



CRNA Nurse Anesthesia Prep

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Practice Questions

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1. During induction of anesthesia in pediatric patients, which of the following conditions is most likely to cause bronchospasm?

- A. Cystic fibrosis
- B. Muscular dystrophy
- C. Marfan syndrome
- D. Asthma

2. What is the most appropriate approach for providing anesthesia to a patient with a history of severe allergic reactions?

- A. There are no "one-size-fits-all" methods for providing anesthesia in these patients
- B. Standard inhaled anesthetics
- C. IV propofol as a universal anesthesia method
- D. Epidural anesthesia only

3. What are potential disadvantages of using opioids for managing postoperative pain in elderly patients? (Select 2.)

- A. They cannot be continued through the perioperative period
- B. The elderly are prone to overdosing on these medications
- C. They are easily managed without significant side effects
- D. They can cause cognitive dysfunction

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4. Which of the following factors most complicate accurate assessment of a patient's preoperative anxiety? (Select 2.)

- A. Fear of surgery
- B. Underreporting of symptoms due to anxiety-related stigma
- C. Inability to effectively screen for preoperative anxiety
- D. The assumption that anxious patients are irrationally fearful by nature



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5. Considering current perioperative transfusion standards, which of the following pediatric patients is most in need of a blood transfusion?

- A. A patient with sickle cell anemia whose hematocrit is 20%
- B. A healthy patient whose hemoglobin is 9 g/dL
- C. A patient with leukemia whose hematocrit is 31%
- D. A patient with chronic anemia whose hematocrit is 23%

6. Which of the following best describes the rationale for routine preoperative fasting guidelines for a patient undergoing elective laparoscopic cholecystectomy?

- A. Routine preoperative fasting can prevent postoperative nausea and vomiting (PONV)
- B. Routine preoperative fasting helps maintain stable blood glucose levels during surgery
- C. Preoperative fasting is essential for reducing postoperative pain
- D. Routine preoperative fasting is recommended to reduce the risk of pulmonary aspiration

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7. Which of the following complications is most common during regional anesthesia procedures?

- A. Laryngospasm
- B. Bleeding
- C. Hypotension
- D. Nausea and vomiting

8. Which of the following is an immune-mediated hypersensitivity reaction?

- A. Anaphylaxis
- B. Sepsis
- C. Hyperpyrexia
- D. Fluid overload

9. Which of the following best describes the main goal of perioperative nutritional optimization in surgical patients?

- A. Reducing intraoperative blood loss
- B. Minimizing preoperative fasting times
- C. Controlling postoperative pain with fewer opioids
- D. Improving surgical outcomes through enhanced recovery

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10. A 35-year-old female patient undergoing surgery for a fractured fibula requires a nerve block. The CRNA decides to administer a femoral nerve block. Which of the following areas is primarily anesthetized by the femoral nerve block?

- A. Medial thigh
- B. Posterior thigh and most of the leg and foot
- C. Anterior thigh and knee
- D. Posterior leg and foot

11. Which of the following are key principles of patient safety in anesthesia management? (Select 3.)

- A. Maximizing medication dosage
- B. Maintaining patient oxygenation
- C. Appropriate monitoring of vital signs
- D. Ensuring proper medication administration

12. Which of the following statements is correct about the use of herbal treatments in preoperative anxiety management?

- A. There is not sufficient research to indicate if herbal treatments effectively manage preoperative anxiety
- B. Herbal treatments are effective in managing preoperative anxiety, but their usage is varied based on the location
- C. Herbal treatments have been proven to be ineffective in the management of preoperative anxiety
- D. Herbal treatments are effective in managing preoperative anxiety, but their legal status varies

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13. Which of the following is an indication for the use of regional anesthesia?

- A. Severe infection at the site of injection
- B. Severe aortic stenosis
- C. High risk of thromboembolism
- D. Severe hypotension



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14. Which of the following statements about the management of malignant hyperthermia is true?

- A. Binge drinking is a common cause of malignant hyperthermia in young adults.
- B. In the treatment of malignant hyperthermia, blood sugar, potassium levels, and calcium should be monitored no less than every 2 hours and preferably every hour.
- C. Administering dantrolene is the most effective initial treatment for malignant hyperthermia.
- D. Lactated Ringer's solution is the preferred fluid to correct acidosis in malignant hyperthermia.

15. During surgery, patients receiving large volumes of intravenous fluids with potassium are most at risk for which of the following electrolyte imbalances?

- A. Hypomagnesemia
- B. Hyperkalemia
- C. Hyponatremia
- D. Hypocalcemia

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16. Which of the following patients is at the highest risk of developing postoperative cognitive dysfunction (POCD) after surgery?

- A. A 25-year-old female patient undergoing laparoscopic cholecystectomy
- B. A 50-year-old male patient undergoing knee arthroscopy
- C. A 38-year-old female patient undergoing breast augmentation surgery
- D. An 82-year-old male patient undergoing cardiac bypass surgery

17. In the context of monitored anesthesia care (MAC), which of the following drugs are commonly used for sedation? Select all that apply.

- A. Fentanyl
- B. Atropine
- C. Succinylcholine
- D. Epinephrine

18. When performing a spinal anesthesia procedure, which anatomical landmark is first located to identify the correct insertion site?

- A. The iliac crest
- B. The sternum
- C. The clavicle
- D. The pubic symphysis



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19. Which of the following anesthetic procedures is associated with the highest risk of infection?

- A. Spinal anesthesia
- B. Peripheral nerve block
- C. Intravenous (IV) catheter placement
- D. Central line placement

20. A patient under anesthesia begins to exhibit signs of severe bradycardia. Which of the following best describes the first-line intervention?

- A. Infusion of diuretics to manage fluid overload
- B. Administration of epinephrine to reduce blood pressure
- C. Administration of atropine to increase heart rate
- D. Application of a tourniquet to restrict blood flow

21. All of the following factors could potentially affect the accuracy of a non-invasive blood pressure (NIBP) measurement except:

- A. Improper cuff placement
- B. Patient movement during measurement
- C. Electrical interference from nearby devices
- D. Incorrect cuff size

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22. By what percentage does oxygen consumption typically increase during physical exertion?

- A. 25% to 50%
- B. 400% to 500%
- C. 50% to 100%
- D. 200% to 300%



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23. Which of the following will not enhance the effectiveness of a mechanical ventilator in improving patient oxygenation?

- A. Increasing positive end-expiratory pressure (PEEP)
- B. Increasing inspiratory time
- C. Increasing fraction of inspired oxygen (F_{iO_2})
- D. Reducing tidal volume

24. Which of the following statements is true regarding the materials used in the construction of anesthesia masks?

- A. Heat resistance is the critical factor when selecting materials for anesthesia masks, as they can be subject to high temperatures during sterilization
- B. Materials with high flexibility and durability are preferred for anesthesia masks to ensure a proper fit and patient comfort
- C. Materials with high thermal conductivity are preferred for anesthesia masks to maintain a stable internal temperature
- D. Resistance to chemical reactions is the most important characteristic for materials used in anesthesia masks due to exposure to anesthetic agents

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25. Which of the following statements is true about advanced pulse oximeters?

- A. Pulse oximeters do not work accurately in the presence of strong ambient light.
- B. Pulse oximeters provide unreliable readings during patient movement.
- C. Pulse oximeters can overestimate oxygen saturation in cases of high carboxyhemoglobin levels.
- D. Pulse oximeters can provide accurate readings despite variations in skin pigmentation.

26. A patient with a history of chronic obstructive pulmonary disease (COPD) is being prepared for lung surgery. Based on the information provided in this scenario, which of the following ventilator settings is most appropriate for this patient?

- A. Spontaneous breathing mode
- B. Volume-controlled ventilation
- C. Pressure-controlled ventilation
- D. High-frequency oscillatory ventilation



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27. Which of the following is the most important safety consideration when using a laser in surgical procedures?

- A. Potential for thermal injury to tissues
- B. Risks of electrical shock
- C. Potential exposure to biohazardous materials
- D. Dangers of inhaling anesthetic gases

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28. Which of the following represents the normal range for central venous pressure (CVP) in a healthy adult?

- A. 8-12 mmHg
- B. 0-2 mmHg
- C. 12-16 mmHg
- D. 2-6 mmHg

29. Which of the following statements is true regarding a pulse oximeter?

- A. It measures the oxygen saturation level of hemoglobin in arterial blood.
- B. It measures the carbon dioxide level in exhaled breath.
- C. It directly measures the hemoglobin concentration in blood.
- D. It measures the respiratory rate of the patient.

30. During the setup of invasive hemodynamic monitoring for a patient in the intensive care unit, which of the following central venous catheter (CVC) insertion sites is preferred for reducing the risk of catheter-related bloodstream infections while providing reliable access?

- A. External jugular vein
- B. Subclavian vein
- C. Internal jugular vein
- D. Femoral vein



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Answer Key & Explanations

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1. D — Asthma

Answer: Asthma Asthma is a condition characterized by hyper-reactivity of the airways, which can lead to bronchospasm during anesthesia induction. While other conditions like cystic fibrosis, muscular dystrophy, and Marfan syndrome may affect respiratory function, bronchospasm is most commonly associated with asthma.

2. A — There are no "one-size-fits-all" methods for providing anesthesia in these patients

Answer: There are no "one-size-fits-all" methods for providing anesthesia in these patients. Providing anesthesia to patients with a history of severe allergic reactions requires a tailored approach that considers the patient's specific allergies and medical history. It is not appropriate to use the same anesthesia method for all such patients.

3. D — They can cause cognitive dysfunction

Opioids are commonly used for postoperative pain management but can cause significant cognitive dysfunction and respiratory depression in elderly patients. They can be continued safely through the perioperative period if managed appropriately. The elderly are not particularly prone to overdose if dosages are carefully monitored.

4. A — Fear of surgery

The two main factors that most complicate accurate assessment of a patient's preoperative anxiety are the fear of surgery and the underreporting of symptoms due to anxiety-related stigma. These underlying factors often cause patients to withhold information or downplay their anxiety, rather than the prejudiced assumption that anxious patients are irrationally fearful by nature. It is not accurate that most patients undergoing surgery are unaware of the surgical procedure or that preoperative anxiety cannot be effectively screened.

5. A — A patient with sickle cell anemia whose hematocrit is 20%

Answer: A patient with sickle cell anemia whose hematocrit is 20% According to contemporary transfusion triggers, hemoglobin (Hgb) and hematocrit (Hct) levels are allowed to decrease to the following levels before transfusions are deemed necessary: Healthy pediatric patients: Hgb 7-8 g/dL or Hct 21-24% Pediatric patients with chronic conditions: Hgb 10 g/dL or Hct 30% The decision to transfuse should not be based solely on a lab value; clinical factors must also be taken into account.

6. D — Routine preoperative fasting is recommended to reduce the risk of pulmonary aspiration

Answer: Routine preoperative fasting is recommended to reduce the risk of pulmonary aspiration Routine preoperative fasting prior to elective laparoscopic cholecystectomy is recommended to reduce the risk of pulmonary aspiration. The aim is to ensure the stomach is empty during anesthesia induction, thereby minimizing the likelihood of regurgitation and inhalation of gastric contents, which can lead to serious complications such as aspiration pneumonia. Other aspects such as managing blood glucose levels or preventing PONV are typically managed through other perioperative protocols.



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7. C — Hypotension

Answer: Hypotension Hypotension is the most common complication observed during regional anesthesia procedures due to the sympathetic blockade effect, which can lead to significant drops in blood pressure. Nausea and vomiting, although possible, are more frequently associated with general anesthesia. Laryngospasm and bleeding are less common in the regional anesthesia setting.

8. A — Anaphylaxis

Answer: Anaphylaxis Anaphylaxis is an immune-mediated hypersensitivity reaction that can cause severe, life-threatening symptoms including respiratory distress and circulatory collapse. Sepsis, hyperpyrexia, and fluid overload are not immune-mediated reactions.

9. D — Improving surgical outcomes through enhanced recovery

Answer: Improving surgical outcomes through enhanced recovery Perioperative nutritional optimization aims to enhance recovery and improve overall surgical outcomes. While minimizing preoperative fasting times can be a component, it is not the primary goal. Similarly, reducing intraoperative blood loss and controlling postoperative pain with fewer opioids are important, but not the main objectives of perioperative nutritional optimization.

10. C — Anterior thigh and knee

Answer: Anterior thigh and knee The femoral nerve block is commonly used for surgeries involving the anterior thigh, knee, and femur. It provides excellent analgesia for procedures such as knee replacements and anterior thigh surgeries. The femoral nerve originates from the lumbar plexus and provides sensory and motor innervation to the anterior thigh and knee. The tibial nerve innervates the posterior leg and foot, the sciatic nerve innervates the posterior thigh and most of the leg and foot, and the obturator nerve innervates the medial thigh.

11. B — Maintaining patient oxygenation

Key principles of patient safety in anesthesia management include maintaining patient oxygenation, appropriate monitoring of vital signs, ensuring proper medication administration, and maintaining a sterile field.

12. A — There is not sufficient research to indicate if herbal treatments effectively manage preoperative anxiety

Answer: There is not sufficient research to indicate if herbal treatments effectively manage preoperative anxiety Because of variations in the regulation and availability of herbal treatments, robust research indicating their effectiveness in managing preoperative anxiety is lacking.

13. C — High risk of thromboembolism

Answer: High risk of thromboembolism Regional anesthesia is often indicated for patients with a high risk of thromboembolism because it reduces the risk of clot formation compared to general anesthesia. Severe hypotension, severe infection at the site of injection, and severe aortic stenosis are contraindications for regional anesthesia.

14. C — Administering dantrolene is the most effective initial treatment for malignant hyperthermia.

Answer: Administering dantrolene is the most effective initial treatment for malignant hyperthermia. Malignant hyperthermia is a hypermetabolic crisis triggered by certain anesthetic agents. Dantrolene is a muscle relaxant that works by inhibiting calcium release from the sarcoplasmic reticulum and is the specific treatment for malignant hyperthermia. Immediate administration of dantrolene, along with supportive measures such as



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cooling and treating acidosis, is critical.

15. B — Hyperkalemia

Answer: Hyperkalemia Large volumes of intravenous fluids that contain potassium can lead to elevated potassium levels in the blood, known as hyperkalemia. This is particularly dangerous as it can affect cardiac function and rhythm. Unlike sodium, calcium, or magnesium, potassium's primary role is intracellular, and an excess in the bloodstream can have profound effects.

16. D — An 82-year-old male patient undergoing cardiac bypass surgery

Answer: An 82-year-old male patient undergoing cardiac bypass surgery Postoperative cognitive dysfunction (POCD) is a decline in cognitive function (e.g., memory and mental performance) that can occur after surgery, particularly major surgeries such as cardiac, orthopedic, and vascular procedures. POCD is more common in older patients and those with preexisting cognitive impairments. Other risk factors include the type of surgery, duration of anesthesia, and perioperative complications. Young patients, including those undergoing laparoscopic cholecystectomy, knee arthroscopy, or breast augmentation, are at a lower risk of developing POCD compared to elderly patients undergoing extensive procedures like cardiac bypass surgery.

17. A — Fentanyl

Common drugs used for sedation in monitored anesthesia care include midazolam, propofol, and fentanyl. Atropine and succinylcholine are not used for sedation in this context.

18. A — The iliac crest

Answer: The iliac crest The iliac crest is an important anatomical landmark used to identify the L4-L5 interspace in spinal anesthesia. Proper identification of the iliac crest helps ensure the needle is inserted at the correct location for the administration of spinal anesthesia.

19. D — Central line placement

Answer: Central line placement Central line placement has a higher risk of infection compared to other procedures due to its invasiveness and the duration it remains in place. Proper aseptic techniques are crucial to minimize this risk. Spinal anesthesia, peripheral nerve blocks, and intravenous (IV) catheter placements have comparatively lower infection risks.

20. C — Administration of atropine to increase heart rate

Answer: Administration of atropine to increase heart rate. Atropine is an anticholinergic medication used as a first-line intervention to manage severe bradycardia in patients under anesthesia. It works by blocking the effects of the vagus nerve on the heart, thereby increasing heart rate. Other interventions, such as tourniquet application, diuretics, or epinephrine administration, do not address the underlying issue of bradycardia.

21. C — Electrical interference from nearby devices

Answer: Electrical interference from nearby devices While electrical interference from nearby devices can affect many types of medical equipment, it is generally not a significant factor in non-invasive blood pressure (NIBP) measurement accuracy. More critical factors include ensuring that the correct cuff size is used, the cuff is properly placed on the patient, and the patient remains still during the measurement. These steps help ensure accurate readings. Conversely, electrical interference is more commonly associated with issues in devices such as ECGs, where it can create artifacts in the readings.

22. B — 400% to 500%

During physical exertion, oxygen consumption can increase significantly, often by 400% to 500%. Managing



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this increase in demand is crucial for maintaining adequate oxygenation during intense activity.

23. D — Reducing tidal volume

Answer: Reducing tidal volume Reducing tidal volume will decrease the effectiveness of mechanical ventilation in improving oxygenation. Increasing positive end-expiratory pressure (PEEP), increasing inspiratory time, and increasing fraction of inspired oxygen (F_{iO_2}) will all enhance oxygenation.

24. B — Materials with high flexibility and durability are preferred for anesthesia masks to ensure a proper fit and patient comfort

Answer: Materials with high flexibility and durability are preferred for anesthesia masks to ensure a proper fit and patient comfort. Flexibility and durability are critical factors in selecting materials for anesthesia masks. High flexibility ensures a proper fit, while durability ensures that the mask can withstand repeated use without compromising its structural integrity. Although resistance to chemicals and heat are important considerations, the primary focus is on flexibility and durability to maintain a secure and comfortable fit for the patient.

25. D — Pulse oximeters can provide accurate readings despite variations in skin pigmentation.

Answer: Pulse oximeters can provide accurate readings despite variations in skin pigmentation. Advanced pulse oximeters use algorithms to account for differences in skin pigmentation, ensuring accurate readings. Strong ambient light and patient movement can affect older models, but newer pulse oximeters are designed to minimize these interferences. High carboxyhemoglobin levels can lead to inaccurate readings, but this issue is primarily associated with older pulse oximeter technologies.

26. B — Volume-controlled ventilation

Answer: Volume-controlled ventilation Patients with chronic obstructive pulmonary disease (COPD) often require specific ventilatory management to ensure effective gas exchange during surgery. Volume-controlled ventilation is the preferred mode as it delivers a consistent tidal volume, reducing the risk of hyperinflation and barotrauma. Pressure-controlled ventilation can be beneficial for certain conditions but may not provide the consistent tidal volume needed for COPD patients. High-frequency oscillatory ventilation and spontaneous breathing modes are generally not recommended for patients with COPD during surgery due to the increased risk of ventilator-induced lung injury and inadequate ventilation.

27. A — Potential for thermal injury to tissues

Answer: Potential for thermal injury to tissues Lasers used in surgical procedures concentrate light energy to incise or ablate tissues, which can result in thermal injury if not properly controlled. While there may be risks of electrical shock or exposure to biohazardous materials, the thermal injury to tissues is the primary safety concern. Inhaling anesthetic gases is not a typical risk directly associated with laser use in surgery.

28. D — 2-6 mmHg

Answer: 2-6 mmHg Central venous pressure (CVP) reflects the pressure in the thoracic vena cava, near the right atrium of the heart. It is a good indicator of right ventricular function and venous blood return to the heart. The normal range for CVP is 2-6 mmHg.

29. A — It measures the oxygen saturation level of hemoglobin in arterial blood.

The correct answer is that a pulse oximeter measures the oxygen saturation level of hemoglobin in arterial blood. This device uses light absorption through a pulsating vascular bed to estimate the percent of hemoglobin that is saturated with oxygen. The device does not measure carbon dioxide levels, hemoglobin concentration, or respiratory rate.



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30. B — Subclavian vein

Correct answer: Subclavian vein Central venous catheters (CVCs) are utilized for a variety of critical care purposes, including the administration of medications, hemodynamic monitoring, and fluid resuscitation. The choice of insertion site can significantly impact the risk of complications, particularly catheter-related bloodstream infections (CRBSIs). The subclavian vein has been shown to have a lower incidence of CRBSIs compared to the internal jugular and femoral veins, making it a more favorable site for long-term CVC placement when clinical conditions allow. While the internal jugular vein is also commonly used, it has a higher risk of infection. The femoral vein, although easy to access, is associated with the highest risk of CRBSIs. The external jugular vein is rarely used due to its smaller size and more challenging access.



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