

IA MED CERTIFIED FLIGHT REGISTERED NURSE (CFRN) PRACTICE TEST (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. In a neonate with a ductal-dependent lesion, which medication is used to maintain ductus arteriosus patency?**
 - A. Prostaglandin E1
 - B. Indomethacin
 - C. Oxygen
 - D. Morphine
- 2. Calcium gluconate is used in hyperkalemia to achieve which therapeutic effect?**
 - A. Increase serum potassium
 - B. Stabilize cardiac membranes
 - C. Increase insulin release
 - D. Decrease urinary potassium excretion
- 3. In addition to cardiovascular collapse, beta blocker overdose may cause which metabolic abnormality?**
 - A. Hypoglycemia
 - B. Hyponatremia
 - C. Shortened PR interval
 - D. Widened QRS
- 4. In blast injuries, which mechanism causes the body to be hurled by the blast wind and strike other objects or people?**
 - A. Primary
 - B. Secondary
 - C. Tertiary
 - D. Quaternary
- 5. Which medication should be used to maintain ductus arteriosus patency in a neonate with ductal-dependent cyanotic heart disease?**
 - A. Indomethacin
 - B. Prostaglandin E1
 - C. Surfactant
 - D. Nitric oxide

6. During a fast flush test on an arterial line, how many oscillations should occur before the waveform returns to normal?
- A. 3
 - B. 4
 - C. 5
 - D. 6
7. Which description defines inadvertent instrument meteorologic condition (IIMC)?
- A. A set of procedures for operating the aircraft in the event of a sudden loss of visibility due to unforeseen weather conditions
 - B. Instrument flying rules
 - C. Gyroscopic operation
 - D. Attitude-based flight
8. Which induction agent is shown to be effective for patients with reactive airways disease and is commonly used in COPD-like hyperinflation scenarios?
- A. Propofol
 - B. Etomidate
 - C. Ketamine
 - D. Dexmedetomidine
9. For a patient with hyperinflated lungs, which induction agent is preferred to facilitate endotracheal intubation?
- A. Propofol
 - B. Etomidate
 - C. Midazolam
 - D. Ketamine
10. In lung-protective ventilation, tidal volume is calculated based on which weight measure?
- A. Ideal body weight
 - B. Actual body weight
 - C. Lean body weight
 - D. Total body weight

Answers

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

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Explanations

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1. In a neonate with a ductal-dependent lesion, which medication is used to maintain ductus arteriosus patency?

A. Prostaglandin E1

B. Indomethacin

C. Oxygen

D. Morphine

Maintaining ductus arteriosus patency in a neonate with a ductal-dependent lesion requires a medication that keeps the ductus open by relaxing its smooth muscle. Prostaglandin E1 (alprostadil) does this effectively, preserving the flow through the ductus to support circulation until a surgical or other definitive solution is available. Indomethacin, on the other hand, inhibits prostaglandin synthesis and promotes closure of the ductus, which would worsen patency in these cases. Oxygen tends to promote ductal closure by increasing oxygen tension and reducing prostaglandin levels. Morphine does not influence ductus patency in this context.

2. Calcium gluconate is used in hyperkalemia to achieve which therapeutic effect?

A. Increase serum potassium

B. Stabilize cardiac membranes

C. Increase insulin release

D. Decrease urinary potassium excretion

Calcium gluconate works by stabilizing the heart's electrical membranes when potassium is high. It raises the threshold for depolarization, making cardiac cells less excitable, which helps prevent dangerous arrhythmias that hyperkalemia can trigger. It does not lower the potassium level itself; other treatments are needed to shift potassium into cells or remove it from the body. The effect is rapid but temporary, buying time to implement measures like insulin with glucose, beta-agonists, bicarbonate, or dialysis as appropriate.

3. In addition to cardiovascular collapse, beta blocker overdose may cause which metabolic abnormality?

A. Hypoglycemia

B. Hyponatremia

C. Shortened PR interval

D. Widened QRS

In beta-blocker overdose, glucose management can be impaired because these drugs blunt the body's counterregulatory response to low blood sugar. Blocking beta-2 receptors in the liver reduces glycogenolysis and gluconeogenesis, so hepatic glucose production falls. In an overdose, this can lead to hypoglycemia, especially in patients who are fasting, malnourished, or taking insulin or other glucose-lowering meds. The other findings are not metabolic problems: shortened PR interval and widened QRS are ECG conduction changes, not metabolic disturbances, and hyponatremia is an electrolyte issue not typically caused by beta-blocker overdose. Therefore, the metabolic abnormality to watch for is hypoglycemia.

4. In blast injuries, which mechanism causes the body to be hurled by the blast wind and strike other objects or people?

- A. Primary
- B. Secondary**
- C. Tertiary
- D. Quaternary

The scenario described is a tertiary blast injury. In a blast, the initial overpressure (primary) can injure air-filled organs; flying fragments from the explosion cause secondary injuries. The body being forced by the blast wind and striking other objects or people represents the tertiary mechanism, where the force of the blast physically displaces the person. Quaternary injuries cover other effects like burns, inhalation injuries, or exacerbation of underlying conditions. So, being hurled by the blast wind and impacting surroundings is tertiary, not secondary.

5. Which medication should be used to maintain ductus arteriosus patency in a neonate with ductal-dependent cyanotic heart disease?

- A. Indomethacin
- B. Prostaglandin E1**
- C. Surfactant
- D. Nitric oxide

Maintaining ductus arteriosus patency is crucial when a newborn's heart condition depends on the ductus for ensuring adequate blood flow to the lungs or body. Prostaglandin E1 (alprostadil) keeps the ductus open by relaxing smooth muscle in the ductus arteriosus, preventing its premature closure and preserving circulation until definitive repair or palliation can be performed. This makes it the appropriate choice to support a ductal-dependent cyanotic defect. Indomethacin (and similar NSAIDs) actually promote ductal closure, which would worsen the condition. Surfactant addresses respiratory distress and isn't used to affect the ductus. Nitric oxide helps lower pulmonary vascular resistance but does not maintain ductal patency.

6. During a fast flush test on an arterial line, how many oscillations should occur before the waveform returns to normal?

- A. 3**
- B. 4
- C. 5
- D. 6

During a fast flush test, the arterial line's transducer and tubing act like a dynamic system responding to a quick saline discharge. When the flush is released, the waveform should exhibit a small, finite amount of ringing as the system settles back to baseline. About three oscillations is the expected amount before the waveform stabilizes. This indicates normal damping and good waveform fidelity. If there are more than three oscillations, the system is underdamped and may exaggerate pressures; if there are fewer than three or none, the system is overdamped and the waveform can lose the true systolic peak. So, three oscillations reflect the right balance for accurate arterial pressure monitoring.

7. Which description defines inadvertent instrument meteorologic condition (IIMC)?

- A. A set of procedures for operating the aircraft in the event of a sudden loss of visibility due to unforeseen weather conditions**
- B. Instrument flying rules
- C. Gyroscopic operation
- D. Attitude-based flight

Inadvertent instrument meteorological condition means you unexpectedly lose outside visual references and must transition to flying by reference to your instruments. The best description here captures that moment: a set of procedures you follow when visibility suddenly drops due to unforeseen weather, so you can maintain control, navigate, and safely manage the aircraft using the instruments until conditions improve or you regain outside references. This focuses on the situation and the required actions, rather than just the rules of instrument flight, the devices themselves, or a general method of flying by attitude. The other ideas touch on related concepts—rules, gyroscopic instruments, or attitude-based flying—but they don't define the inadvertent loss of visual reference and the associated procedure set you must follow.

8. Which induction agent is shown to be effective for patients with reactive airways disease and is commonly used in COPD-like hyperinflation scenarios?

- A. Propofol
- B. Etomidate
- C. Ketamine**
- D. Dexmedetomidine

In reactive airway disease and COPD like hyperinflation, you want an induction agent that minimizes bronchospasm and helps keep the patient breathing spontaneously. Ketamine fits this well because it provides bronchodilation and preserves spontaneous respiration and airway reflexes during induction. This reduces the risk of bronchospasm and dynamic airway obstruction that can occur with other agents. It also tends to maintain blood pressure and heart rate, which can be advantageous in a stressed or hypoxic patient. One practical note is that ketamine can increase secretions, so clinicians may counter that with an anticholinergic if needed, but the overall airway and ventilation benefits make it the best choice in this scenario. Propofol can depress respiration and may provoke poorer airway dynamics, etomidate offers hemodynamic stability but lacks bronchodilatory effects, and dexmedetomidine isn't a primary induction agent.

9. For a patient with hyperinflated lungs, which induction agent is preferred to facilitate endotracheal intubation?

- A. Propofol
- B. Etomidate
- C. Midazolam
- D. Ketamine**

When a patient has hyperinflated lungs, you want an induction agent that reduces bronchial resistance and preserves spontaneous ventilation to avoid worsening air trapping during intubation. Ketamine fits this need because it provides bronchodilation, helping to relax the airway smooth muscle, and it tends to maintain spontaneous breathing and hemodynamic stability during induction. This combination makes airway management smoother in hyperinflated lungs and lowers the risk of bronchospasm or dynamic hyperinflation as you secure the airway. Propofol, while widely used, often depresses respiration and can provoke bronchospasm in reactive airways, which complicates induction in this setting. Etomidate is hemodynamically stable and causes less respiratory depression but does not offer bronchodilation, so it lacks the benefit needed for hyperinflated lungs. Midazolam can depress respiration and airway reflexes without providing bronchodilation. Therefore, ketamine is the best choice here.

10. In lung-protective ventilation, tidal volume is calculated based on which weight measure?

- A. Ideal body weight**
- B. Actual body weight
- C. Lean body weight
- D. Total body weight

In lung-protective ventilation, the tidal volume is set to reflect the size of the lungs, not the patient's total mass. The size of the lungs correlates best with height and sex, which is captured by using ideal (predicted) body weight to guide tidal volume calculations. This approach helps keep ventilation gentle—typically about 6 mL per kilogram of ideal body weight—minimizing the risk of volutrauma and barotrauma. Using actual body weight can overestimate lung size in obese patients, leading to unnecessarily large tidal volumes. Lean body weight and total body weight don't map reliably to lung capacity. So, ideal body weight is the appropriate measure to base tidal volume on.

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://iamedcfrn.examzify.com>

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

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