

CERTIFIED REGISTERED NURSE INFUSION (CRNI) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. When does post infusion phlebitis typically occur after the infusion?**
 - A. Immediately after infusion
 - B. Within a few hours
 - C. Usually 48 hours after infusion
 - D. After one week
- 2. Which of the following is NOT a common source of catheter-related infections?**
 - A. Staphylococcus
 - B. Escherichia coli
 - C. Streptococcus
 - D. Clostridium
- 3. What is the purpose of Neupogen?**
 - A. To treat severe dehydration
 - B. To stimulate the bone marrow to make neutrophils
 - C. To lower cholesterol levels
 - D. To reduce inflammation
- 4. What is the most frequent complication of peripheral IV catheters?**
 - A. Phlebitis
 - B. Tissue necrosis
 - C. Infiltration
 - D. Air embolism
- 5. Which substance is unable to be filtered through a 0.2 micron filter?**
 - A. Normal saline
 - B. Lipid emulsion
 - C. Glucose solutions
 - D. Protein solutions
- 6. What serious side effect can occur with rapid infusion of Ticarcillin?**
 - A. Renal failure
 - B. Seizures
 - C. Anaphylaxis
 - D. Optic neuritis

7. Why is bleomycin sulfate stopped once a cumulative dose of 220 units/m² is reached?

- A. To prevent cardiac complications
- B. To prevent pulmonary complications
- C. To avoid renal damage
- D. To reduce liver toxicity

8. What type of medication is MVI most commonly associated with?

- A. Analgesics
- B. TPN (Total Parenteral Nutrition)
- C. Antibiotics
- D. Antifungals

9. Which medication is recommended when penicillin cannot be used?

- A. Daptomycin
- B. Tygacil
- C. Vibramycin
- D. Chloramphenicol

10. Which trace element is most abundant and facilitates wound healing?

- A. Iron
- B. Zinc
- C. Magnesium
- D. Calcium

Answers

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

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Explanations

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1. When does post infusion phlebitis typically occur after the infusion?

- A. Immediately after infusion
- B. Within a few hours
- C. Usually 48 hours after infusion**
- D. After one week

Post-infusion phlebitis is an inflammation of the vein that can develop after intravenous therapy. Typically, it is observed to occur usually 48 hours after the infusion has been completed. This delayed onset allows time for the inflammatory process to initiate in response to irritation from the intravenous catheter or infusion fluid. While phlebitis can indeed occur immediately or within a few hours after an infusion due to direct trauma or an allergic reaction, the most common timing for post-infusion phlebitis is within the 24 to 72-hour window post-infusion. Since it is more prevalent at around the 48-hour mark, recognizing this timing is essential for monitoring and preventing complications after IV therapy. Understanding this aspect helps healthcare providers to educate patients on signs and symptoms to watch for after their treatment and aids in early detection and management of potential phlebitis.

2. Which of the following is NOT a common source of catheter-related infections?

- A. Staphylococcus
- B. Escherichia coli
- C. Streptococcus
- D. Clostridium**

Clostridium is not typically recognized as a common source of catheter-related infections. While *Clostridium* species can cause various infections, including those associated with the gastrointestinal tract, they are less frequently implicated specifically in infections related to indwelling catheters. On the other hand, *Staphylococcus*, especially *Staphylococcus aureus*, and coagulase-negative *Staphylococcus*, are well-known pathogens associated with catheter-related infections due to their ability to form biofilms and adhere to the surfaces of catheters. *Escherichia coli* is also a significant pathogen that can be associated with urinary catheters, contributing to urinary tract infections, which are common among patients with indwelling catheters. *Streptococcus* can be identified in some infections but is not as commonly associated with catheter-related infections compared to the others mentioned. Understanding these pathogens helps healthcare professionals focus on prevention strategies for catheter-related infections by emphasizing the most common culprits during patient care.

3. What is the purpose of Neupogen?

- A. To treat severe dehydration
- B. To stimulate the bone marrow to make neutrophils**
- C. To lower cholesterol levels
- D. To reduce inflammation

Neupogen, a brand name for filgrastim, is specifically designed to stimulate the bone marrow's production of neutrophils, which are a type of white blood cell crucial for fighting off infections, particularly in patients undergoing chemotherapy or those with conditions that severely impact their immune response. By helping to increase neutrophil counts, Neupogen plays a vital role in preventing infection in these vulnerable patients. The other options do not align with the pharmacological action of Neupogen. For instance, treating severe dehydration typically involves fluid and electrolyte replenishment rather than bone marrow stimulation. Lowering cholesterol levels relates to medications like statins, which are aimed at managing lipid profiles in the body, and reducing inflammation is better associated with corticosteroids or non-steroidal anti-inflammatory drugs (NSAIDs). Therefore, the specific function of Neupogen as a bone marrow stimulant is what distinguishes it in the context of this question.

4. What is the most frequent complication of peripheral IV catheters?

- A. Phlebitis
- B. Tissue necrosis
- C. Infiltration**
- D. Air embolism

The correct answer highlights infiltration as the most frequent complication associated with peripheral IV catheters. Infiltration occurs when the IV catheter dislodges from the vein or punctures through the vein wall, allowing the infusion fluid to enter the surrounding tissue instead of the bloodstream. This situation can lead to swelling, discomfort, and potential skin damage in the area around the catheter. Understanding that infiltration is a common issue is crucial for healthcare practitioners because it emphasizes the importance of proper catheter placement and continuous monitoring of the IV site. By being vigilant about signs of infiltration, practitioners can intervene promptly to avoid complications. While phlebitis, tissue necrosis, and air embolism are recognized complications associated with peripheral IV catheters, they occur less frequently compared to infiltration. Phlebitis is characterized by inflammation of the vein, often due to infection or irritation from the IV solution; tissue necrosis may result from complications related to administering caustic substances; and air embolism involves air entering the bloodstream, a rare but serious condition. Understanding these distinctions helps in managing and preventing complications related to IV therapy effectively.

5. Which substance is unable to be filtered through a 0.2 micron filter?

- A. Normal saline
- B. Lipid emulsion**
- C. Glucose solutions
- D. Protein solutions

A 0.2 micron filter is utilized to remove bacteria and other pathogens from solutions, but it is not capable of filtering larger molecules. Lipid emulsions, which are composed of fat globules suspended in water, contain lipid particles that are generally larger than 0.2 microns in diameter. This means that when trying to filter lipid emulsions through a 0.2 micron filter, the fat globules will not pass through and will remain in the original container, making it ineffective for this type of solution. In contrast, normal saline, glucose solutions, and protein solutions can generally pass through a 0.2 micron filter. Normal saline, being a simple electrolyte solution, does not contain particulate matter significant enough to be retained by the filter. Glucose solutions, primarily composed of dissolved glucose, do not have particles larger than the filter's pore size. While protein solutions can contain various sized proteins, many proteins are also small enough to be filtered successfully. However, the size of the lipid particles in emulsions makes them unsuitable for filtration with this size filter.

6. What serious side effect can occur with rapid infusion of Ticarcillin?

- A. Renal failure
- B. Seizures**
- C. Anaphylaxis
- D. Optic neuritis

Rapid infusion of Ticarcillin can lead to seizures due to its neurotoxic potential at high serum concentrations. When infused quickly, the medication can accumulate in the body and reach levels that may cause central nervous system stimulation, resulting in seizure activity. This response is particularly important to consider in patients who may already be at risk for seizures or those with compromised renal function, as they might have impaired drug clearance. While renal failure can happen with various medications, it is not a direct result of rapid infusion of Ticarcillin itself. Anaphylaxis is an allergic reaction that can occur but is not specifically associated with the rapid infusion of Ticarcillin. Optic neuritis is not a recognized side effect of Ticarcillin at any infusion rate. Understanding the specific side effects related to the infusion rate helps healthcare professionals manage medication administration safely and effectively.

7. Why is bleomycin sulfate stopped once a cumulative dose of 220 units/m² is reached?

- A. To prevent cardiac complications
- B. To prevent pulmonary complications**
- C. To avoid renal damage
- D. To reduce liver toxicity

Bleomycin sulfate is a chemotherapeutic agent known to cause specific adverse effects, notably pulmonary toxicity. The risk of developing pulmonary complications, such as pneumonitis and pulmonary fibrosis, increases significantly when the cumulative dose reaches a threshold of approximately 220 units/m². This accumulation of the drug is associated with damage to the lung parenchyma, which can lead to long-term respiratory issues and decreased pulmonary function. Monitoring and limiting the total dose to this level helps to mitigate the risk of these serious pulmonary complications, which are a primary concern for patients treated with bleomycin. This is particularly relevant as the lung toxicity seen with bleomycin can be delayed and does not always correlate directly with observable symptoms at lower cumulative doses. Understanding this risk is crucial for healthcare providers to manage treatment safely and effectively.

8. What type of medication is MVI most commonly associated with?

- A. Analgesics
- B. TPN (Total Parenteral Nutrition)**
- C. Antibiotics
- D. Antifungals

MVI, or Multivitamin Infusion, is most commonly associated with Total Parenteral Nutrition (TPN). TPN is a method of providing nutrition to individuals who cannot consume food orally due to various medical conditions. In TPN, nutrients such as carbohydrates, proteins, fats, vitamins, and minerals are delivered directly into the bloodstream through an intravenous line. Including MVI in TPN is crucial because it ensures that patients receive essential vitamins and minerals that are otherwise difficult to obtain when not consuming food by mouth. This supplementation helps prevent deficiencies that can occur during extended periods without oral intake, especially in critically ill patients or those with gastrointestinal disorders. While analgesics, antibiotics, and antifungals serve important roles in medical treatment, they do not have the direct nutritional supplementation purpose that MVI provides in conjunction with TPN. Thus, the association of MVI with TPN highlights its role in maintaining overall health and physiological functions in patients requiring nutritional support via intravenous means.

9. Which medication is recommended when penicillin cannot be used?

- A. Daptomycin
- B. Tygacil
- C. Vibramycin**
- D. Chloramphenicol

When a patient cannot use penicillin due to an allergy or other contraindications, the recommended alternative is Vibramycin, also known as doxycycline. This medication belongs to the tetracycline class of antibiotics and is effective against a broad range of bacterial infections, making it a suitable option when penicillin is not appropriate. Vibramycin works by inhibiting bacterial protein synthesis, thus disrupting the growth of susceptible bacteria. It's specifically useful for treating infections caused by organisms that are resistant to penicillin, such as some strains of staphylococci, as well as other infections like those from atypical pathogens. The other choices provided are not typically recommended as direct substitutes for penicillin. Daptomycin, for instance, is used primarily for complicated skin infections and certain Gram-positive infections, while Tygacil (tigecycline) is often reserved for more complex infections and is not a first-line therapy. Chloramphenicol, although effective, is limited in its use due to potential severe side effects and its broad-spectrum nature, making it less preferable in situations where penicillin cannot be used. Thus, considering the efficacy, safety, and current guidelines surrounding antibiotic usage, Vibramycin is the most appropriate alternative when penicillin cannot

10. Which trace element is most abundant and facilitates wound healing?

- A. Iron
- B. Zinc**
- C. Magnesium
- D. Calcium

Zinc is a trace element that plays a crucial role in wound healing due to its involvement in numerous biological processes. It is essential for cell division, protein synthesis, and the functioning of various enzymes, many of which are important in the wound healing process. Zinc contributes to the maintenance of skin integrity and structure, supports the inflammatory response necessary for healing, and has antioxidant properties that protect cells from oxidative stress. Additionally, its role in synthesizing collagen and promoting epithelial cell proliferation further establishes zinc as a fundamental component for effective wound healing. While iron, magnesium, and calcium also have important physiological roles, they do not directly facilitate wound healing to the same extent as zinc. Iron is critical for oxygen transport and energy metabolism, magnesium is involved in numerous enzymatic reactions and muscle function, and calcium is vital for blood clotting and bone health. However, these elements do not specifically promote the complex processes involved in wound healing in the same way that zinc does. This makes zinc the most relevant trace element in this context.

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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