



# Certified Foundational Perioperative Nurse (CFPN) Exam

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## Practice Questions

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### 1. Sterile surgical instruments need to be stored in an area:

- A. accessible by all staff
- B. where nurses have access
- C. where surgical assistants have access
- D. with controlled access

### 2. In a perioperative setting, who is primarily responsible for communicating potential postoperative risks to a patient to obtain informed consent?

- A. perioperative nurse.
- B. surgical technologist.
- C. anesthesiologist assistant.
- D. physician.

### 3. Which of the following teams is best suited for developing a new protocol for managing intraoperative emergencies?

- A. Pharmacy, respiratory therapy, dietary services
- B. Marketing, risk management, human resources
- C. Anesthesiology, surgical services, nursing leadership
- D. Security, supply chain management, legal affairs

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**4. In a code blue situation in the operating room, the perioperative nurse is assisting with airway management. When should the nurse adjust or cease airway support? Time Audio Action to be Taken 0:00 Call for additional help 0:30 Start chest compressions 1:00 Provide positive pressure ventilation; ensure airway support. 2:00 If no response, prepare for advanced airway management 2:30 Anesthesia provider confirms airway secured**

- A. Chest compressions are stopped
- B. When the code blue is first announced
- C. Anesthesia provider confirms airway secured
- D. Additional help arrives on scene

**5. A patient in the mental health unit experiences a sudden and severe psychiatric emergency that threatens their life. The patient is unable to give consent, and their family is unavailable. What is the most appropriate action the nurse should take regarding consent for immediate intervention?**

- A. Have the psychiatrist document the case as an emergency and proceed with the intervention
- B. Wait for family consent before any intervention is started
- C. Document the emergency in the patient's chart and note 'Family Consent Pending'
- D. Require another healthcare professional to witness the patient's inability to consent before proceeding

**6. In addition to hypotension and difficulty breathing, which of the following are primary signs of anaphylaxis during a surgical procedure?**

- A. Generalized rigidity and bradycardia.
- B. Facial swelling and cyanosis.
- C. Oliguria and jaundice.
- D. Urticaria (hives) and flushing.

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**7. A patient with a cochlear implant is scheduled for a lithotripsy procedure to treat kidney stones. What precaution should the surgical team take to avoid complications related to the cochlear implant?**

- A. Use a protective shield over the cochlear implant without deactivating it.
- B. Deactivate the cochlear implant prior to the procedure to prevent interference.
- C. Ensure the cochlear implant is in the active mode to monitor auditory function.
- D. Place the lithotripter as far away from the cochlear implant as possible.



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**8. In perioperative nursing, evaluating the success of an intervention is crucial. Based on the table below, which intervention showed a more effective outcome for patient mobility recovery?**

- A. Enhanced Recovery Program
- B. Standard Physical Therapy
- C. No difference
- D. Outcome not evaluable from given data

**9. A 50-year-old patient with controlled asthma who occasionally uses a rescue inhaler is scheduled for an elective knee surgery. Based on the ASA classification, what would be the most appropriate classification for this patient?**

- A. I
- B. III
- C. IV
- D. II

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**10. Which of the following is a potential intraoperative complication for a patient with pheochromocytoma?**

- A. Pulmonary embolism.
- B. Hypoglycemic shock.
- C. Hypertensive crisis.
- D. Myocardial infarction.

**11. A patient with severe allergies is scheduled for a minor surgery. As part of the individualized plan of care, what should the perioperative nurse prioritize to ensure the patient's safety?**

- A. Limit the patient's exposure to other people before surgery.
- B. Ensure the operating room is thoroughly cleaned and allergen-free.
- C. Ask the surgical team to wear masks during the procedure.
- D. Use latex gloves to minimize allergic reactions.



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**12. Which of the following patient outcomes would be appropriate in the nursing plan of care for a patient undergoing their first hip replacement surgery?**

- A. The patient's nutritional status is optimized, and they report pain levels within tolerable limits.
- B. The patient is able to ambulate without assistance immediately after surgery, maintains normal blood pressure, and consumes a high-protein diet.
- C. The patient demonstrates understanding of the surgical procedure, the postoperative recovery plan, and can independently perform prescribed physical therapy exercises.
- D. The patient remains free of infection, stays hydrated, and limits fluid intake.

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**13. During an appendectomy, what actions should the perioperative nurse take to manage the appendiceal specimen while ensuring patient sensitivity?**

- A. calling the medical examiner immediately to discuss the specimen.
- B. correctly labeling the specimen, respecting patient requests, and ensuring discreet transport to pathology.
- C. wrapping the specimen in plastic and promptly disposing of it in the biohazard bin.
- D. informing the patient about the specimen handling and allowing them to witness its transport.

**14. A patient undergoing cataract surgery with conscious sedation suddenly begins to exhibit abnormal vital signs. Which of the following changes should alert the perioperative nurse to the possibility of an adverse reaction to the sedative?**

- A. blood pressure rises from 110/70 to 120/75 mmHg.
- B. oxygen saturation drops from 99% to 98%.
- C. heart rate increases from 68 to 122 beats per minute.
- D. body temperature decreases from 36.8°C to 36.2°C.

**15. A perioperative nurse is assessing surgical instruments for reuse in upcoming procedures at the hospital. The nurse must ensure certain contaminants have not compromised the instruments. Which of the following contaminants would require special disposal due to potential risk? Contaminant Type Description Requires Special Disposal Biological Derived from body fluids or tissues Yes Chemical From disinfectants or cleaning agents No Physical Caused by mechanical defects or corrosion No**

- A. Surface staining from cleaning residuals.
- B. Biological contaminants derived from body fluids or tissues.
- C. Chemical contaminants from disinfectants or cleaning agents.
- D. Physical contaminants caused by mechanical defects or corrosion.



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**16. Before surgery, the patient's laboratory results show a fasting blood glucose level of 120 mg/dL. Which of the following is a possible explanation for this elevated level?**

- A. increased water intake.
- B. recent physical activity.
- C. recent dental procedure.
- D. stress response from surgery.

**17. What is the recommended emergency medication to treat malignant hyperthermia during an intraoperative crisis?**

- A. Naloxone.
- B. Dantrolene.
- C. Lidocaine.
- D. Epinephrine.

**18. Which of the following factors does not increase a patient's risk of developing hypothermia during surgery?**

- A. Room temperature below 20°C
- B. Use of general anesthesia
- C. Low body mass index (BMI)
- D. Surgery lasting less than 30 minutes

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**19. A patient undergoing thoracic surgery is placed in the lateral decubitus position. To prevent neurovascular compression, the axillary roll should be positioned:**

- A. at the level of the patient's waist.
- B. just distal to the patient's axilla.
- C. directly in the patient's axilla.
- D. under the patient's elbow.



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**20. Which type of benign breast lump rarely develops into a cancerous condition? Type of Breast Lump Characteristics Likelihood of Becoming Cancerous Fibroadenoma Benign; solid; typically round and mobile Rarely Cyst Fluid-filled; can be tender Rarely Fat Necrosis Damaged fatty breast tissue due to injury Rarely Hyperplasia Overgrowth of cells; may be atypical Can become cancerous**

- A. Fat Necrosis
- B. Hyperplasia
- C. Fibroadenoma
- D. Cyst

**21. A nurse in the post-anesthesia care unit is evaluating a patient's laboratory results. Analyze the following electrolyte levels: Electrolyte Measured Level (mmol/L) Potassium 3.2 Sodium 140 What do these findings indicate about the patient's postoperative condition?**

- A. The patient's potassium and sodium levels are both above normal.
- B. The patient's sodium level is below normal, indicating hyponatremia.
- C. The patient's electrolyte levels are within normal ranges.
- D. The patient's potassium level is below normal, indicating hypokalemia.

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**22. In the context of perioperative care, establishing a climate where surgical team members can freely communicate safety concerns without fear of retribution is integral to team performance. This approach is known as:**

- A. a top-down communication model.
- B. a just culture.
- C. a zero-tolerance policy.
- D. strict hierarchy enforcement.



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**23. Considering the following surgical scenarios and instrument uses, identify the expected Spaulding Classification for a laparoscope used in abdominal surgery.**  
**Surgical Procedure Instrument Use Expected Spaulding Classification Cardiac Surgery**  
**Directly entering the bloodstream Critical Dental Cleaning Touching mucous membranes**  
**Semicritical Skin incision Contact with intact skin Noncritical Endoscopy Touch mucosal**  
**linings Semicritical**

- A. Semicritical
- B. Critical
- C. Noncritical
- D. Extracritical

**24. Which of the following best describes the primary goal of using surgical smoke evacuation devices during operative procedures?**

- A. To improve the speed and efficiency of surgical instruments.
- B. To enhance the aesthetic appearance of the operating room environment.
- C. To reduce the concentration of potentially harmful airborne particles during surgery.
- D. To ensure the operating room temperature remains constant throughout the procedure.

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**25. During the preparation of a tray for cardiac surgery, the perioperative nurse should consider several factors for proper sterilization of instruments. Which of the following is an incorrect practice?**

- A. Place the clamp forceps at the bottom of the tray, with delicate forceps on top.
- B. Use mesh or perforated trays for optimal cleaning.
- C. Ensure retractors are in the open position for sterilization.
- D. Interleave basin sets with absorbing towels to separate metal surfaces.

**26. During the setup of a sterile field, the perioperative nurse notices a surgical technician is wearing a wristwatch. In accordance with the hospital's policy on minimizing contamination, the nurse should**

- A. remind the surgical technician to remove the wristwatch immediately.
- B. allow the surgical technician to continue after documenting the incident.
- C. request the surgical technician to cover the wristwatch with a sterile glove.
- D. have another staff member assist the technician with securing the watch with tape.



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**27. In the maintenance of perioperative hand hygiene, what is the preferred frequency for testing the effectiveness of surgical scrub solutions?**

- A. With every shift
- B. Monthly
- C. Weekly
- D. Daily

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**28. A perioperative nurse must ensure the correct handling and disposal of surgical waste. All of the following items are considered regulated medical waste except:**

- A. soiled dressings.
- B. scalpel blades.
- C. general office paper waste.
- D. used surgical gloves.

**29. Based on the Spaulding classification system, how should an endoscope used in gastrointestinal procedures be classified in terms of infection risk?**

- A. Critical
- B. Semicritical
- C. Pericritical
- D. Noncritical

**30. In ensuring proper air quality control within an operating room, which method most effectively reduces the risk of infection transmission?**

- A. Maintain positive pressure ventilation to prevent contaminants from entering the room
- B. Use negative pressure ventilation to expel contaminants outside of the room
- C. Have no special air handling requirements and rely on natural ventilation
- D. Focus solely on maintaining a comfortable temperature and humidity level



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## Answer Key & Explanations

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### 1. D — with controlled access

Sterile surgical instruments must be stored in a controlled access area to maintain sterility and ensure they are not contaminated before use. This restriction is necessary to safeguard patient safety and comply with sterilization protocols.

### 2. D — physician.

Answer: physician. While perioperative nurses, surgical technologists, and anesthesiologist assistants can support the communication process, only a physician is responsible for discussing and obtaining consent by communicating risks and outcomes effectively.

### 3. C — Anesthesiology, surgical services, nursing leadership

A team developing a protocol for intraoperative emergencies should include members from key areas such as anesthesiology for pain and sedation management, surgical services for procedural input, and nursing leadership for overall team coordination during emergencies. This ensures a comprehensive, interdisciplinary approach, leading to effective and practical protocols.

### 4. C — Anesthesia provider confirms airway secured

In a code blue situation, airway management should be maintained until the anesthesia provider has confirmed the airway is secured to ensure patient safety and prevent aspiration.

### 5. A — Have the psychiatrist document the case as an emergency and proceed with the intervention

Answer: Have the psychiatrist document the case as an emergency and proceed with the intervention. In a life-threatening psychiatric emergency, similar to a physical emergency, consent is not required to treat. It is essential to document that the situation is emergent and proceed with necessary interventions to stabilize the patient.

### 6. D — Urticaria (hives) and flushing.

Anaphylaxis is a severe allergic reaction that can occur suddenly during surgery. It is characterized by cutaneous symptoms such as urticaria (hives) and flushing, in addition to respiratory and cardiovascular symptoms like hypotension and difficulty breathing. Recognition of these signs is crucial for prompt management and treatment.

### 7. B — Deactivate the cochlear implant prior to the procedure to prevent interference.

Lithotripsy involves the use of shock waves that can interfere with the functioning of a cochlear implant. To prevent any unexpected device activation or malfunction, the cochlear implant should be deactivated during the procedure. This ensures no interference between the lithotripter and the cochlear implant, thus avoiding any potential damage to the implant or patient.

### 8. A — Enhanced Recovery Program

The Enhanced Recovery Program shows a more effective outcome as it allows the patient to regain full range of motion in 72 hours. The measurement indicates a higher functionality level compared to merely being able to walk 200 meters.



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**9. D — II**

Answer: II An ASA classification of II indicates a patient with a mild systemic disease that does not significantly limit their activity. In this case, the patient has controlled asthma which is usually well-managed and does not severely impact daily activities.

**10. C — Hypertensive crisis.**

Pheochromocytoma is a rare tumor of the adrenal glands that secretes excessive catecholamines such as adrenaline, which can lead to hypertensive crisis during stressful situations such as surgery. This results in dangerously high blood pressure that needs immediate management. Other complications such as myocardial infarction and pulmonary embolism can happen, but are not directly associated as primary complications in intraoperative settings concerning pheochromocytoma.

**11. B — Ensure the operating room is thoroughly cleaned and allergen-free.**

For a patient with severe allergies, especially those that are environmental or airborne, the emphasis should be on ensuring that the operating room is free of allergens. While masks and limiting exposure to people may help in other contexts, they are not directly relevant to minimizing environmental allergens. Latex gloves might provoke allergies if the patient has a latex allergy, so alternative materials should be used.

**12. C — The patient demonstrates understanding of the surgical procedure, the postoperative recovery plan, and can independently perform prescribed physical therapy exercises.**

The patient undergoing their first hip replacement surgery should focus on understanding the surgical process and the necessary postoperative recovery steps to ensure a smooth transition and optimal outcome. The most appropriate outcome would be that the patient is knowledgeable about their surgery, can follow the recovery plan, and practice indicated physical therapy exercises to promote mobility and recovery.

**13. B — correctly labeling the specimen, respecting patient requests, and ensuring discreet transport to pathology.**

In an appendectomy, the perioperative nurse must ensure the appendiceal specimen is correctly handled by labeling it accurately, noting any patient requests regarding its handling, and facilitating its confidential transport to pathology without involving the patient. This prevents unnecessary distress or anxiety for the patient and ensures proper specimen tracking and processing.

**14. C — heart rate increases from 68 to 122 beats per minute.**

During procedures with conscious sedation, patients are sedated but not fully anesthetized, requiring careful monitoring of vital signs to identify potential adverse reactions to medication. A sudden increase in heart rate could indicate a hypersensitivity or toxic reaction to the sedative. The other changes are within normal limits and not typically indicative of an adverse reaction.

**15. B — Biological contaminants derived from body fluids or tissues.**

Biological contaminants require special disposal due to the risk of infection or cross-contamination with body fluids or tissues. Chemical and physical contaminants generally do not require the same level of special disposal, as they do not typically pose biological hazards.

**16. D — stress response from surgery.**

Answer: stress response from surgery. Elevated blood glucose levels can result from a stress response due to surgery or other stressors, leading to the release of stress hormones like cortisol. Increased water intake does not elevate glucose levels, and neither does recent dental procedures unless they involve stress or trauma significant enough to trigger a response. Physical activity can lower blood glucose levels, especially if done



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consistently or to excess before testing.

**17. B — Dantrolene.**

Answer: Dantrolene. Dantrolene is the only medication specifically known to effectively treat and reverse a malignant hyperthermia crisis by directly acting on skeletal muscle to reduce excessive calcium release.

**18. D — Surgery lasting less than 30 minutes**

Hypothermia during surgery is influenced by various factors, such as room temperature, the type of anesthesia used, and patient characteristics like BMI. A short surgery duration (less than 30 minutes) typically does not significantly impact core body temperature, making it the exception among the listed factors. General anesthesia and a cold room environment contribute to hypothermia by reducing the body's ability to regulate temperature, and low BMI reduces insulation, increasing heat loss.

**19. B — just distal to the patient's axilla.**

The axillary roll is placed just distal to the patient's axilla in the lateral decubitus position to avoid direct pressure on the axillary neurovascular bundle, which could lead to nerve damage or compromised blood flow. It should not be placed directly in the axilla, as this can cause compression.

**20. C — Fibroadenoma**

Fibroadenomas are benign breast lumps, common in younger women and are solid, round, and mobile upon examination. They seldom develop into cancer. Cysts and fat necrosis are also benign with low cancer potential, but unlike these, hyperplasia, especially if atypical, may lead to cancerous changes over time.

**21. D — The patient's potassium level is below normal, indicating hypokalemia.**

Answer: The patient's potassium level is below normal, indicating hypokalemia. Normal potassium levels range from 3.6 to 5.2 mmol/L. A level of 3.2 mmol/L is considered low, suggesting hypokalemia. The sodium level is within normal limits which is 135 to 145 mmol/L.

**22. B — a just culture.**

Answer: a just culture. A just culture encourages open communication by ensuring team members they will not be punished for voicing concerns. This approach helps improve safety and efficacy in perioperative settings.

**23. A — Semicritical**

A laparoscope used in abdominal surgery typically comes into contact with mucous membranes or penetrates sterile tissue, classifying it as Semicritical based on Spaulding's system. Critical classification applies to instruments that enter sterile body regions directly such as the cardiovascular system.

**24. C — To reduce the concentration of potentially harmful airborne particles during surgery.**

Surgical smoke evacuation devices are critical in reducing the concentration of potentially harmful airborne particles produced during surgical procedures. This aligns with Universal Precautions, emphasizing the reduction of all potential risks to healthcare personnel and patients, similar to the prevention of pathogen transmission.

**25. A — Place the clamp forceps at the bottom of the tray, with delicate forceps on top.**

Answer: Place the clamp forceps at the bottom of the tray, with delicate forceps on top. Instruments should be arranged with lighter and more delicate instruments on top of heavier ones to prevent damage and ensure proper sterilization.



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**26. A — remind the surgical technician to remove the wristwatch immediately.**

Hospital policies typically prohibit accessories like wristwatches during sterile procedures because they can harbor bacteria and compromise sterility. The correct action is to have the watch removed immediately to maintain compliance and ensure patient safety.

**27. D — Daily**

The effectiveness of surgical scrub solutions should be monitored daily to ensure the highest level of hand hygiene is maintained in the perioperative environment.

**28. C — general office paper waste.**

Answer: general office paper waste. General office paper waste is not typically contaminated with biological material and is therefore not considered medical waste. Items such as used surgical gloves, soiled dressings, and scalpel blades are classified as regulated medical waste due to potential contamination with bloodborne pathogens or other infectious materials.

**29. A — Critical**

Answer: Critical Items to be sterilized or disinfected are classified as critical, semicritical, and noncritical based on the risk of infection for the patient. This is referred to as the Spaulding classification system. Endoscopes used in gastrointestinal procedures are considered critical because they come into contact with sterile areas or break the mucosal barrier. Therefore, they must be sterilized.

**30. A — Maintain positive pressure ventilation to prevent contaminants from entering the room**

Positive pressure in an operating room ensures that air flows out of the room as doors are opened, preventing outside air, which might be contaminated, from flowing in. This is crucial for minimizing infection risks associated with airborne pathogens. While negative pressure systems are useful in containing airborne contaminants, they are not utilized in the OR due to their function of drawing air inward.



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