

CERTIFIED FLIGHT REGISTERED NURSE (CFRN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Introduction

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

This guide was designed to help you do exactly that.

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

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

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

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

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

Let's begin.

How to Use This Guide

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

1. Start with a Diagnostic Review

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

2. Study in Short, Focused Sessions

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

3. Learn from the Explanations

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

4. Track Your Progress

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

5. Simulate the Real Exam

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

6. Repeat and Review

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

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

Questions

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- 1. How often must the CFRN certification be renewed?**
 - A. Every two years
 - B. Every three years
 - C. Every four years
 - D. Every five years
- 2. Which gas law indicates that the pressure of a gas is inversely proportional to its volume at constant temperature?**
 - A. Dalton's law
 - B. Graham's law
 - C. Boyle's law
 - D. Henry's law
- 3. What role does communication play in patient transport?**
 - A. It's crucial for ensuring crew member compliance
 - B. It helps obtain consent for procedures
 - C. It is essential for coordination with receiving facilities and ground teams
 - D. It is mainly used for documenting incidents
- 4. What should be the first step in the post-crash shutdown procedure?**
 - A. Activate emergency beacon
 - B. Turn off the throttle
 - C. Notify dispatch
 - D. Evacuate the aircraft
- 5. What type of transport might require a CFRN to work with a physician during a flight?**
 - A. Routine patient transfers
 - B. Advanced or specialized medical cases that require direct medical oversight
 - C. Transporting healthy patients
 - D. Transporting patients who are stable with no immediate needs

- 6. What are the signs of a tension pneumothorax?**
- A. Chest confusion and nausea
 - B. Tracheal deviation, absent breath sounds on one side, and hypotension
 - C. Extreme dizziness and shallow breaths
 - D. Rapid heart rate and excessive sweating
- 7. When is it permissible for a flight team to deviate from standard protocols during a mission?**
- A. Under any circumstance
 - B. During severe weather only
 - C. When patient condition demands
 - D. Never permissible
- 8. What will happen to an untreated pneumothorax during ascent?**
- A. It will remain unchanged
 - B. It will shrink
 - C. It will expand
 - D. It will rupture
- 9. Which type of hypoxia is characterized by impaired oxygen utilization by tissues?**
- A. Hypoxic hypoxia
 - B. Histotoxic hypoxia
 - C. Stagnant hypoxia
 - D. Hypoxemic hypoxia
- 10. What action should a flight nurse take when conditions are not safe for landing?**
- A. Contact the emergency services
 - B. Reassess the mission safely
 - C. Proceed to an alternate landing site
 - D. Immediately land at the nearest airport

Answers

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

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Explanations

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1. How often must the CFRN certification be renewed?

- A. Every two years
- B. Every three years
- C. Every four years**
- D. Every five years

The CFRN certification must be renewed every four years. This renewal period is established to ensure that certified flight registered nurses continue to meet the evolving standards of practice and maintain their knowledge and skills. By requiring renewal every four years, the certifying body emphasizes ongoing education and professional development, which are crucial in a field that is constantly changing due to advancements in medical knowledge, technology, and emergency care practices. This timeframe also allows nurses to participate in necessary continuing education courses and to stay current with the latest evidence-based practices, ultimately contributing to improved patient care in aerial and transport medicine settings.

2. Which gas law indicates that the pressure of a gas is inversely proportional to its volume at constant temperature?

- A. Dalton's law
- B. Graham's law
- C. Boyle's law**
- D. Henry's law

Boyle's law is the correct choice as it specifically states that the pressure of a gas is inversely proportional to its volume when the temperature is held constant. This means that as the volume of a gas decreases, the pressure increases, and vice versa. This relationship can be mathematically represented as $(PV = k)$, where (P) is the pressure, (V) is the volume, and (k) is a constant for a given sample of gas at a constant temperature. Understanding this principle is fundamental in various applications, especially in fields like medicine and aviation, where pressure changes can occur in environments such as flight. Boyle's law is a result of the kinetic molecular theory, which explains that gas particles are in constant motion and that their collisions with the walls of a container result in pressure. In contrast, Dalton's law pertains to the total pressure exerted by a mixture of gases being equal to the sum of the partial pressures of individual gases, Graham's law describes the rates at which gases effuse or diffuse relative to their molar masses, and Henry's law focuses on the amount of gas that dissolves in a liquid being proportional to the partial pressure of that gas above the liquid. Each of these laws addresses

3. What role does communication play in patient transport?

- A. It's crucial for ensuring crew member compliance
- B. It helps obtain consent for procedures
- C. It is essential for coordination with receiving facilities and ground teams**
- D. It is mainly used for documenting incidents

Communication is vital in patient transport, particularly for ensuring effective coordination with receiving facilities and ground teams. This coordination facilitates the smooth transfer of care, ensuring that all relevant information about the patient's condition, treatment, and required interventions is communicated clearly and accurately. It enables healthcare providers at the receiving facility to prepare for the patient's arrival, allocate appropriate resources, and assemble a team ready to provide immediate care upon their transfer. Additionally, strong communication allows for a comprehensive handoff, reducing the risk of errors and enhancing patient safety. Effective information exchange can include details about the patient's vital signs, current treatment plans, and any anticipated needs during transport, which are critical to ongoing care. All these factors underscore why communication is fundamental in the context of patient transport.

4. What should be the first step in the post-crash shutdown procedure?

- A. Activate emergency beacon
- B. Turn off the throttle**
- C. Notify dispatch
- D. Evacuate the aircraft

The first step in the post-crash shutdown procedure is to turn off the throttle. This action is critical as it helps prevent further fuel flow to the engine, reducing the risk of fire or explosion, which are significant hazards following a crash. By shutting off the throttle, you ensure that the aircraft is safely immobilized and that all systems are being brought to a zero-power state to mitigate additional dangers. While other actions, such as activating an emergency beacon or notifying dispatch, are also important in ensuring safety and alerting authorities, they should follow the immediate step of turning off the throttle to prioritize the safety of everyone involved. Evacuating the aircraft is vital as well, but this should only happen after taking measures to secure the aircraft's systems. Thus, starting with the throttle ensures that there is no risk of exacerbating the situation right after a crash.

5. What type of transport might require a CFRN to work with a physician during a flight?

- A. Routine patient transfers
- B. Advanced or specialized medical cases that require direct medical oversight**
- C. Transporting healthy patients
- D. Transporting patients who are stable with no immediate needs

In scenarios involving advanced or specialized medical cases, the expertise of a physician working alongside a Certified Flight Registered Nurse (CFRN) becomes essential. These complex cases often present specific medical demands that necessitate continuous supervision and intervention, such as in instances of critical injuries, severe illnesses, or when advanced therapeutic measures are required. The collaboration between the CFRN and the physician ensures that comprehensive care is provided, tailored to the unique needs of the patient during transport, which could include intensive monitoring, administration of complex medication regimens, or managing life-threatening conditions. In contrast, routine patient transfers typically involve more stable patients whose needs can be managed effectively by the CFRN alone, reducing the necessity for a physician's involvement. Similarly, transporting healthy patients or those who are stable and do not require immediate medical intervention allows for transport without a physician. These scenarios generally focus on non-emergency situations where the level of medical oversight is minimal, and the CFRN's capabilities suffice to ensure comfort and safety during the journey.

6. What are the signs of a tension pneumothorax?

- A. Chest confusion and nausea
- B. Tracheal deviation, absent breath sounds on one side, and hypotension**
- C. Extreme dizziness and shallow breaths
- D. Rapid heart rate and excessive sweating

The presence of tracheal deviation, absent breath sounds on one side, and hypotension are classic signs of a tension pneumothorax. In this condition, air becomes trapped in the pleural space, creating increasing pressure that compromises cardiovascular and respiratory function. Tracheal deviation occurs because the mediastinum shifts away from the side of the tension pneumothorax as the pressure builds. This displacement can be observed upon physical examination. Absent breath sounds on one side indicate that the lung on that side is compressed and unable to expand due to the increasing pressure, which is a direct consequence of the trapped air. Hypotension results from decreased venous return to the heart, leading to impaired cardiac output, as the increased intrathoracic pressure reduces the heart's ability to fill properly. Other options provided focus on symptoms that are not specific indicators of tension pneumothorax and may belong to a broader range of conditions and situations. Therefore, the combination of tracheal deviation, absent breath sounds, and hypotension uniquely identifies the emergent condition of tension pneumothorax, emphasizing the critical nature of recognizing these signs promptly to initiate appropriate treatment.

7. When is it permissible for a flight team to deviate from standard protocols during a mission?

- A. Under any circumstance
- B. During severe weather only
- C. When patient condition demands**
- D. Never permissible

The acceptance of deviation from standard protocols during a mission is crucial in certain circumstances, particularly when the condition of the patient requires immediate attention or a different approach to care. In emergency medical services, protocols are designed to ensure safety and efficiency, but they must also be adaptable to real-world situations. When a patient's needs dictate a change in the protocol—be it due to deteriorating health, unique medical conditions, or other urgent factors—flight teams must exercise clinical judgment to prioritize patient safety and care above adherence to standard procedures. This flexibility allows medical personnel to respond effectively to the dynamic environments they encounter in the field. It's important to note that such deviations should still be guided by medical protocols and training, ensuring that any adjustments are reasoned and safe. The other options are limited in their application; for instance, claiming it's permissible to deviate under any circumstance or only during severe weather neglects the critical aspect of patient-centered care that must govern decision-making in medical emergencies. Similarly, stating that deviation is never permissible disregards the necessity of adapting to the unique demands of each mission.

8. What will happen to an untreated pneumothorax during ascent?

- A. It will remain unchanged
- B. It will shrink
- C. It will expand**
- D. It will rupture

When examining what happens to an untreated pneumothorax during ascent, it's crucial to understand the principles of gas behavior under pressure changes. As altitude increases, atmospheric pressure decreases. Because the pneumothorax consists of air trapped in the pleural space, the air volume will behave according to Boyle's Law, which states that the volume of a gas is inversely proportional to the pressure exerted on it, provided the temperature remains constant. As a consequence of decreasing external pressure during ascent, the air within the pneumothorax will expand. This occurs because there is less external pressure to counterbalance the pressure inside the pneumothorax, allowing it to increase in volume. If the pneumothorax is untreated, this expansion can lead to significant complications, including an increased risk of lung collapse or rupture, which makes it a critical condition requiring close monitoring and intervention. In contrast, the other options do not accurately reflect the physical behavior of gas within a pneumothorax during altitude changes. The scenario of remaining unchanged is not viable due to the dynamics of pressure change, while shrinking would imply a reduction in volume contrary to the principles of gas expansion with decreasing pressure. Rupturing, although a potential severe consequence, is not the immediate

9. Which type of hypoxia is characterized by impaired oxygen utilization by tissues?

- A. Hypoxic hypoxia
- B. Histotoxic hypoxia**
- C. Stagnant hypoxia
- D. Hypoxemic hypoxia

Histotoxic hypoxia is characterized by the impairment of oxygen utilization by tissues, despite the presence of adequate levels of oxygen in the blood. This occurs typically due to the effects of toxic substances, such as cyanide, which inhibit the cells' ability to use oxygen for cellular metabolism. As a result, even though the blood may be carrying oxygen, the tissues cannot effectively use it, leading to cellular dysfunction and potential organ failure. In contrast, hypoxic hypoxia refers to a deficiency of oxygen in the blood itself, often due to high altitude or environmental factors. Stagnant hypoxia is associated with inadequate blood flow, which limits the delivery of oxygen to tissues, while hypoxemic hypoxia is defined by a reduction in the partial pressure of oxygen in the blood, affecting overall oxygen saturation levels. Therefore, histotoxic hypoxia is distinct because it specifically involves the cellular level's inability to utilize the oxygen that is available, setting it apart from the other types of hypoxia.

10. What action should a flight nurse take when conditions are not safe for landing?

- A. Contact the emergency services
- B. Reassess the mission safely**
- C. Proceed to an alternate landing site
- D. Immediately land at the nearest airport

When conditions are not safe for landing, reassessing the mission safely is the most prudent action for a flight nurse. This involves evaluating the current situation in-depth, considering factors such as weather conditions, aircraft status, the health condition of the patient, and available resources. Reassessment allows the flight nurse to make an informed decision that prioritizes the safety of both the crew and the patient. It may involve discussions with the pilot and other team members to determine the best course of action, which could include waiting for conditions to improve, seeking guidance from operational protocols, or identifying potential alternate strategies for patient care and transport. Such thoroughness ensures that the nurse does not proceed hastily and puts everyone at risk. This careful approach is crucial in critical care situations where the stakes are high, enabling the flight nurse to maintain a focus on patient safety and overall mission success while operating in a dynamic and potentially hazardous environment.

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Next Steps

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

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

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

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

<https://certifiedflightregisterednurse.examzify.com>

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

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