

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) 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. Which laboratory finding is associated with disseminated intravascular coagulation (DIC)?**
 - A. Increased platelets
 - B. Decreased PT/INR
 - C. Decreased fibrinogen
 - D. Normal aPTT

- 2. What is the purpose of trisomies in anesthesia practice?**
 - A. To improve surgical outcomes
 - B. To manage congenital or inherited syndromes that affect anesthesia care
 - C. To increase recovery times
 - D. To enhance sensory perception

- 3. Which of the following methods can assist with airway management during anesthesia?**
 - A. Tracheostomy only
 - B. Continuous positive airway pressure (CPAP) only
 - C. Bag-mask ventilation and endotracheal intubation
 - D. Only non-invasive ventilation

- 4. In which age group does foreign body aspiration most commonly occur?**
 - A. Below 6 months
 - B. 6 months to 3 years
 - C. 4 to 6 years
 - D. 7 to 12 years

- 5. Why is temperature monitoring critical during surgery?**
 - A. To ensure optimal communication with staff
 - B. To monitor the progress of anesthesia
 - C. To prevent hypothermia and ensure optimal metabolic function
 - D. To measure blood loss

- 6. Why should patients discontinue certain medications before surgery?**
- A. To improve the effectiveness of the anesthetics
 - B. To ensure a higher tolerance to pain
 - C. To reduce the risk of adverse reactions and complications during anesthesia
 - D. To prevent postoperative infections
- 7. What is a common cause of upper airway obstruction during sedation?**
- A. Blood clots in the airway
 - B. Swelling of the larynx
 - C. Relaxation of the tongue and jaw
 - D. Obstruction by foreign bodies
- 8. What effect does epinephrine have on systolic blood pressure?**
- A. Decreased systolic BP
 - B. No effect on systolic BP
 - C. Increased systolic BP
 - D. Variable effects on systolic BP
- 9. What is the mechanism of cor pulmonale resulting from chronic airway obstruction?**
- A. Increased oxygenation of the alveoli
 - B. Chronic alveolar hypoventilation with an increase in pulmonary vascular resistance
 - C. Elevation of thoracic pressure
 - D. Altered pulmonary blood flow dynamics
- 10. What is the primary reason for using continuous pulse oximetry during anesthesia?**
- A. To monitor blood glucose levels
 - B. To ensure the patient maintains adequate oxygenation throughout the procedure
 - C. To assess cardiac output
 - D. To track patient's body temperature

Answers

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

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Explanations

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1. Which laboratory finding is associated with disseminated intravascular coagulation (DIC)?

- A. Increased platelets
- B. Decreased PT/INR
- C. Decreased fibrinogen**
- D. Normal aPTT

Disseminated intravascular coagulation (DIC) is a serious condition characterized by systemic activation of the clotting cascade, leading to the formation of small blood clots throughout the body's blood vessels. One of the hallmark laboratory findings in DIC is decreased fibrinogen levels. Fibrinogen is a crucial protein involved in the coagulation process; during DIC, it is consumed rapidly due to extensive clot formation, leading to diminished levels in the bloodstream. As the coagulation process becomes overwhelmed, the body uses up its clotting factors, including fibrinogen, which results in bleeding complications as well. This decrease in fibrinogen levels is a key indicator of DIC and helps in differentiating it from other coagulation disorders. In contrast, the other options do not reflect the typical laboratory findings associated with DIC. Increased platelets would not be expected in this condition, as platelet consumption occurs due to activation of the coagulation cascade. An increased PT/INR is typically observed, indicating a coagulopathy, rather than a decreased PT/INR. Similarly, a normal aPTT might not provide information consistent with the widespread clotting and subsequent bleeding seen in DIC, as the aPTT may increase depending

2. What is the purpose of trisomies in anesthesia practice?

- A. To improve surgical outcomes
- B. To manage congenital or inherited syndromes that affect anesthesia care**
- C. To increase recovery times
- D. To enhance sensory perception

The purpose of trisomies in anesthesia practice primarily revolves around the management of congenital or inherited syndromes that can significantly impact anesthesia care. Trisomy indicates the presence of an extra chromosome and is associated with specific congenital syndromes, such as Down syndrome (trisomy 21). Patients with such conditions may present unique challenges and considerations during anesthesia, including altered pharmacokinetics, increased risk of airway complications, or other comorbidities that must be recognized and managed during the perioperative period. Understanding these syndromes allows anesthesia providers to tailor their assessments and interventions to ensure patient safety and optimize outcomes. For instance, they may need to anticipate airway difficulties, adjust dosages of anesthetic agents, or provide specific monitoring protocols that differ from the standard practice for other patients. Hence, this focused approach to managing patients with trisomy-related syndromes is essential for delivering safe and effective anesthesia care.

3. Which of the following methods can assist with airway management during anesthesia?

- A. Tracheostomy only
- B. Continuous positive airway pressure (CPAP) only
- C. Bag-mask ventilation and endotracheal intubation**
- D. Only non-invasive ventilation

The choice of bag-mask ventilation and endotracheal intubation is significant for effective airway management during anesthesia. Bag-mask ventilation allows for the delivery of oxygen to patients with compromised airway patency and can be used as a first-line approach for securing an airway, especially in situations where a patient may not be able to ventilate adequately on their own. Endotracheal intubation is another essential technique that provides a secure airway, ensuring that the airway is protected against aspiration and allowing for controlled ventilation. In the context of anesthesia, intubation is often necessary when general anesthesia is administered to maintain a patent airway and ensure effective gas exchange. Both techniques work together to enhance patient safety and oxygenation, especially in emergencies or during surgical procedures where the patient's reflexes might be diminished. Thus, the combination of bag-mask ventilation and endotracheal intubation represents a comprehensive approach to managing the airway effectively during different phases of anesthesia.

4. In which age group does foreign body aspiration most commonly occur?

- A. Below 6 months
- B. 6 months to 3 years**
- C. 4 to 6 years
- D. 7 to 12 years

Foreign body aspiration occurs most commonly in children aged 6 months to 3 years. This age group is particularly at risk due to several developmental factors. As toddlers begin to explore their environment, they often put objects in their mouths. Their motor skills are developing, but their chewing and swallowing abilities are not fully refined, making them more susceptible to inhaling small items accidentally. Children in this age range are naturally curious, leading them to grab small toys, food pieces, and other items that may become lodged in their airways. Furthermore, their anatomical and physiological characteristics, such as comparatively smaller airways and a high activity level, increase the likelihood of obstruction when these foreign objects are inhaled. Understanding this risk is crucial for caregivers and medical professionals to help prevent such incidents and ensure proper responses in emergencies involving foreign body aspiration.

5. Why is temperature monitoring critical during surgery?

- A. To ensure optimal communication with staff
- B. To monitor the progress of anesthesia
- C. To prevent hypothermia and ensure optimal metabolic function**
- D. To measure blood loss

Temperature monitoring during surgery is essential because it plays a crucial role in preventing hypothermia and ensuring optimal metabolic function. Maintaining normothermia is vital for several physiological reasons. The body's temperature affects enzymatic processes and metabolic rates; thus, a drop in body temperature can lead to slowed metabolism, impaired coagulation, and increased risk of perioperative complications. Hypothermia can also result from exposure to the cold environment of the operating room, the effects of anesthesia, and increased heat loss during surgery. By continuously monitoring the patient's temperature, the surgical team can implement warming measures like heated blankets or fluid warmers when necessary. This helps maintain the patient's core body temperature, which is crucial for stable hemodynamics and better overall surgical outcomes. Other aspects mentioned, such as communication with staff, monitoring the progress of anesthesia, or measuring blood loss, are important in their own right but are not the primary reasons for temperature monitoring during surgical procedures.

6. Why should patients discontinue certain medications before surgery?

- A. To improve the effectiveness of the anesthetics
- B. To ensure a higher tolerance to pain
- C. To reduce the risk of adverse reactions and complications during anesthesia**
- D. To prevent postoperative infections

Discontinuing certain medications before surgery is essential primarily to reduce the risk of adverse reactions and complications during anesthesia. Some medications can interact negatively with anesthetic agents, leading to increased cardiac or respiratory complications, prolonged recovery times, or ineffective analgesia. For instance, anticoagulants can increase bleeding risk, while certain herbal supplements may affect blood pressure or lead to unpredictable responses to anesthesia. Ensuring patient safety is a primary concern during any surgical procedure, and understanding the implications of medication use is a crucial part of preoperative assessments. By identifying and managing these risks beforehand, healthcare providers can create a safer surgical environment for patients.

7. What is a common cause of upper airway obstruction during sedation?

- A. Blood clots in the airway
- B. Swelling of the larynx
- C. Relaxation of the tongue and jaw**
- D. Obstruction by foreign bodies

The relaxation of the tongue and jaw during sedation is a common cause of upper airway obstruction. Sedatives and anesthetics can lead to muscle relaxation, including the muscles of the tongue and the muscles surrounding the jaw. As these muscles relax, the tongue may fall back into the oropharynx, narrowing the airway and potentially leading to obstruction. Additionally, jaw relaxation can lead to decreased tone in the soft tissues, contributing further to the risk of airway collapse. This phenomenon is particularly important to recognize in sedation scenarios, as it can occur even in patients who may not exhibit signs of obstruction while awake. Monitoring and maintaining airway patency is crucial in such situations, making an understanding of this aspect vital for anesthesia providers.

8. What effect does epinephrine have on systolic blood pressure?

- A. Decreased systolic BP
- B. No effect on systolic BP
- C. Increased systolic BP**
- D. Variable effects on systolic BP

Epinephrine, also known as adrenaline, is a powerful vasopressor and inotropic agent commonly used in emergency situations and anesthesia. Its primary mechanism of action involves stimulating both alpha and beta-adrenergic receptors. The stimulation of beta-1 adrenergic receptors in the heart increases heart rate and contractility, which typically leads to an increase in cardiac output. Additionally, the stimulation of beta-2 receptors causes vasodilation in certain vascular beds, while alpha-1 receptor activation can cause vasoconstriction in others. When considering its effects on systolic blood pressure, the increased cardiac output due to enhanced heart rate and contractility, combined with the increased vascular resistance from alpha-1 receptor stimulation, leads to an overall increase in systolic blood pressure. This is especially important in critical care settings where maintaining adequate perfusion pressure is crucial for organ function. Therefore, the correct answer highlights that epinephrine increases systolic blood pressure through its multifaceted actions on the cardiovascular system.

9. What is the mechanism of cor pulmonale resulting from chronic airway obstruction?

- A. Increased oxygenation of the alveoli
- B. Chronic alveolar hypoventilation with an increase in pulmonary vascular resistance**
- C. Elevation of thoracic pressure
- D. Altered pulmonary blood flow dynamics

Cor pulmonale, which refers to right heart failure due to lung disease, commonly results from chronic airway obstruction, such as seen in conditions like chronic obstructive pulmonary disease (COPD). The correct mechanism involves chronic alveolar hypoventilation leading to an increase in pulmonary vascular resistance. When airway obstruction occurs, it impairs airflow and gas exchange within the lungs. This results in inadequate oxygenation and an accumulation of carbon dioxide, leading to hypoventilation. Chronic elevation of carbon dioxide levels causes respiratory acidosis, which contributes to vasoconstriction of the pulmonary vasculature. As the pulmonary vessels constrict, the resistance within the pulmonary circulation increases significantly. Over time, this elevated pressure in the pulmonary arteries forces the heart's right ventricle to work harder to pump blood through the narrowed vessels, ultimately leading to its hypertrophy and eventual failure, which characterizes cor pulmonale. While an elevation of thoracic pressure can occur due to increased work of breathing in obstructive lung diseases, it is not the primary mechanism causing cor pulmonale in this context. Additionally, altered pulmonary blood flow dynamics might play a role in some situations, but it is also not a direct mechanism for the development of cor pulmonale resulting from chronic airway obstruction.

10. What is the primary reason for using continuous pulse oximetry during anesthesia?

- A. To monitor blood glucose levels
- B. To ensure the patient maintains adequate oxygenation throughout the procedure**
- C. To assess cardiac output
- D. To track patient's body temperature

The primary reason for using continuous pulse oximetry during anesthesia is to ensure the patient maintains adequate oxygenation throughout the procedure. Pulse oximetry provides real-time monitoring of oxygen saturation levels in the blood, which is crucial during anesthesia as it helps detect hypoxemia—a condition where there are low levels of oxygen in the blood—promptly. Maintaining adequate oxygenation is essential for patient safety and optimal outcomes during surgical procedures, as inadequate oxygen levels can lead to serious complications, including organ damage and respiratory failure. Using pulse oximetry allows the anesthesia provider to quickly respond to any changes in a patient's oxygenation status, adjusting ventilatory support as needed and preventing potential adverse effects associated with hypoxia. Other monitoring modalities like tracking blood glucose levels, cardiac output, or body temperature, while important, are not the primary focus of pulse oximetry during anesthesia. This technology specifically addresses the critical need for ensuring consistent and adequate oxygen delivery to tissues during sedation, thus safeguarding patient welfare throughout the surgical experience.

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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://crna.examzify.com>

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

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