

CARE FLIGHT ENTRANCE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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Introduction

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

This guide was designed to help you do exactly that.

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

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

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

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

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

Let's begin.

How to Use This Guide

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

1. Start with a Diagnostic Review

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

2. Study in Short, Focused Sessions

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

3. Learn from the Explanations

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

4. Track Your Progress

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

5. Simulate the Real Exam

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

6. Repeat and Review

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

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

Questions

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- 1. Which receptor is associated with vasoconstriction of vascular smooth muscle causing increased blood pressure?**
 - A. Beta 1 receptors
 - B. Dopaminergic receptors
 - C. Alpha 1 receptors
 - D. V2 receptors
- 2. If respiratory rate increases, what happens to pH?**
 - A. Increase pH (more alkalosis)
 - B. Variable
 - C. Decrease (more acidosis)
 - D. No change
- 3. In bradyarrhythmia management, what is recommended for symptomatic bradycardia with HR < 50?**
 - A. If symptomatic, start dopamine infusion or epi infusion
 - B. If medications ineffective or not available, initiate transcutaneous pacing
 - C. Administer atropine every 3-5 minutes, maximum of 3 doses
 - D. If asymptomatic, monitor closely and assess contributing causes
- 4. In adult ACLS, what is the first action after you identify that the patient has no pulse?**
 - A. Defibrillate immediately
 - B. Check pulse again
 - C. Administer 1 mg Epinephrine
 - D. Start CPR and attach monitor
- 5. Who should not receive ketamine?**
 - A. Adults with hypertension
 - B. Kids
 - C. Elderly
 - D. Patients with asthma

- 6. During pulse checks for a shockable rhythm, what action should be performed at each check?**
- A. Check for pulse only
 - B. Deliver defibrillation at each pulse check
 - C. Administer epinephrine at each pulse check
 - D. Start lidocaine infusion
- 7. Which statement best defines a pulmonary shunt?**
- A. Blood bypasses the alveoli and gas exchange does not occur, resulting in wasted perfusion
 - B. Gas exchange occurs normally only during exercise
 - C. Only oxygenated blood participates in CO₂ removal
 - D. Ventilation and perfusion are perfectly matched in all regions
- 8. Which receptor is primarily responsible for bronchodilation?**
- A. Beta 1 receptors
 - B. Beta 2 receptors
 - C. Alpha 1 receptors
 - D. Dopaminergic receptors
- 9. Dopaminergic receptors are associated with which effect?**
- A. Bronchodilation
 - B. Renal and mesenteric vasodilation
 - C. Increased water resorption in the nephrons
 - D. Vasoconstriction of vascular smooth muscle
- 10. What is the rate of epinephrine infusion?**
- A. 0-5 mcg/min
 - B. 0-10 mcg/min
 - C. 5-15 mcg/min
 - D. 10-20 mcg/min

Answers

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

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Explanations

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1. Which receptor is associated with vasoconstriction of vascular smooth muscle causing increased blood pressure?

- A. Beta 1 receptors
- B. Dopaminergic receptors
- C. Alpha 1 receptors**
- D. V2 receptors

The key idea is how different receptors affect vascular smooth muscle. Alpha-1 adrenergic receptors on vascular smooth muscle trigger a Gq signaling cascade that raises intracellular calcium, causing the muscle to contract. That contraction narrows the vessels (vasoconstriction) and raises systemic vascular resistance, which in turn increases blood pressure. Beta-1 receptors mainly increase heart rate and the force of cardiac contraction, boosting cardiac output rather than causing direct vasoconstriction of vessels. Dopaminergic receptors can cause vasodilation in some vascular beds at certain doses, not the primary vasoconstrictive effect described. Vasopressin acts via V1 receptors to constrict vessels, but V2 receptors regulate water reabsorption in the kidneys, not vascular smooth muscle constriction.

2. If respiratory rate increases, what happens to pH?

- A. Increase pH (more alkalosis)**
- B. Variable
- C. Decrease (more acidosis)
- D. No change

When you breathe faster, you blow off more CO₂. CO₂ reacts with water to form carbonic acid, which releases hydrogen ions and lowers pH. Reducing CO₂ shifts that balance, decreasing hydrogen ions and raising pH. So the immediate effect of increased respiratory rate is an increase in pH (respiratory alkalosis). The other options don't fit because faster breathing does not raise acidity, produce no change, or vary unpredictably in the short term—the key is that CO₂ loss drives pH up. (Longer-term metabolic compensation can occur, but the direct response is pH increase.)

3. In bradyarrhythmia management, what is recommended for symptomatic bradycardia with HR < 50?

- A. If symptomatic, start dopamine infusion or epi infusion
- B. If medications ineffective or not available, initiate transcutaneous pacing
- C. Administer atropine every 3-5 minutes, maximum of 3 doses**
- D. If asymptomatic, monitor closely and assess contributing causes

In symptomatic bradycardia, the immediate aim is to raise the heart rate quickly by reducing the parasympathetic (vagal) influence on the heart. Atropine does this by blocking muscarinic receptors on the SA and AV nodes, which increases automaticity and improves conduction, helping to restore a more effective rhythm and perfusion. The best initial step is to give an IV atropine dose of 0.5 mg, repeated every 3–5 minutes, with a maximum total dose of 3 mg. This fast-acting approach often reverses the bradycardia and improves symptoms rapidly. If atropine doesn't produce a sufficient response or if the bradycardia is due to a rhythm that atropine won't improve (for example, high-grade AV block or certain myocardial infarctions), escalation is needed. Options include transcutaneous pacing and, if needed, IV vasopressors such as dopamine or epinephrine, or moving toward transvenous pacing. The other stated options describe steps that are not the first-line management for a symptomatic bradycardia with a heart rate under 50.

4. In adult ACLS, what is the first action after you identify that the patient has no pulse?

- A. Defibrillate immediately
- B. Check pulse again
- C. Administer 1 mg Epinephrine
- D. Start CPR and attach monitor**

When a patient is pulseless, the immediate goal is to preserve brain and heart perfusion as quickly as possible. The fastest and most effective way to do this is to start high-quality chest compressions right away while the defibrillator/monitor is brought in and applied. Attaching the monitor as you begin CPR lets you identify the heart rhythm and determine whether a shock is indicated, but you shouldn't delay compressions waiting to decide or to deliver a shock. In other words, compressions must start immediately, with the monitor connected so you can act on the rhythm as soon as it's known.

5. Who should not receive ketamine?

- A. Adults with hypertension
- B. Kids**
- C. Elderly
- D. Patients with asthma

Ketamine is a dissociative anesthetic that preserves airway reflexes and respiration, and it's valued for rapid sedation and analgesia in emergencies. However, it can cause emergence phenomena (agitation, dreams) and autonomic effects like increased heart rate and blood pressure. In pediatric patients, emergence delirium is more common and can complicate airway management and transport, especially in a prehospital/flight setting where monitoring and dosing are more challenging. For that reason, pediatric patients are the group where ketamine is avoided or used with great caution in this context. In contrast, adults with hypertension may experience higher blood pressure with ketamine but it's not an absolute contraindication and can be used with careful monitoring. In the elderly, there is increased sensitivity to CNS and cardiovascular effects, so caution is advised, but it's not an outright prohibition. Patients with asthma can actually benefit from ketamine's bronchodilatory properties, so it's not contraindicated there. So, the most appropriate group not to receive ketamine in this scenario is kids.

6. During pulse checks for a shockable rhythm, what action should be performed at each check?

- A. Check for pulse only
- B. Deliver defibrillation at each pulse check**
- C. Administer epinephrine at each pulse check
- D. Start lidocaine infusion

When the rhythm is shockable, the priority is to deliver defibrillation as soon as possible. A pulse check in this context is used to determine if the rhythm is one that can be terminated by a shock; if so, you apply a defibrillation shock immediately. After the shock, you resume CPR and continue to recheck the rhythm and pulse at the next interval. Medications like epinephrine or lidocaine aren't given at every pulse check, and they don't replace the need to shock a shockable rhythm promptly.

7. Which statement best defines a pulmonary shunt?

- A. Blood bypasses the alveoli and gas exchange does not occur, resulting in wasted perfusion
- B. Gas exchange occurs normally only during exercise
- C. Only oxygenated blood participates in CO₂ removal
- D. Ventilation and perfusion are perfectly matched in all regions

A pulmonary shunt is when blood flows through the lungs without coming into contact with ventilated alveoli, so no gas exchange occurs for that portion of blood. In other words, perfusion happens without ventilation, and the blood that skips the alveolar air leaves the lungs not oxygenated and not properly releasing CO₂. This is often described as wasted perfusion because that part of the pulmonary circulation isn't contributing to oxygen uptake or CO₂ removal. To understand why this matters, compare it to the opposite situation: dead space, where alveoli are ventilated but not perfused, so gas exchange can't happen there either. Ideal air–blood exchange happens when ventilation and perfusion are well matched, not when a portion of blood bypasses the alveoli. The other statements don't fit because gas exchange isn't defined by exercise level, and CO₂ removal isn't limited to blood that is already oxygenated. Also, perfectly matched ventilation and perfusion would minimize shunting, not describe a shunt itself.

8. Which receptor is primarily responsible for bronchodilation?

- A. Beta 1 receptors
- B. Beta 2 receptors
- C. Alpha 1 receptors
- D. Dopaminergic receptors

Bronchodilation is driven by beta-2 adrenergic receptors on bronchial smooth muscle. When these receptors are activated by sympathetic agonists, they stimulate a G_s protein to raise cyclic AMP, which relaxes the smooth muscle and widens the airways. This is the primary mechanism behind inhaled beta-2 agonists like albuterol that relieve bronchospasm. Beta-1 receptors are mainly in the heart and affect heart rate and contractility, not airway tone. Alpha-1 receptors cause vasoconstriction in vascular smooth muscle, not bronchodilation. Dopaminergic receptors have other roles in the body and do not primarily control airway dilation.

9. Dopaminergic receptors are associated with which effect?

- A. Bronchodilation
- B. Renal and mesenteric vasodilation
- C. Increased water resorption in the nephrons
- D. Vasoconstriction of vascular smooth muscle

Dopaminergic receptors, especially the D₁-like subtype, promote relaxation of vascular smooth muscle in certain beds, notably the renal and mesenteric arteries. Activating these receptors increases cAMP, leading to vasodilation and higher blood flow in the kidneys. In the kidney, this dopaminergic effect raises renal perfusion and tends to promote natriuresis and diuresis rather than fluid resorption. That's why renal and mesenteric vasodilation is the best description of dopaminergic receptor effects. Bronchodilation is primarily driven by beta-2 adrenergic receptors in the airways. Increased water resorption in nephrons isn't a dopaminergic action (dopamine tends to promote natriuresis and diuresis). Vasoconstriction of vascular smooth muscle points to alpha-adrenergic receptors, not dopaminergic ones.

10. What is the rate of epinephrine infusion?

- A. 0-5 mcg/min
- B. 0-10 mcg/min**
- C. 5-15 mcg/min
- D. 10-20 mcg/min

Epinephrine infusions are titrated to the patient's response, balancing improved perfusion with potential side effects. Clinicians start at a very low dose and gradually increase until the desired blood pressure and perfusion are achieved, then adjust as needed. The broad, practical range that fits this approach is from zero up to about 10 mcg/min, which covers both initial low-dose starts and higher-but-still-common therapeutic levels. The other options either don't allow enough room for titration at higher support levels or start too high, making them less flexible for varying patient needs.

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Next Steps

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

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

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

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

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

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