

## CFRN Sample Questions

The following 10 sample questions are presented to demonstrate the format used on the CFRN exam and how questions reflect the nursing process. These sample items are not intended to reflect the difficulty of the actual questions on the CFRN exam. The preferred response is indicated in boldface type.

1. An aircraft has completed a hard landing after mechanical difficulties. After safe contact with the ground, the crew knows to

- A. stay in the aircraft until the pilot states it is safe to exit.
- B. exit the aircraft immediately and meet other crew members downwind from the aircraft.
- C. exit the aircraft after all moving parts have stopped and then meet other crew members at 12 o'clock.**
- D. exit the aircraft after moving the patient out and secure shelter in the shade of the aircraft.

2. A patient with pulmonary edema is being transported via long-distance, high- altitude, fixed-wing transport. The patient's respiratory status has deteriorated, and bi-level positive airway pressure (BiPAP) therapy is initiated. Initial pressure settings for inspiratory positive airway pressure/expiratory positive airway pressure (IPAP/EPAP) should be set at how many centimeters of water (cm H<sub>2</sub>O)?

- A. 6/3
- B. 10/5**
- C. 25/15
- D. 40/20

3. Noninvasive ventilation is initiated during air transport of a patient with asthma. A short time into the flight, the patient becomes significantly hypotensive, but the oxygen saturation remains 95%. The most likely cause of this deterioration is

- A. hyperinflation.**
- B. pneumothorax.
- C. hypovolemia.
- D. hypercapnia.

4. The flight team is transporting a 50-year-old man who has chest pain following a motor vehicle collision. A chest radiograph shows air space consolidation in the midlung field on the right side. This finding is an indication of

**A. pulmonary contusion.**

B. cardiac tamponade.

C. pneumothorax.

D. hemothorax.

5. A patient develops barotitis media during descent in a fixed-wing aircraft. A slower rate of descent does not relieve the pain. Another option for treatment is

A. providing hearing protection.

B. advising the patient to maintain ahead-down position.

**C. instructing the patient to perform the Valsalva maneuver.**

D. applying supplemental oxygen.

6. A patient is being transported from the ICU to another facility. Assessment en route reveals an acute change in mental status postoperatively, and the patient now has difficulty answering questions and reports having visual hallucinations. The nurse prepares to administer

A. lorazepam (Ativan), 1 to 2 mg IV.

**B. haloperidol (Haldol), 0.5 to 2 mg IV.**

C. clonidine (Duraclon), .01 mg PO.

D. midazolam (Versed) 0.5 to 1 mg IV.

7. Distress signals transmitted by an aircraft's emergency locator transmitter (ELT) on the 121.5 MHz frequency are received by

A. digital duplex radios.

B. search and rescue satellite systems.

**C. ground-based receivers only.**

D. emergency position indicating radio beacons.

8. A patient who was scuba diving about 90 minutes ago and reported a depth of 43 feet now has a headache, states that he cannot hear, has a headache, and has bilateral knee pain. Assessment reveals a diffuse petechial rash over the upper chest and back. Oxygen therapy is initiated without much improvement. The nurse anticipates

- A. administering a 500-mL IV fluid bolus.
- B. placing the patient in Trendelenburg position.
- C. initiating noninvasive positive pressure ventilation.
- D. transport via low-altitude flight to the nearest facility with a decompression chamber.**

9. After liftoff, an intubated patient with multiple stab wounds becomes agitated, has decreasing blood pressure, and develops increased respirations. After a needle thoracostomy is performed, the nurse would expect to see

- A. decreasing peak airway pressures.**
- B. decreasing forced expiratory volume.
- C. increasing peak airway pressures.
- D. increasing plateau pressures.

10. Which of the following steps represents the proper sequence of a critical incident stress debriefing?

- A. Inform, consult, exploration, reaction, decompression, and referral
- B. Pre-crisis education, informational briefings, defusing, debriefing, individual support, family support, and referral
- C. Pre-crisis education, verbalization, exploration of feelings, symptom mitigation, psychological closure**
- D. Introduction, facts, thoughts, reactions, symptoms, teaching, and reentry.