

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://cfrn.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

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

This guide was designed to help you do exactly that.

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

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

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

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

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

Let's begin.

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

SAMPLE

- 1. Rhabdomyolysis may release excess potassium from?**
 - A. The intravascular compartment
 - B. The destruction of muscle tissue
 - C. Relative hypocalcemia
 - D. Relative hyponatremia
- 2. The three primary categories of common anemias include all of the following EXCEPT:**
 - A. Increased RBC destruction
 - B. Increased RBC production
 - C. Decreased RBC production
 - D. Acute/chronic blood loss
- 3. Which autonomic function is NOT regulated by endogenous catecholamines?**
 - A. Increasing the heart rate
 - B. Decreasing the respiratory rate
 - C. Increasing the respiratory rate
 - D. Increasing blood pressure
- 4. Which of the following best describes anaerobic metabolism?**
 - A. Utilization of oxygen for energy production
 - B. Energy production in the absence of oxygen
 - C. Conversion of glucose to pyruvate
 - D. Production of carbon dioxide
- 5. The body's ability to ensure and maintain a balance between heat production and heat elimination is known as?**
 - A. Homogenesis
 - B. Thermogenesis
 - C. Thermolysis
 - D. Thermoregulation

- 6. What structure does the umbilical cord contain?**
- A. One vein and one artery
 - B. Two veins and one artery
 - C. One vein and two arteries
 - D. Two veins and two arteries
- 7. Which statement is accurate regarding assessment prior to inter-facility transport?**
- A. Frequently, there is little information available.
 - B. Requires knowledge of anticipated transport time to differentiate "need to know" from "helpful to know" information.
 - C. Report is received from Emergency Medical Services (EMS).
 - D. There is no need for a thorough equipment check.
- 8. What is the percentage of oxygen in the atmosphere at an altitude of 250,000 feet (76 km)?**
- A. 16%
 - B. 18%
 - C. 21%
 - D. 25%
- 9. In cases of midface trauma with instability, which airway maneuver is contraindicated?**
- A. Digital intubation
 - B. Oropharyngeal suctioning of foreign bodies
 - C. Oral intubation
 - D. Nasotracheal intubation
- 10. Bilateral closed femur fractures could result in a blood loss of:**
- A. 500 ml
 - B. 1,000 ml
 - C. 1,500 ml
 - D. 2,000 ml

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Rhabdomyolysis may release excess potassium from?

- A. The intravascular compartment
- B. The destruction of muscle tissue**
- C. Relative hypocalcemia
- D. Relative hyponatremia

Rhabdomyolysis involves the breakdown of muscle tissue, which leads to the release of various intracellular components into the bloodstream. One of the key elements released during this process is potassium. When muscle cells are damaged, their contents—including potassium—spill into the extracellular space. This surge in potassium can lead to hyperkalemia, a condition characterized by elevated levels of potassium in the blood, which can have significant cardiovascular implications. The destruction of muscle tissue in rhabdomyolysis not only results in the release of potassium but also can release myoglobin and other substances that may contribute to acute kidney injury. This understanding illustrates why recognizing and managing potential hyperkalemia in patients with rhabdomyolysis is crucial for effective patient care.

2. The three primary categories of common anemias include all of the following EXCEPT:

- A. Increased RBC destruction
- B. Increased RBC production**
- C. Decreased RBC production
- D. Acute/chronic blood loss

*The correct choice identifies that increased RBC production is not one of the primary categories of common anemias. Anemia typically occurs when there is a reduction in the number of red blood cells (RBCs) or their function, leading to decreased oxygen delivery throughout the body. The categories of anemia can be broadly classified into three primary mechanisms: 1. **Increased RBC destruction** refers to hemolytic anemias, wherein RBCs are destroyed at a rate that exceeds their production. This includes conditions such as autoimmune hemolytic anemia or sickle cell disease. 2. **Decreased RBC production** occurs when the bone marrow fails to produce sufficient RBCs. This can be due to various factors including nutritional deficiencies (like iron, vitamin B12, or folate), aplastic anemia, or chronic disease. 3. **Acute/chronic blood loss** involves the loss of blood either suddenly (acute) or over time (chronic). This loss reduces the number of circulating RBCs and can stem from conditions like gastrointestinal bleeding or heavy menstrual periods. Increased RBC production is not considered a category of anemia because, if production were increased, it would generally not lead to anemia, rather it would help counteract any existing deficit in RBC*

3. Which autonomic function is NOT regulated by endogenous catecholamines?

- A. Increasing the heart rate
- B. Decreasing the respiratory rate**
- C. Increasing the respiratory rate
- D. Increasing blood pressure

The autonomic function that is not regulated by endogenous catecholamines is a decrease in the respiratory rate. Endogenous catecholamines, such as epinephrine and norepinephrine, primarily affect the sympathetic nervous system, which is responsible for the "fight or flight" response. When catecholamines are released, they increase the heart rate, increase blood pressure, and enhance respiratory rate through bronchial dilation to facilitate greater oxygen intake. These effects are crucial during times of stress or emergency, promoting heightened alertness and physical readiness. In contrast, a decrease in respiratory rate typically aligns with the activation of the parasympathetic nervous system, which is responsible for conserving energy and promoting a restful state. Thus, while catecholamines play a significant role in various autonomic functions related to stress responses, they do not contribute to a downward regulation of the respiratory rate.

4. Which of the following best describes anaerobic metabolism?

- A. Utilization of oxygen for energy production
- B. Energy production in the absence of oxygen**
- C. Conversion of glucose to pyruvate
- D. Production of carbon dioxide

Anaerobic metabolism is defined as the process of energy production in the absence of oxygen. This process typically occurs in conditions where oxygen supply is insufficient for aerobic metabolism, such as during intense physical activity or in certain pathological conditions. In anaerobic metabolism, glucose is partially broken down to generate energy in the form of ATP, along with byproducts such as lactic acid, instead of being fully metabolized to carbon dioxide and water as it would be in the presence of oxygen. While the conversion of glucose to pyruvate is a part of both anaerobic and aerobic metabolism, the key distinction is that anaerobic metabolism focuses on energy production without the use of oxygen. The production of carbon dioxide, which can occur during different types of metabolism, is also not exclusive to anaerobic processes since aerobic metabolism also produces carbon dioxide as a byproduct of fully oxidized glucose. Thus, the focus on energy production in the absence of oxygen encapsulates the essence of anaerobic metabolism effectively, making it the best descriptor among the provided choices.

5. The body's ability to ensure and maintain a balance between heat production and heat elimination is known as?

- A. Homogenesis
- B. Thermogenesis
- C. Thermolysis
- D. Thermoregulation**

The body's ability to ensure and maintain a balance between heat production and heat elimination is referred to as thermoregulation. This process is essential for maintaining a stable internal environment despite external temperature changes. It involves physiological mechanisms, such as sweating or shivering, to help regulate body temperature. Thermoregulation ensures that the body can cool down when overheating or generate heat when feeling cold, which is crucial for the proper functioning of enzymes and metabolic processes within the body. While thermogenesis pertains specifically to the production of heat, particularly during metabolic processes, and thermolysis refers to the elimination of heat, neither term encompasses the entire regulatory process involved in maintaining overall body temperature balance. Homogenesis is not a recognized term in this context, further reinforcing that thermoregulation is the correct choice. Thus, thermoregulation encompasses both heat production and heat loss mechanisms to stabilize core body temperature, highlighting its critical role in overall homeostasis.

6. What structure does the umbilical cord contain?

- A. One vein and one artery
- B. Two veins and one artery
- C. One vein and two arteries**
- D. Two veins and two arteries

The umbilical cord is composed of one vein and two arteries. The single umbilical vein is responsible for carrying oxygenated blood and nutrients from the placenta to the fetus, while the two umbilical arteries transport deoxygenated blood and waste products from the fetus back to the placenta for disposal. This unique arrangement is essential for fetal development, allowing efficient nutrient and gas exchange between the mother and the developing fetus. Understanding this structure highlights its critical role in prenatal circulation. The presence of two arteries and one vein ensures that the fetus receives sufficient oxygen and nutrients from the maternal circulation, while simultaneously removing waste products. This is a vital aspect of fetal health and well-being during pregnancy.

7. Which statement is accurate regarding assessment prior to inter-facility transport?

- A. Frequently, there is little information available.
- B. Requires knowledge of anticipated transport time to differentiate "need to know" from "helpful to know" information.**
- C. Report is received from Emergency Medical Services (EMS).
- D. There is no need for a thorough equipment check.

The accurate statement regarding assessment prior to inter-facility transport is that it requires knowledge of anticipated transport time to differentiate "need to know" from "helpful to know" information. This understanding is critical because it helps in prioritizing the collection of necessary data that are most relevant to the patient's condition and the transport process. For instance, certain details about a patient's status or medical history may only be needed if the transport is prolonged or if potential complications are expected. Knowing the estimated transport duration allows the healthcare provider to focus on the elements of the assessment that will directly impact patient care and make informed decisions while en route. In contrast, the other options indicate less applicable truths about the transport assessment process. While it may sometimes be true that there is limited information available, well-established communication protocols typically ensure that crucial patient information is relayed through EMS. Receiving a report from EMS is indeed a fundamental part of transport preparation, but it's not wholly accurate to say this is the only or most significant factor in a thorough assessment. Finally, conducting a meticulous equipment check is essential to ensure that all necessary tools are available and functional before embarking on the transport, as this directly affects patient safety and care continuity.

8. What is the percentage of oxygen in the atmosphere at an altitude of 250,000 feet (76 km)?

- A. 16%
- B. 18%
- C. 21%**
- D. 25%

At an altitude of 250,000 feet (approximately 76 kilometers), the percentage of oxygen in the atmosphere remains approximately constant at around 21%. This consistency is due to the fact that while the total atmospheric pressure decreases significantly with altitude, the composition of the atmosphere, including the percentage of oxygen, does not change appreciably until reaching the very outer layers of the atmosphere. At lower altitudes, atmospheric pressure is greater, making more oxygen available for breathing. As altitude increases, the air becomes thinner, leading to fewer oxygen molecules available, but the proportion of oxygen relative to the other gases remains fairly stable. Therefore, even at extreme altitudes, the percentage of oxygen can be considered consistently about 21%, which is essential for understanding oxygen availability during flight and in high-altitude medical emergencies.

9. In cases of midface trauma with instability, which airway maneuver is contraindicated?

- A. Digital intubation
- B. Oropharyngeal suctioning of foreign bodies
- C. Oral intubation
- D. Nasotracheal intubation**

In cases of midface trauma with instability, nasotracheal intubation is contraindicated because this procedure involves passing a tube through the nasal passage and into the trachea. The presence of midface instability raises significant concerns about the potential for skull base fractures or significant facial lacerations. In such situations, the risk of entering a fractured cranial vault or injuring the brain increases, making nasotracheal intubation potentially dangerous. Moreover, the anatomy of the nasal passages may be distorted due to trauma, which can further complicate the procedure and lead to additional trauma or misplacement of the tube. Given these risks, alternative intubation methods that do not involve the nasal passages, such as oral intubation, are preferred in the context of midface injuries. Understanding the implications of midface trauma is crucial for ensuring patient safety and selecting the most appropriate airway management technique.

10. Bilateral closed femur fractures could result in a blood loss of:

- A. 500 ml
- B. 1,000 ml
- C. 1,500 ml
- D. 2,000 ml**

In the context of bilateral closed femur fractures, significant internal bleeding can occur due to the extensive vascular supply of the femur and surrounding tissues. Each femur can be associated with a considerable amount of blood loss, with estimates suggesting that fractures can lead to approximately 1,500 ml of blood loss, especially when both femurs are fractured simultaneously. While options indicating lower volumes may reflect more minor injuries or single fractures, the choice of 2,000 ml accurately reflects the potential combined blood loss from two severe fractures in a critical scenario. This amount accounts for not only the direct vascular injury from the fractures themselves but also for additional factors such as hemolysis, the body's response to trauma, and potential loss from other associated injuries that may occur during the same incident. Therefore, the selected answer highlights the severity of bilateral closed femur fractures as they can lead to extensive blood loss, underscoring the importance of rapid assessment and management of potential hypovolemia in such trauma cases.

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://cfrn.examzify.com>

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

SAMPLE