Care Flight Entrance Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. During which capnography phase does EtCO2 rise on expiration?

A. Baseline

B. Expiratory upstroke

C. Alveolar plateau

D. Inspiratory downstroke

2. Which phase of capnography is the alveolar plateau where CO2 reaches its expiration peak?

A. Baseline

B. Expiratory upstroke

C. Alveolar plateau

D. Inspiratory downstroke

3. JVD stands for which medical term?

A. Jugular vein distention

B. Jugular venous distention

C. Jugular vein dilation

D. Jugular venous distension

4. Which item is NOT part of general MI treatment?

A. Antibiotics

B. Morphine/pain control

C. Oxygen

D. Nitro

5. Which of the following is NOT part of Beck's Triad?

A. Hypotension

B. Muffled heart tones

C. JVD

D. Chest pain

6. Activation of V2 receptors in the kidneys leads to which effect?

A. Vasodilation of arterioles

B. Bronchodilation

C. Increased water resorption in the nephrons

D. Vasoconstriction

7. Which EKG change is most consistent with inferior MI with right ventricular involvement?

A. ST elevation in II > III

B. ST elevation in III > II

C. ST elevation in aVL

D. ST depression in II

8. What is the vasopressin dose as given in the material?

A. 0.3 units/min

B. 0.03 units/min

C. 0.003 units/min

D. 3 units/min

9. Which statement describes the hallmarks of metabolic acidosis?

A. High HCO3, High pH; compensation: High PaCO2.

B. Normal HCO3, normal pH.

C. Low HCO3, low pH; compensation: Low PaCO2.

D. Low PaCO2, high pH; compensation: Low HCO3.

10. Tidal volume is defined as which of the following?

A. Volume of gas delivered each breath

B. Volume of air inspired from baseline to peak during normal breathing

C. Total air in the lungs after maximal inhalation

D. Residual air left after exhalation

Answers

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

Explanations

1. During which capnography phase does EtCO2 rise on expiration?

A. Baseline

B. Expiratory upstroke

C. Alveolar plateau

D. Inspiratory downstroke

Capnography tracks CO2 across the breathing cycle, with a distinct upstroke that marks the start of expiration. The rise in EtCO2 during expiration happens in the expiratory upstroke: as you begin to exhale, the first gas is dead-space air with little CO2, but soon alveolar gas rich in CO2 mixes into the airway and pushes the CO2 level up rapidly toward the plateau. The end-tidal CO2 value is reached at the end of this rise, during the alveolar plateau when the CO2 concentration stabilizes. The inspiratory downstroke shows the CO2 level falling as you inhale, and the baseline is the near-zero portion between breaths. So the phase where EtCO2 rises on expiration is the expiratory upstroke.

2. Which phase of capnography is the alveolar plateau where CO2 reaches its expiration peak?

A. Baseline

B. Expiratory upstroke

C. Alveolar plateau

D. Inspiratory downstroke

The alveolar plateau is the portion of the capnogram that occurs during expiration after the rapid upstroke, and it represents the exhalation of alveolar gas. During this phase the CO2 level remains relatively steady as alveolar air is expelled, and the peak of expiration—the end-tidal CO2 value—occurs at the end of this plateau. This end-tidal point reflects the CO2 concentration of the alveolar gas and is used to assess ventilation. In contrast, the baseline is the CO2-free dead space air, the expiratory upstroke is the rapid rise as CO2-rich alveolar air mixes with dead space air, and the inspiratory downstroke marks the start of inhalation when CO2 levels fall toward zero.

3. JVD stands for which medical term?

A. Jugular vein distention

B. Jugular venous distention

C. Jugular vein dilation

D. Jugular venous distension

JVD refers to the visible distension of the jugular veins caused by elevated central venous pressure. The standard term is Jugular Venous Distension, which uses venous to describe the system involved (the venous circulation) and distension to describe the actual bulging of the veins under pressure. This sign is commonly seen with conditions that raise right-sided heart pressures, such as heart failure or volume overload, and it's typically assessed with the patient at a 30–45 degree angle to observe how prominently the neck veins distend. The other phrasing choices mix vein versus venous or use a less standard spelling (distention) or describe dilation rather than distension, which makes them less appropriate for the established term.

4. Which item is NOT part of general MI treatment?

A. Antibiotics

B. Morphine/pain control

C. Oxygen

D. Nitro

In myocardial infarction management, the goal is to rapidly relieve ischemia and support heart function. Oxygen is given when the patient is hypoxic to improve oxygen delivery to the heart. Nitro (nitroglycerin) helps by dilating vessels, which lowers preload and afterload, reduces myocardial oxygen demand, and often relieves chest pain. Morphine/pain control is used to ease severe discomfort and reduce sympathetic stimulation, which can otherwise worsen ischemia. Antibiotics, however, are not part of general MI treatment because there's no infection driving the heart attack itself; antibiotics would be unnecessary unless there's an unrelated infection present. So the item not part of standard MI care is antibiotics.

5. Which of the following is NOT part of Beck's Triad?

A. Hypotension

B. Muffled heart tones

C. JVD

D. Chest pain

Beck's triad reflects the classic signs of cardiac tamponade: hypotension from reduced cardiac filling, distended neck veins from elevated central venous pressure, and muffled heart sounds due to the surrounding fluid dampening sound transmission. Chest pain isn't part of this triad; it's associated with many other cardiac conditions and isn't a defining feature of tamponade. So, chest pain is the option that does not fit Beck's Triad.

6. Activation of V2 receptors in the kidneys leads to which effect?

A. Vasodilation of arterioles

B. Bronchodilation

C. Increased water resorption in the nephrons

D. Vasoconstriction

V2 receptor activation in the kidney increases water reabsorption by the collecting ducts. When vasopressin binds to these receptors on principal cells, it triggers a cAMP-PKA signaling cascade that promotes the insertion of aquaporin-2 water channels into the apical membrane. This makes the collecting duct more permeable to water, so more water is reabsorbed from the filtrate back into the bloodstream, concentrating the urine and reducing urine volume. The other options don't fit because vasopressin acting on V2 receptors isn't responsible for widening arterioles, bronchodilating airways, or constricting vessels; those effects involve other receptors (such as V1 for vasoconstriction or different pathways for bronchodilation).

7. Which EKG change is most consistent with inferior MI with right ventricular involvement?

A. ST elevation in II > III

B. ST elevation in III > II

C. ST elevation in aVL

D. ST depression in II

When an inferior-wall heart attack also involves the right ventricle, the electrical injury current shifts toward the right heart, changing how the ST elevations appear in the inferior leads. In this scenario, the pattern often shows greater ST elevation in lead III than in lead II, reflecting the rightward vector from RV involvement. That makes the finding of ST elevation in III larger than in II the most consistent clue. The other patterns don't fit as well. ST elevation in aVL points to a high lateral/anterolateral area rather than the inferior region. ST depression in II would be a reciprocal change, not a direct sign of RV involvement. In practice, right-sided leads (like V4R) would help confirm RV infarction, but those aren't provided here.

8. What is the vasopressin dose as given in the material?

A. 0.3 units/min

B. 0.03 units/min

C. 0.003 units/min

D. 3 units/min

Vasopressin is given as a continuous infusion at a fixed dose per minute to support blood pressure in shock. The material specifies a maintenance rate of 0.03 units per minute. This rate is about 1.8 units per hour, commonly discussed as roughly 2 U/hour in practice. It's chosen because it provides steady vasopressor support without the risks associated with much higher infusion rates. The other options would be either far too high (0.3 units/min equals 18 U/hour; 3 units/min equals 180 U/hour) or too low (0.003 units/min equals 0.18 U/hour) to be effective. So the correct dose is 0.03 units per minute.

9. Which statement describes the hallmarks of metabolic acidosis?

A. High HCO3, High pH; compensation: High PaCO2.

B. Normal HCO3, normal pH.

C. Low HCO3, low pH; compensation: Low PaCO2.

D. Low PaCO2, high pH; compensation: Low HCO3.

Metabolic acidosis shows a metabolic component driving the acidemia: bicarbonate (HCO3-) is low, which pulls the pH down. The body responds quickly by breathing faster to blow off CO2, so the PaCO2 falls as a compensatory mechanism. So the hallmark pattern is low HCO3-, low pH, and a reduced PaCO2 due to respiratory compensation. The statement that matches this is the one with low bicarbonate and low pH, with compensatory low PaCO2. The other descriptions describe alkalosis or a normal state, or reflect a primary respiratory alkalosis pattern, and don't fit metabolic acidosis.

10. Tidal volume is defined as which of the following?

A. Volume of gas delivered each breath

B. Volume of air inspired from baseline to peak during normal breathing

C. Total air in the lungs after maximal inhalation

D. Residual air left after exhalation

Tidal volume is the amount of air moved with each normal breath. It represents the volume inhaled or exhaled from end-expiration to end-inspiration during quiet, resting breathing—the gas delivered per breath. This is why it's described as the volume of gas delivered each breath. It's not the total air in the lungs after a maximal inhalation (that's total lung capacity) and not the air left after full exhalation (that's residual volume). In a healthy adult, tidal volume is typically about 500 mL per breath, varying with size and conditioning.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://careflightentrance.examzify.com

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