16</td>
<td>12 L / 16 A</td>
</tr>
</tbody>
</table>

Long Wheelbase, 5-Ton, M-1085

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>22</td>
<td>12 L / 22 A</td>
</tr>
</tbody>
</table>

Light Vehicle Air Drop/Air Delivery, 5 Ton, M-1093

<table>
<thead>
<tr>
<th>LITTER</th>
<th>AMBULATORY</th>
<th>LITTER (L) AND AMBULATORY (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>14</td>
<td>8 L / 14 A</td>
</tr>
</tbody>
</table>

Light Vehicle Air Drop/Air Delivery, 2 1/2 Ton, M-1081
COORDINATE CASUALTY TREATMENT AND EVACUATION

NOTE: FM 4-02.2 Medical Evacuation contains suggested loading plans for many common nonmedical vehicles. You should become familiar with the plans for vehicles assigned to your unit.

1. When loading casualties into the vehicle, load the most seriously injured casualty last.
2. When a casualty is placed lengthwise, load the casualty with his head pointing forward, toward the direction of travel.
3. Secure each litter casualty to his litter.
4. Secure each litter to the vehicle as it is loaded into place.
5. Watch the casualties closely for life-threatening conditions and provide treatment, as necessary, during CASEVAC.

Medication Administration

1. Three
2. Sterile
3. Infection
4. Thick
5. Thin, Obese
6. Scoop
7. Intramuscular
8. Intradermal
9. Narcan
10. Purple
11. Meniscus
1. Cold Solutions
2. Eardrum
3. Herpes
4. Shingles
5. Jock itch
6. GERD
7. Chronic
8. Dislocation
PAGE 57  QUIZ

1. Pneumothorax
2. Pressure
3. NCD
4. Shock
5. Infiltration
6. Acute diarrhea
7. Pneumonia-like agent
8. Feet first
9. Head first

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Perform a Function Check on an M16-Series Rifle/M4-Series Carbine

1. I 12. C
2. F 13. M
3. G 14. A
4. L 15. E
5. P 16. C
6. D 17. Q
7. O 18. R

PAGE 61

List the fundamentals of marksmanship

(1) Steady position
(2) Aiming
(3) Breath control
(4) Trigger squeeze

List the steps when performing immediate action

S- Slap upward on the magazine to ensure it is well seated and that the magazine follower is not jammed
P- Pull the charging handle all the way to the rear
O- Observe the ejection of a live round or expended cartridge
R- Release the charging handle; do not ride the charging handle
T- Tap the forward assist to ensure that the bolt is closed
S- Squeeze the trigger and try to fire the rifle
Identify the components of a hand grenade

1. Safety pin
2. Confidence clip
3. Safety clip
4. Safety lever
5. Hand grenade fuse assembly

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List the five positions to throw grenades

1. Standing
2. Prone-to-standing
3. Kneeling
4. Prone-to-kneeling
5. Alternate prone

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Move as a Member of a Fire Team

1. Wedge Formation
2. File Formation
3. File Formation
4. Wedge formation
5. 10, 50

COMPLETE THE TABLE

<table>
<thead>
<tr>
<th>Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>Culture (man-made)features other than roads</td>
</tr>
<tr>
<td>Blue</td>
<td>Water</td>
</tr>
<tr>
<td>Brown</td>
<td>All relief features-contour lines on old maps cultivated land on red-light readable maps</td>
</tr>
<tr>
<td>Green</td>
<td>Vegetation</td>
</tr>
<tr>
<td>Red</td>
<td>Major roads, built-up areas, special features on old maps</td>
</tr>
<tr>
<td>Red-brown</td>
<td>All relief features and main roads on red-light readable maps</td>
</tr>
</tbody>
</table>

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Identify the terrain features

1. Hill
2. Ridgeline
3. Saddle
4. Valley
5. Depression
6. Draw
7. Spur
8. Ridge

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Orient the map

1. Compass
2. Terrain association
3. Field-Expedient

Effects of Metal and Electricity

High-tension power lines ....................................... 55 meters
Field gun, truck, or tank......................................... 18 meters
Telegraph or telephone wires and barbed wire........ 10 meters
Machine gun........................................................... 2 meters
Steel helmet or rifle................................................ 1/2 meter

Select Temporary Fighting Positions

1. Camouflage
2. Cover
3. Concealment, concealment

PAGE 66

Move under Direct Fire

<table>
<thead>
<tr>
<th>Route</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>High crawl</td>
<td>Route provides cover and concealment, poor visibility reduces enemy</td>
</tr>
<tr>
<td></td>
<td>observation, and speed is required but the terrain and vegetation are</td>
</tr>
<tr>
<td></td>
<td>suitable only for the low crawl</td>
</tr>
<tr>
<td>Low crawl</td>
<td>When the route provides cover and concealment less than 1 foot high,</td>
</tr>
<tr>
<td></td>
<td>visibility provides the enemy with good observation, and speed is not</td>
</tr>
<tr>
<td></td>
<td>required</td>
</tr>
<tr>
<td>Rush</td>
<td>Must cross an open area and time is critical</td>
</tr>
</tbody>
</table>

PAGE 67

Send a Situation Report (SITREP)

Indentify the correct line number

<table>
<thead>
<tr>
<th>Line</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Line 5</td>
<td></td>
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<tr>
<td>Line 2</td>
<td></td>
</tr>
<tr>
<td>Line 8</td>
<td></td>
</tr>
<tr>
<td>Line 6</td>
<td></td>
</tr>
<tr>
<td>Line 4</td>
<td></td>
</tr>
<tr>
<td>Line 3</td>
<td></td>
</tr>
<tr>
<td>Line 1</td>
<td></td>
</tr>
<tr>
<td>Line 7</td>
<td></td>
</tr>
</tbody>
</table>
PAGE 68

Send a Spot Report (SPOTREP)

Indentify the correct line number

| Line 1 | Line 7 | Line 2 | LINE 11 | Line 9 | Line 6 | Line 4 | Line 5 | Line 3 | LINE 10 |

PAGE 69

Use Visual Signaling Techniques

<table>
<thead>
<tr>
<th>Coils</th>
<th>Herringbone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Right</td>
<td>Contact Left</td>
</tr>
<tr>
<td>Action Left</td>
<td>Air Attack</td>
</tr>
<tr>
<td>Action Front (Right, Left, or Rear)</td>
<td>Action Right</td>
</tr>
<tr>
<td>Attention</td>
<td>Chemical, Biological, Radiological, and Nuclear (CBRN)</td>
</tr>
</tbody>
</table>

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Protect Yourself from Chemical and Biological (CB) Contamination Using Your Assigned Protective Mask

List the following situations when you would don your protective mask automatically

1. A chemical alarm sounds.
2. A positive reading is obtained on detector paper.
3. Individuals exhibit symptoms of CB agent poisoning, such as difficulty breathing, coughing, wheezing, vomiting, or eye irritation.
4. You observe a spill or cloud of unknown material(s).
5. You react to an IED explosion where you suspect the release of a CB agent.
6. You observe a contamination marker.
7. Your supervisor orders you to mask.
8. You observe personnel wearing protective masks.
9. You observe other signs of a possible CB agent hazard/attack.
Detect Chemical Agents Using M8 or M9 Detector Paper

1. Chemical-agent
2. Right upper arm, left wrist, right ankle
3. Left upper arm, right wrist, left ankle
4. False positive
5. Match the correct color with the agent

Yellow-gold color presence of a nerve (V) agent
Red-pink color presence of a nerve (G) agent
Dark green color presence of a blister (H) agent

6. M8
7. M9

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Perform First Aid to Prevent or Control Shock

List the signs and symptoms of shock
1. Sweaty but cool skin
2. Pale skin
3. Restlessness or nervousness
4. Thirst
5. Severe bleeding
6. Confusion
7. Rapid breathing
8. Blotchy blue skin
9. Nausea and/or vomiting

Move a casualty using a four-man litter squad

1. Right, right
2. Prepare to lift
3. Lift
4. Four man carry
4a. Feet
4b. Head
5. Post carry

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Transport a Casualty

1. Fireman's carry
2. Neck drag
3. Cradle-drop drag
Report Intelligence Information

a. Size, vehicles
b. Activity, actions
c. Location, grid coordinates
d. Unit, unit
e. Time, time, date
f. Equipment, equipment

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Perform Surveillance without the Aid of Electronic Device

Identify the type of search
1. Rapid/Slow Scan
2. Detailed Search
3. Central vision, off-center vision

Report Information of Potential Intelligence Value

Observation and fields of fire
Avenues of approach
Key and decisive terrain
Obstacles
Cover and concealment

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See Yourself Culturally

1. The set of distinctive features of a society or group, including but not limited to values, beliefs, and norms that ties together members of that society or group and that drives action and behavior
2. Rules, regulations
3. Shared
4. Patterned
5. Changeable
6. Internalized
7. Learned
8. Myths, legends

Develop in the five Dimensions of Comprehensive Soldier Fitness

1. Physical
2. Emotional
3. Social
4. Spiritual
5. Family
The proponent of this publication is the U.S. Army Medical Department Center and School. Send comments and recommendations directly to: U.S. Army Medical Department Center and School, ATTN: MCCS-OP-T (EFMB), 3630 Stanley Road, Suite 336, Fort Sam Houston, TX 78234-6122.

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<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MI)</th>
<th>RANK</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:_____________________________@us.army.mil">_____________________________@us.army.mil</a></td>
<td></td>
</tr>
</tbody>
</table>

1. Issue, comment or concern:

Recommendation:

PAGE_______ CHAPTER TITLE______________________________

1. Issue, comment or concern:

Recommendation:

PAGE_______ CHAPTER TITLE______________________________

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