INVASIVES GI 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. Which statement best describes the implications of diverticulosis for colonoscopy technique and safety?

A. Diverticula reduce perforation risk; normal technique

B. Diverticulosis necessitates immediate surgery

C. Diverticulosis is irrelevant

D. Diverticulosis may indicate thin-walled segments and higher perforation risk; require gentle scope advancement, careful insufflation, avoidance of excessive coercion, and tailored therapeutic decisions

2. A client has a gastrostomy tube with continuous enteral feedings. Which intervention should the nurse include?

A. Change feeding bag and tubing every 72 hours.

B. Flush tube with 30 mL of water every 4 hours.

C. Keep head of bed elevated at 15 degrees.

D. Place enough formula in the feeding bag to last for 8 hours of continuous feeding.

3. Which type of tube is at risk for hypokalemia?

A. NG tube to suction

B. Indwelling urinary catheter to gravity drainage

C. Chest tube to water-seal drainage

D. Nephrostomy tube to a drainage bag

4. How can Crohn's disease be distinguished from ulcerative colitis on endoscopy and histology?

A. Ulcerative colitis shows continuous colonic involvement starting at the rectum with superficial mucosal inflammation; Crohn's disease features skip lesions, transmural involvement, fissures, fistulas, and granulomas

B. Crohn's disease shows continuous involvement starting at the rectum

C. Ulcerative colitis shows skip lesions and transmural involvement

D. Granulomas are never seen in Crohn's disease

5. Which statement is correct regarding the temperature of bolus feeding solutions?

A. Chill the feeding in the refrigerator before administration.

B. Administer the feeding at room temperature.

C. Warm the feeding to above body temperature.

D. Serve the feeding cold from the refrigerator.

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6. In chronic pancreatitis, which dietary change is recommended?

A. Decrease caloric intake

B. Increase protein

C. Increase fat

D. Limit alcohol intake to 2 to 3 drinks per week

7. Which product is a standard brand name for pancreatic enzyme replacement?

A. Creon

B. Viokase (pancrelipase)

C. Lactase supplement

D. Simethicone

8. Before initiating an intermittent enteral feeding through a client's NG tube, what is the first nursing action to reduce aspiration risk?

A. Elevate head of bed

B. Check residuals

C. Administer the feed immediately

D. Return gastric contents to the tube

9. During pancreatitis, what happens to glucose and white blood cell counts?

A. Both will be elevated

B. Glucose elevated; WBC normal

C. Glucose high, WBC decreased

D. Both normal

10. Which statement about TPN monitoring is true?

A. Vital signs and blood glucose every 4 hours

B. Blood pressure every hour

C. Urinalysis only

D. No monitoring required

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Answers

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

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Explanations

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1. Which statement best describes the implications of diverticulosis for colonoscopy technique and safety?

A. Diverticula reduce perforation risk; normal technique

B. Diverticulosis necessitates immediate surgery

C. Diverticulosis is irrelevant

D. Diverticulosis may indicate thin-walled segments and higher perforation risk; require gentle scope advancement, careful insufflation, avoidance of excessive coercion, and tailored therapeutic decisions

Diverticulosis means there are outpouchings in the colon wall where the tissue is thinner and weaker in places. That thin-walled, diverticular segments are more prone to injury if the scope or insufflation exerts too much mechanical force. So the safest colonoscopy approach centers on minimizing stress: advance the scope gently, insufflate only as needed (CO_2 can help limit distension), avoid forcing the instrument or applying pressure, and tailor any therapeutic steps to what can be done safely in the context of diverticulosis. If a procedure would carry higher risk in those areas, defer or adjust the plan rather than proceeding with aggressive interventions. This combination of cautious technique and individualized decisions reflects the increased perforation risk and the need to protect the weakened colon wall.

2. A client has a gastrostomy tube with continuous enteral feedings. Which intervention should the nurse include?

A. Change feeding bag and tubing every 72 hours.

B. Flush tube with 30 mL of water every 4 hours.

C. Keep head of bed elevated at 15 degrees.

D. Place enough formula in the feeding bag to last for 8 hours of continuous feeding.

Maintaining the tube's patency is essential during continuous enteral feeding, and regular water flushes accomplish that by clearing residual formula and mucus from the lumen so the feed can flow smoothly. Flushing with about 30 mL of water every 4 hours helps prevent clogging that can interrupt the continuous infusion and keeps hydration steady without introducing concentrated feeds into the system. Reasoning about the other practices: changing the feeding bag and tubing every 72 hours is too infrequent and raises infection and contamination risks; head-of-bed elevation should be higher, typically 30–45 degrees, to reduce aspiration risk during and after feeds (15 degrees is insufficient); and having enough formula in the bag to last 8 hours for a continuous system increases the chance of bacterial growth and tubing occlusion, whereas shorter hangs and regular changes are safer.

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3. Which type of tube is at risk for hypokalemia?

A. NG tube to suction

B. Indwelling urinary catheter to gravity drainage

C. Chest tube to water-seal drainage

D. Nephrostomy tube to a drainage bag

Potassium is lost through secretions, and ongoing removal of those secretions can drive potassium down. An NG tube set to suction continually removes gastric juice, which contains potassium. This ongoing loss, combined with volume depletion from suction, stimulates the renin-angiotensin-aldosterone system, increasing renal potassium excretion and promoting a fall in serum potassium. That combination makes NG tube suction a classic scenario for hypokalemia. Draining pleural fluid with a chest tube or urine with a catheter removes fluids that don't contain gastric potassium in the same way, so they're not typically associated with the same risk of hypokalemia in routine practice.

4. How can Crohn's disease be distinguished from ulcerative colitis on endoscopy and histology?

A. Ulcerative colitis shows continuous colonic involvement starting at the rectum with superficial mucosal inflammation; Crohn's disease features skip lesions, transmural involvement, fissures, fistulas, and granulomas

B. Crohn's disease shows continuous involvement starting at the rectum

C. Ulcerative colitis shows skip lesions and transmural involvement

D. Granulomas are never seen in Crohn's disease

Distinguishing Crohn's disease from ulcerative colitis on endoscopy and histology comes down to how the disease is distributed and how deeply it involves the bowel wall. Ulcerative colitis tends to affect the colon in a continuous fashion, starting at the rectum, with inflammation limited to the mucosa and submucosa and without full-thickness involvement. Endoscopically this appears as uniform, continuous superficial inflammation from the rectum proximally. Histology reflects mucosal involvement with features like crypt architectural distortion and basal plasmacytosis, and granulomas are not a typical or necessary finding. Crohn's disease, in contrast, often shows skip lesions—patches of diseased bowel interspersed with normal segments—and can involve the entire thickness of the bowel wall (transmural inflammation). Endoscopically you may see recessed or fissured ulcers, fistulas, and strictures, all compatible with transmural disease. Histology may reveal transmural inflammation and, when present, noncaseating granulomas, though granulomas are not always seen. This combination of patchy involvement, full-thickness inflammation, fissures/fistulas, and possible granulomas is what sets Crohn's apart from ulcerative colitis. So the best description aligns ulcerative colitis with continuous, superficial mucosal involvement starting at the rectum, and Crohn's with skip lesions, transmural involvement, fissures/fistulas, and granulomas when present. The other statements either reverse these patterns or wrongly assign features (such as saying granulomas never occur in Crohn's).

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5. Which statement is correct regarding the temperature of bolus feeding solutions?

A. Chill the feeding in the refrigerator before administration.

B. Administer the feeding at room temperature.

C. Warm the feeding to above body temperature.

D. Serve the feeding cold from the refrigerator.

The main idea here is patient tolerance and comfort during bolus feeding. Feeding at room temperature helps minimize abdominal discomfort like cramping, nausea, and reflux that can occur when a formula is too cold or too hot. Cold feeds from the refrigerator can provoke GI upset and worsen tolerance, while warming feeds to above body temperature can irritate the gastric mucosa or cause a burning sensation. Room temperature provides a comfortable, safe middle ground that the GI tract handles well during a rapid bolus delivery. If a feed has been refrigerated, allow it to come to room temperature before administration, avoiding any heating beyond body temperature.

6. In chronic pancreatitis, which dietary change is recommended?

A. Decrease caloric intake

B. Increase protein

C. Increase fat

D. Limit alcohol intake to 2 to 3 drinks per week

Chronic pancreatitis often leads to malnutrition because the damaged pancreas can't efficiently digest nutrients, so maintaining adequate nutrition becomes essential. Increasing protein intake is the best dietary adjustment because it supplies the amino acids needed for tissue repair and to preserve lean body mass, which is particularly important when appetite or intake may be compromised. Protein helps support overall nutrition even when fat digestion is impaired and symptoms like pain or steatorrhea occur. Alcohol should be avoided entirely since it worsens pancreatic injury, while decreases in total calories would worsen malnutrition. Fat is typically managed based on symptoms and fat absorption; it is not the primary target for improvement in this context.

7. Which product is a standard brand name for pancreatic enzyme replacement?

A. Creon

B. Viokase (pancrelipase)

C. Lactase supplement

D. Simethicone

Pancreatic enzyme replacement therapy uses preparations that supply the digestive enzymes (lipase, protease, and amylase) the pancreas normally makes, helping with the digestion of fats, proteins, and carbohydrates in people with exocrine pancreatic insufficiency. Viokase, which contains pancrelipase, is a standard brand name for this type of product. It serves as the enzyme replacement needed to aid digestion when the pancreas can't produce enough enzymes on its own. Lactase supplements are used for lactose intolerance, not pancreatic enzyme replacement. Simethicone works to reduce gas but is not an enzyme. Creon is another brand of pancreatic enzyme replacement, but Viokase is recognized as a classic, standard brand name for this purpose, making it the best choice here.

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8. Before initiating an intermittent enteral feeding through a client's NG tube, what is the first nursing action to reduce aspiration risk?

A. Elevate head of bed

B. Check residuals

C. Administer the feed immediately

D. Return gastric contents to the tube

Positioning to prevent aspiration is the first priority when starting an intermittent enteral feeding through an NG tube. Elevating the head of the bed to about 30-45 degrees uses gravity to reduce the chance that gastric contents will reflux into the esophagus during the feed, and it should be maintained during the feeding and for a period afterward. Checking residuals, administering the feed, or returning gastric contents to the tube don't reduce aspiration risk at the moment of initiation; they are monitoring or procedural steps that come after ensuring the patient is in the safest position.

9. During pancreatitis, what happens to glucose and white blood cell counts?

A. Both will be elevated

B. Glucose elevated; WBC normal

C. Glucose high, WBC decreased

D. Both normal

In acute pancreatitis the body mounts a stress and inflammatory response that alters metabolism and immune activity. The pancreas' injury and the systemic stress hormones (like cortisol and catecholamines) push glucose up: insulin secretion can be impaired by islet cell damage, and the liver ramps up glucose production while peripheral tissues become less responsive to insulin. That combination leads to higher blood glucose. At the same time, inflammation triggers an increase in white blood cells. Cytokines and mediators released during pancreatitis stimulate the bone marrow and mobilize white cells into the bloodstream, so leukocytosis is common, reflecting the inflammatory process. So the typical pattern is elevated glucose due to stress and pancreatic dysfunction, along with an elevated white blood cell count from inflammation. The other patterns—glucose elevated with a normal WBC, or both normal, or glucose high with a decreased WBC—don't fit the usual inflammatory and metabolic response seen in pancreatitis.

10. Which statement about TPN monitoring is true?

A. Vital signs and blood glucose every 4 hours

B. Blood pressure every hour

C. Urinalysis only

D. No monitoring required

Monitoring TPN hinges on frequent, comprehensive assessment of both metabolic status and clinical condition because IV nutrition can cause rapid shifts in glucose, electrolytes, fluids, and infection risk. Checking blood glucose regularly is essential since the dextrose load in TPN can lead to hyper- or hypoglycemia, especially when starting or adjusting the infusion. Placing this alongside routine vital signs gives early warning of sepsis, fluid overload or dehydration, and other complications from the central line and the nutrition solution. A schedule that includes vital signs and blood glucose every 4 hours reflects this need for close, ongoing surveillance. Other options miss important aspects of safety and practicality. While blood pressure is important, hourly BP checks are not a standard requirement specific to TPN monitoring. Urinalysis alone doesn't capture the full range of potential TPN-related issues, and saying no monitoring is required is clearly false.

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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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