CERTIFIED TRANSPORT REGISTERED NURSE CERTIFICATION PRACTICE EXAM (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.

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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!

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Questions

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1. What substance do aircraft extinguishers contain to eliminate oxygen?

A. Water

B. Halon

C. Carbon Dioxide

D. Foam

2. Increased respirations lead to changes in which of the following gases?

A. Increased $PaCO_2$, Decreased pH

B. Decreased $PaCO_2$, Increased pH

C. Increased $PaCO_2$, Increased pH

D. Decreased $PaCO_2$, Decreased pH

3. Which condition primarily occurs during the descent phase of aircraft travel?

A. Barodontalgia

B. Hypoxia

C. Barotitis media

D. Ear infection

4. What type of paralytic is succinylcholine classified as?

A. Non-depolarizing

B. Depolarizing

C. Fast-acting

D. Sustained

5. What must be monitored in Assist Control (AC) mode to avoid breath stacking?

A. Peak fall pressure

B. Minute ventilation and pressure alarms

C. Respiratory rate only

D. Oxygen saturation levels

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6. SpO2 (O2 saturation) measures the saturation of what?

A. Partial pressure of oxygen
B. Carbon dioxide binding sites
C. Oxygen binding sites
D. Carbon monoxide levels

7. What does a P/F ratio of 100-200 indicate?

A. Normal lung function
B. Mild ARDS
C. Moderate ARDS
D. Severe ARDS

8. Hypoxia is best described as what condition?

A. Lack of blood flow
B. Low oxygen levels in the body
C. High carbon dioxide levels
D. Respiratory acidosis

9. In PRVC, what determines the tidal volume delivered to the patient?

A. Patient's oxygen saturation levels
B. Patient's inspiratory effort
C. Peak pressure set on the ventilator
D. Clinician's order based on assessment

10. What primarily causes the bends in divers?

A. Nitrogen narcosis
B. Carbon dioxide retention
C. Oxygen toxicity
D. Barometric pressure difference

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Answers

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

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Explanations

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1. What substance do aircraft extinguishers contain to eliminate oxygen?

A. Water

B. Halon

C. Carbon Dioxide

D. Foam

The correct choice is Halon because it is a specialized fire-suppression agent that works primarily by interrupting the chemical reaction of combustion. Halon extinguishers are particularly effective in environments where valuable equipment or sensitive materials are present, such as in aircraft, because they do not leave residue that could damage delicate systems. When Halon is released, it reduces the amount of oxygen available for the fire, thereby suffocating it. This is essential in aviation contexts, where the presence of flammable materials and the need to maintain operational safety are critical. While water, carbon dioxide, and foam can be effective in certain situations, they do not operate on the same principle as Halon. Water is often less effective in extinguishing fires involving flammable liquids or electrical fires, carbon dioxide works by displacing oxygen but can cause re-ignition in certain scenarios, and foam cools and suppresses vapors but does not directly eliminate oxygen needed for combustion like Halon does. Thus, Halon's unique properties make it the preferred choice for aviation fire suppression.

2. Increased respirations lead to changes in which of the following gases?

A. Increased $PaCO_2$, Decreased pH

B. Decreased $PaCO_2$, Increased pH

C. Increased $PaCO_2$, Increased pH

D. Decreased $PaCO_2$, Decreased pH

Increased respirations, or hyperventilation, result in the expulsion of carbon dioxide (CO_2) from the body through the lungs. When respiration rates are elevated, the body exceeds its metabolic rate for CO_2 production, leading to decreased levels of carbon dioxide in the blood, which is indicated by a decrease in the partial pressure of carbon dioxide ($PaCO_2$). As the levels of $PaCO_2$ drop, the blood becomes less acidic, contributing to an increase in pH. This shift in blood chemistry can lead to a state known as respiratory alkalosis, characterized by a higher pH due to decreased carbon dioxide levels. Thus, in the context of increased respirations, the correct option emphasizes that there is a decrease in $PaCO_2$ coupled with an increase in pH, which accurately reflects the physiological response of the body to hyperventilation.

3. Which condition primarily occurs during the descent phase of aircraft travel?

A. Barodontalgia

B. Hypoxia

C. Barotitis media

D. Ear infection

During the descent phase of aircraft travel, barotitis media is the condition primarily experienced. This occurs due to the rapid changes in atmospheric pressure as the aircraft descends. The Eustachian tube, which connects the middle ear to the throat, can struggle to equalize the pressure between the middle ear and the outside environment. If the pressure in the ear is not equalized efficiently, it can lead to discomfort and potential fluid buildup in the middle ear, a hallmark of barotitis media. While hypoxia can occur at high altitudes during ascent due to decreased oxygen levels, it is generally less of a concern during descent, as the cabin is pressurized. Similarly, barodontalgia refers to dental pain or discomfort triggered by pressure changes, but it is not as directly related to descent as barotitis media. Ear infections are unrelated to the pressure changes experienced during flight and can occur independently of any altitude changes. Therefore, the nature of barotitis media closely ties it to the descent phase of aircraft travel, making it the most accurate answer.

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4. What type of paralytic is succinylcholine classified as?

A. Non-depolarizing

B. Depolarizing

C. Fast-acting

D. Sustained

Succinylcholine is classified as a depolarizing neuromuscular blocker. This classification is based on its mechanism of action, which involves mimicking the neurotransmitter acetylcholine. When succinylcholine binds to the acetylcholine receptors at the neuromuscular junction, it causes an initial depolarization or contraction of the muscle fibers. This is followed by a phase of paralysis, as the continued presence of succinylcholine prevents further stimulation of the muscle. This distinct action mechanism is what differentiates depolarizing agents from non-depolarizing agents, which compete with acetylcholine for binding at the postsynaptic receptor without causing initial depolarization. The fast onset and short duration of action of succinylcholine also contribute to its widespread use in rapid sequence intubation during anesthesia, yet it's primarily characterized as a depolarizing paralytic. This classification is critical for understanding the pharmacodynamics and clinical applications of succinylcholine in various medical settings.

5. What must be monitored in Assist Control (AC) mode to avoid breath stacking?

A. Peak fall pressure

B. Minute ventilation and pressure alarms

C. Respiratory rate only

D. Oxygen saturation levels

In Assist Control (AC) mode, it is crucial to monitor minute ventilation and pressure alarms to avoid breath stacking. This mode of ventilation is designed to provide a set number of breaths, but it also allows the patient to initiate additional breaths. If the patient is taking extra breaths in between the mandatory breaths provided by the ventilator, it can lead to breath stacking, where breaths overlap without complete exhalation. Minute ventilation, which is the total volume of gas inhaled or exhaled from a person's lungs per minute, needs to be closely monitored because an increase in spontaneous breaths can significantly raise this value. If minute ventilation becomes excessive, it can indicate that the patient is attempting to breathe more than the number of ventilator-assured breaths, leading to inadequate time for full exhalation. Additionally, monitoring pressure alarms is essential because they help identify situations where pressure might build up during the breath stacking, potentially causing barotrauma or ventilation-related injuries to the patient's lungs. High airway pressures can signify that the set tidal volume is not being adequately delivered due to insufficient exhalation time. Together, monitoring these two parameters allows healthcare providers to adjust ventilator settings, ensuring effective ventilation while avoiding complications like breath stacking.

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6. SpO2 (O2 saturation) measures the saturation of what?

A. Partial pressure of oxygen

B. Carbon dioxide binding sites

C. Oxygen binding sites

D. Carbon monoxide levels

The saturation of oxygen in the blood, commonly referred to as SpO2, specifically measures the percentage of hemoglobin binding sites in the red blood cells that are occupied by oxygen molecules. When hemoglobin, the protein responsible for transporting oxygen, binds with oxygen, it forms oxyhemoglobin. This process is critical for ensuring that oxygen is available to the tissues and organs throughout the body, which is vital for maintaining cellular metabolism and overall health. Understanding SpO2 is pivotal in assessing a patient's respiratory status, especially in conditions affecting lung function or oxygenation. When monitoring SpO2, healthcare providers can gauge how well the patient is oxygenating their blood and make decisions regarding interventions, such as supplemental oxygen or other therapeutic measures, based on those readings. The other options relate to different elements of respiratory physiology but do not directly pertain to measuring oxygen saturation. For instance, the partial pressure of oxygen relates to the amount of oxygen dissolved in blood plasma, which is not the same as the saturation indicated by SpO2. Carbon dioxide binding sites and carbon monoxide levels pertain to different gases and their interactions with hemoglobin, which do not influence the specific measurement of oxygen saturation by SpO2. Thus, the correct choice reflects the focus on the

7. What does a P/F ratio of 100-200 indicate?

A. Normal lung function

B. Mild ARDS

C. Moderate ARDS

D. Severe ARDS

A P/F ratio, which stands for the PaO2/FiO2 ratio, is a valuable indicator used to assess the degree of hypoxemia in patients, particularly in the context of acute respiratory distress syndrome (ARDS). This ratio is calculated by dividing the arterial oxygen partial pressure (PaO2) by the fractional inspired oxygen (FiO2). When the P/F ratio falls between 100 and 200, it indicates that the patient is experiencing moderate ARDS. This classification is crucial because it helps healthcare professionals determine the severity of respiratory failure and guides treatment decisions. Moderate ARDS involves a significant level of impairment in oxygenation, requiring closer monitoring and potentially more aggressive intervention than mild ARDS, which is characterized by a P/F ratio above 200. In contrast, a P/F ratio below 100 would denote severe ARDS, while a ratio above 200 but below 300 would indicate mild ARDS. Thus, the range of 100-200 specifically corresponds to moderate ARDS, validating the answer provided as being correct. Understanding these classifications helps transport nurses and other healthcare providers to implement appropriate management strategies for patients with respiratory failure.

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8. Hypoxia is best described as what condition?

A. Lack of blood flow

B. Low oxygen levels in the body

C. High carbon dioxide levels

D. Respiratory acidosis

Hypoxia is best described as a condition characterized by low oxygen levels in the body, which can affect cellular metabolism and function. When oxygen supply is insufficient, tissues and organs may not receive adequate oxygen to sustain normal physiological processes, leading to various complications. This condition can arise from several factors, such as respiratory issues, circulatory problems, or environmental oxygen deficiency. Understanding hypoxia's specific nature helps differentiate it from related concepts. For example, the lack of blood flow pertains to ischemia, which may result in hypoxia but is not synonymous with it. High carbon dioxide levels, often a consequence of inadequate ventilation, indicate a different issue known as hypercapnia, and respiratory acidosis refers to an imbalance in the body's acid-base status due to impaired gas exchange, which may also arise but is not solely defined by low oxygen levels. Thus, the description that accurately captures the essence of hypoxia is the one identifying low oxygen levels in the body.

9. In PRVC, what determines the tidal volume delivered to the patient?

A. Patient's oxygen saturation levels

B. Patient's inspiratory effort

C. Peak pressure set on the ventilator

D. Clinician's order based on assessment

In Pressure Regulated Volume Control (PRVC) mode, the tidal volume delivered to the patient is determined based on the peak inspiratory pressure set on the ventilator. In this mode, the ventilator automatically adjusts the pressure to ensure that a specific tidal volume is delivered with each breath while keeping the pressure within a predefined limit. This mechanism allows the ventilator to adaptively regulate the tidal volume based on the patient's compliance and resistance, ensuring adequate ventilation while also preventing barotrauma due to excessive pressures. Other factors, like a patient's oxygen saturation levels or inspiratory effort, do play a role in overall ventilation and oxygenation management but are not the primary determinants of tidal volume in PRVC. A clinician's orders based on assessment can influence mechanical ventilation settings, but the tidal volume itself in this mode specifically depends on the peak pressure set on the ventilator.

10. What primarily causes the bends in divers?

A. Nitrogen narcosis

B. Carbon dioxide retention

C. Oxygen toxicity

D. Barometric pressure difference

The bends, also known as decompression sickness, primarily result from the formation of nitrogen bubbles in the bloodstream and tissues as a diver ascends too quickly after spending time at depths where nitrogen is compressed into the body. During deep dives, divers breathe in air that contains a significant amount of nitrogen. As they ascend, the pressure around them decreases, and nitrogen that was once dissolved in bodily fluids can come out of solution and form bubbles. While nitrogen narcosis is related to the effects of breathing nitrogen under high pressure and can impair cognitive function, it is not the direct cause of the bends. Oxygen toxicity and carbon dioxide retention are also additional risks modeled around underwater breathing but do not specifically relate to the formation of nitrogen bubbles that lead to decompression sickness. The significant factor here is the sudden alteration in pressure encountered as a diver ascends, which directly leads to the release of nitrogen gas—hence causing the bends.

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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:

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

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