

SCOPE OF CRNA EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 list correctly lists the three factors that govern nurse anesthesia scope?**
 - A. Your expertise; State statutes and regulations; Institutional policy
 - B. Only state laws
 - C. Only institutional policy
 - D. Federal mandates

- 2. Sugammadex reverses which agents?**
 - A. Succinylcholine
 - B. Atracurium
 - C. Rocuronium and Vecuronium
 - D. Mivacurium

- 3. Informed Consent for Anesthesia Care and Related Services (Standard 4) requires:**
 - A. Informed consent is optional if the patient agrees verbally
 - B. Informed consent must be written but does not need to be documented
 - C. Informed consent is not required for minor procedures
 - D. Obtain and document/verify documentation that the patient or legal representative has given informed consent for planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy

- 4. Who can establish standards of care?**
 - A. Courts
 - B. Government agencies
 - C. Only members of the profession
 - D. Healthcare institutions

- 5. Perioperative antibiotic prophylaxis timing?**
 - A. Within 60 minutes before incision (60-120 minutes for some agents) and redosed as needed for long procedures.
 - B. Immediately after incision only.
 - C. Only after closure.
 - D. Not needed unless infection present.

- 6. During a case, which of the following best describes the primary activities of anesthesia care?**
- A. Scheduling surgeries
 - B. Administering vaccines
 - C. Monitoring vital signs and counteracting untoward reactions
 - D. Billing and documentation
- 7. What is the purpose of cricoid pressure during rapid sequence induction?**
- A. To reduce regurgitation risk by occluding the esophagus.
 - B. To occlude the airway.
 - C. To aid intubation by exposing the cords.
 - D. To improve ventilation.
- 8. Standard 2 includes which activity?**
- A. Postoperative pain management
 - B. Perform and document the preanesthesia evaluation and anesthesia-focused physical assessment to form the plan of care
 - C. Scheduling preop tests
 - D. Informed consent for anesthesia
- 9. What is the take-away about using abbreviations in documentation?**
- A. CAUTION: May be mistaken for other things
 - B. Use common abbreviations
 - C. Abbreviations are not restricted
 - D. Abbreviations speed up notes
- 10. Rapid Sequence Induction (RSI) is designed to minimize aspiration risk. Which of the following are key components?**
- A. Preoxygenation; continuous mask ventilation; cricoid pressure; rapid induction; prompt intubation.
 - B. Preoxygenation; no or minimal mask ventilation; cricoid pressure; rapid administration of a fast-acting induction agent followed by a neuromuscular blocker; prompt tracheal intubation.
 - C. Preoxygenation; no mask ventilation; no cricoid pressure; slow induction; delayed intubation.
 - D. Preoxygenation; cricoid pressure; long mask ventilation; induction with slow agent; late intubation.

Answers

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

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Explanations

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1. Which list correctly lists the three factors that govern nurse anesthesia scope?

- A. Your expertise; State statutes and regulations; Institutional policy**
- B. Only state laws
- C. Only institutional policy
- D. Federal mandates

Scope of nurse anesthesia practice is shaped by three interlocking factors: your own expertise, the state statutes and regulations, and the institution's policies. Your expertise matters because competent, safe anesthesia care hinges on your education, certification, and ongoing clinical experience. The state enacts nurse practice acts and related regulations that legally define what you may and may not do, including required supervision, scope of procedures, and prescriptive authorities where applicable. The institution you're affiliated with translates those laws and your demonstrated competence into real-world privileges and policies—credentialing, privileging, approved protocols, and equipment and safety standards that govern daily practice. When all three align, the practice is both legally compliant and clinically safe. Federal mandates may influence safety and accreditation standards, but they typically do not define the exact scope—state law and institutional policy are the primary determinants within the framework they set.

2. Sugammadex reverses which agents?

- A. Succinylcholine
- B. Atracurium
- C. Rocuronium and Vecuronium**
- D. Mivacurium

Sugammadex reverses aminosteroidal nondepolarizing neuromuscular blockers by encapsulating the drug molecules, which lowers their free concentration at the neuromuscular junction and allows acetylcholine to outcompete what remains at the receptor. This mechanism specifically targets rocuronium and vecuronium, so reversal is effective for these two agents. It does not reverse succinylcholine, a depolarizing blocker, nor benzylisoquinolinium agents like atracurium and mivacurium, because they do not bind effectively to sugammadex. In practice, this makes sugammadex a rapid reversal option for rocuronium- or vecuronium-induced blockade.

3. Informed Consent for Anesthesia Care and Related Services (Standard 4) requires:

- A. Informed consent is optional if the patient agrees verbally
- B. Informed consent must be written but does not need to be documented
- C. Informed consent is not required for minor procedures
- D. Obtain and document/verify documentation that the patient or legal representative has given informed consent for planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy**

Informed consent for anesthesia is a formal, documented process that ensures the patient or their legal representative understands and agrees to the planned anesthesia care or related services. The essential point is that consent must be obtained and documented (or verified) in a way that creates a verifiable record in the medical chart. This protects patient autonomy and provides a clear record of what was explained, what was chosen, and who approved it. This consent process requires full disclosure about the planned anesthesia care—including risks, benefits, alternatives, and consequences of proceeding or not proceeding—so the patient can make an informed, voluntary decision. It also involves confirming the patient's capacity to decide, and ensuring the consent is appropriate for the patient's situation (for example, consent by a parent or legally authorized representative for a minor, or surrogate consent when a patient lacks decision-making capacity). The documentation must comply with applicable laws, accreditation standards, and institutional policy, which is why the record, signature or verification, and the provider's authentication are crucial. So the best approach is to obtain and document/verify that the patient or their legal representative has given informed consent for the planned anesthesia care or related services, in accordance with law, standards, and policy.

4. Who can establish standards of care?

- A. Courts
- B. Government agencies
- C. Only members of the profession**
- D. Healthcare institutions

Standards of care come from the professional community itself—practicing clinicians who define what is considered prudent, evidence-based care in a given situation. Members of the profession shape these standards through guidelines, consensus statements, and ongoing interpretation of the best available evidence within professional organizations. While healthcare institutions implement and enforce these standards and government agencies or courts may regulate or interpret them in legal or regulatory contexts, the authoritative benchmarks are established by the profession.

5. Perioperative antibiotic prophylaxis timing?

- A. Within 60 minutes before incision (60-120 minutes for some agents) and redosed as needed for long procedures.**
- B. Immediately after incision only.
- C. Only after closure.
- D. Not needed unless infection present.

Timing antibiotics to match the moment the incision is made is essential for effective prophylaxis. The goal is to have adequate drug levels in the tissues at the time of the incision so that bacteria introduced during surgery are rapidly suppressed. Most agents should be given within 60 minutes before incision so tissue concentrations are highest right when the wound is opened. Some drugs require longer infusion times and should be started earlier, typically 60–120 minutes before incision (for example, agents like vancomycin or certain fluoroquinolones). In long procedures or those with substantial blood loss, you redose to maintain protective levels, following the drug's recommended interval (often every 2–4 hours, depending on the agent and patient factors). Other timing options—immediately after incision, only after closure, or not needed unless infection is present—do not provide the protective tissue levels when the wound is first contaminated, so they are not appropriate for prophylaxis. Thus, administering within 60 minutes of incision (or 60–120 minutes for longer-infusion drugs) and redosing for lengthy procedures aligns with best practice for preventing surgical site infections.

6. During a case, which of the following best describes the primary activities of anesthesia care?

- A. Scheduling surgeries
- B. Administering vaccines
- C. Monitoring vital signs and counteracting untoward reactions**
- D. Billing and documentation

During a case, the main focus of anesthesia care is to continuously monitor the patient and rapidly manage any problems that arise to keep breathing, circulation, and anesthesia level stable. This means watching vital signs closely, ensuring the airway is open and the patient is adequately ventilated and oxygenated, and adjusting the depth of anesthesia as needed. It also involves recognizing and counteracting untoward reactions, such as drops in blood pressure, changes in heart rhythm, airway obstruction, bronchospasm, or allergic responses, and treating them promptly to maintain safety throughout the procedure. Scheduling surgeries is an administrative preoperative task, ventilating vaccines is not part of the intraoperative role, and billing or documentation is administrative work done around or after the case rather than the central activity during the procedure.

7. What is the purpose of cricoid pressure during rapid sequence induction?

- A. To reduce regurgitation risk by occluding the esophagus.**
- B. To occlude the airway.
- C. To aid intubation by exposing the cords.
- D. To improve ventilation.

Cricoid pressure is used during rapid sequence induction to reduce the risk of aspiration by occluding the esophagus. By pressing the cricoid cartilage backward against the cervical spine, the esophagus is compressed between the vertebral bodies, helping prevent gastric contents from regurgitating into the pharynx as anesthesia is induced and the airway is unprotected. This is the key reason for its use in RSI when a full stomach is a concern. It does not block the airway or help expose the cords for intubation, and it can make ventilation more difficult if applied too aggressively, so the goal is to prevent regurgitation during the critical window until the airway is secured.

8. Standard 2 includes which activity?

- A. Postoperative pain management
- B. Perform and document the preanesthesia evaluation and anesthesia-focused physical assessment to form the plan of care**
- C. Scheduling preop tests
- D. Informed consent for anesthesia

The key idea here is that Standard 2 centers on the initial evaluation that informs the entire anesthesia plan. Performing and documenting the preanesthesia evaluation, along with the anesthesia-focused physical assessment, creates the foundation for how anesthesia will be delivered. This involves reviewing the patient's medical history, current health status, prior anesthesia experiences, medications, and potential risk factors, then conducting a focused physical exam to identify airway considerations, cardiopulmonary status, anesthesia risks, and the need for any special monitoring or equipment. The results of this assessment directly drive the plan of care: what type of anesthesia is chosen, how the airway will be secured, what monitoring and IV access are needed, potential medications or adjustments, and any perioperative optimization steps. Documentation ensures clear communication among the anesthesia team and continuity of care. Postoperative pain management, scheduling preop tests, and obtaining informed consent are all important parts of perioperative care, but they do not encapsulate the primary action described by Standard 2, which is the initial evaluation and planning process based on that evaluation.

9. What is the take-away about using abbreviations in documentation?

- A. CAUTION: May be mistaken for other things**
- B. Use common abbreviations
- C. Abbreviations are not restricted
- D. Abbreviations speed up notes

Abbreviations in documentation should be used with caution because they can be mistaken for other things, leading to miscommunication and potential errors in patient care. In anesthesia records and other high-stakes notes, unclear shorthand can change meaning, delay treatment, or result in incorrect dosing or interventions. That's why the take-away is to favor clarity: use approved, unambiguous abbreviations from your facility's policy, and write out critical terms when space allows. Be especially wary of commonly confused symbols and look-alike terms (for example, units for medications, or abbreviations that can be read as different drugs or measurements) and verify that any abbreviation is clearly understood by the entire team. The goal is legibility and precision so that anyone reviewing the chart immediately grasps the intended meaning, reducing the chance of errors.

10. Rapid Sequence Induction (RSI) is designed to minimize aspiration risk. Which of the following are key components?

- A. Preoxygenation; continuous mask ventilation; cricoid pressure; rapid induction; prompt intubation.
- B. Preoxygenation; no or minimal mask ventilation; cricoid pressure; rapid administration of a fast-acting induction agent followed by a neuromuscular blocker; prompt tracheal intubation.**
- C. Preoxygenation; no mask ventilation; no cricoid pressure; slow induction; delayed intubation.
- D. Preoxygenation; cricoid pressure; long mask ventilation; induction with slow agent; late intubation.

The main idea is to secure the airway as quickly as possible while minimizing the chance that gastric contents reach the lungs. This is achieved by preparing with oxygen beforehand, avoiding prolonged or bag-mask ventilation that could push air into the stomach, and then rapidly inducing and paralyzing so you can intubate promptly. Preoxygenation fills the lungs with oxygen to extend the safe period of apnea if the airway takes longer to secure. Proceeding with no or minimal mask ventilation helps prevent gastric insufflation and potential regurgitation. Cricoid pressure is applied to compress the esophagus and reduce the risk of passive regurgitation during this vulnerable period, though its routine use is debated in some settings. A fast-acting induction agent is given to lose consciousness quickly, followed by a neuromuscular blocker that produces rapid, reliable paralysis so tracheal intubation can be performed without delay. The goal is immediate airway control with the endotracheal tube to protect the airway from aspiration as soon as possible. Other options diverge from RSI by allowing ventilation before the airway is secured, using slower induction, or permitting longer periods of apnea or delayed intubation, all of which increase aspiration risk.

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://scopeofcrna1.examzify.com>

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

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