SAUNDERS GASTROINTESTINAL PRACTICE TEST (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 assessment finding would indicate perforation of a peptic ulcer?

A. Bradycardia

B. A rigid, boardlike abdomen

C. Nausea and vomiting

D. Numbness in the legs

2. What appropriate nursing intervention can help prevent dumping syndrome in a client on a solid diet after subtotal gastrectomy?

A. Provide concentrated, high-carbohydrate foods.

B. Give the client 2 large meals per day.

C. Ask the client to sit up for 1 hour after eating.

D. Remove fluids from the meal tray.

3. How does dietary fiber aid in preventing constipation?

A. It enhances the absorption of nutrients

B. It adds bulk to the stool

C. It decreases the need for water

D. It slows down digestion

4. Which laboratory finding is most associated with hepatitis, necessitating contact with the health care provider?

A. Elevated serum bilirubin level

B. Below normal hemoglobin concentration

C. Elevated blood urea nitrogen (BUN) level

D. Elevated erythrocyte sedimentation rate (ESR)

5. What assessment findings should the nurse anticipate in a client with cirrhosis and ascites due to increased abdominal pressure?

A. Petechiae and ecchymosis

B. Abdominal distention and tenderness

C. Orthopnea and dyspnea

D. All of the above

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6. What treatment should be anticipated for a client with pernicious anemia?

A. Oral iron tablets

B. Blood transfusions

C. Vitamin B12 injections

D. Gastric tube feedings

7. How should the nurse assess for asterixis in a client with cirrhosis?

A. Measure the abdominal girth

B. Dorsiflex the client's foot

C. Instruct the client to lean forward

D. Ask the client to extend the arms

8. What factor should a client with chronic pancreatitis control to reduce the incidence of recurrences?

A. Alcohol intake

B. Duodenal ulcer

C. Crohn's disease

D. Diabetes mellitus

9. What action should a client with a hiatal hernia avoid due to its contraindication?

A. Lying recumbent following meals

B. Consuming small, frequent, bland meals

C. Taking H2-receptor antagonist medication

D. Raising the head of the bed on 6-inch (15 cm) blocks

10. Which statement from a client with chronic dumping syndrome indicates they need further teaching?

A. "I eat at least 3 large meals each day."

B. "I eat while lying in a semirecumbent position."

C. "I have eliminated taking liquids with my meals."

D. "I eat a high-protein, low- to moderate-carbohydrate diet."

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Answers

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

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Explanations

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1. What assessment finding would indicate perforation of a peptic ulcer?

A. Bradycardia

B. A rigid, boardlike abdomen

C. Nausea and vomiting

D. Numbness in the legs

The indication of perforation of a peptic ulcer is represented by a rigid, boardlike abdomen. This finding is a result of the irritation of the peritoneal cavity, which occurs when the ulcer breaches the stomach or duodenum wall, allowing gastric contents to spill into the abdominal cavity. The body's response to this irritation leads to involuntary muscle guarding or rigidity in the abdominal wall, which can often feel hard and tense to the touch, resembling a board. In assessing other options, bradycardia could occur due to stress or pain but is not a specific sign of perforation. Nausea and vomiting are common symptoms related to various gastrointestinal conditions, not solely indicative of perforation. Numbness in the legs is unrelated to peptic ulcers and does not provide any relevant information regarding gastrointestinal perforation. Therefore, the presence of a rigid, boardlike abdomen serves as a crucial clinical sign that indicates potential perforation of a peptic ulcer and requires immediate medical attention.

2. What appropriate nursing intervention can help prevent dumping syndrome in a client on a solid diet after subtotal gastrectomy?

A. Provide concentrated, high-carbohydrate foods.

B. Give the client 2 large meals per day.

C. Ask the client to sit up for 1 hour after eating.

D. Remove fluids from the meal tray.

One effective nursing intervention to help prevent dumping syndrome in a client on a solid diet following subtotal gastrectomy is to remove fluids from the meal tray. The rationale behind this intervention is based on the pathophysiology of dumping syndrome, which can occur when food rapidly moves into the small intestine. This rapid transit can result in an osmotic shift, leading to gastrointestinal symptoms including cramping, diarrhea, and nausea. By avoiding the consumption of fluids during meals, the volume of contents in the stomach is reduced, allowing for slower gastric emptying and minimizing the likelihood of osmotic overload in the small intestine. Additionally, this practice helps promote a sense of satiety, which can encourage the client to focus on solid food intake and avoid the discomfort associated with rapid digestion. In contrast, providing concentrated, high-carbohydrate foods may exacerbate dumping syndrome because these foods can be digested quickly, increasing the risk of rapid gastric emptying. Similarly, offering two large meals a day can lead to a significant influx of food and fluid at one time, again increasing the likelihood of dumping syndrome. Asking the client to sit up for one hour after eating is beneficial for digestion, but it does not directly affect gastric emptying in the same way that managing fluid intake

3. How does dietary fiber aid in preventing constipation?

A. It enhances the absorption of nutrients

B. It adds bulk to the stool

C. It decreases the need for water

D. It slows down digestion

Dietary fiber plays a significant role in preventing constipation primarily by adding bulk to the stool. When fiber is consumed, it absorbs water in the intestines, which helps to increase the size and weight of the stool, making it softer and easier to pass. This bulking action stimulates bowel movements and promotes regularity, which is essential for preventing constipation. Furthermore, a diet rich in fiber can also enhance gut health by supporting the growth of beneficial gut bacteria, improving overall digestion, and contributing to faster transit times within the gastrointestinal tract. Each of these factors is essential for maintaining healthy bowel habits.

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4. Which laboratory finding is most associated with hepatitis, necessitating contact with the health care provider?

A. Elevated serum bilirubin level

B. Below normal hemoglobin concentration

C. Elevated blood urea nitrogen (BUN) level

D. Elevated erythrocyte sedimentation rate (ESR)

Elevated serum bilirubin level is indicative of liver dysfunction and is particularly relevant in the context of hepatitis. Bilirubin is a yellow compound produced during the breakdown of red blood cells, and it is normally processed by the liver. In cases of hepatitis, the liver's ability to process and excrete bilirubin is impaired, leading to increased levels in the blood. This finding is significant because prolonged or extremely elevated bilirubin levels can lead to jaundice and highlight the severity of liver involvement. Therefore, a high serum bilirubin level serves as a critical marker for healthcare providers in assessing the condition of a patient with hepatitis and determining the appropriate course of action. In contrast, the other laboratory findings mentioned have different implications. Below-normal hemoglobin concentration may indicate anemia but is not specific to hepatitis, while elevated blood urea nitrogen (BUN) can suggest renal issues but does not directly relate to liver function. Similarly, an elevated erythrocyte sedimentation rate (ESR) indicates the presence of inflammation in the body but is not specific to hepatic conditions. Thus, elevated serum bilirubin is the most pertinent laboratory finding in the context of hepatitis, emphasizing the need for healthcare intervention.

5. What assessment findings should the nurse anticipate in a client with cirrhosis and ascites due to increased abdominal pressure?

A. Petechiae and ecchymosis

B. Abdominal distention and tenderness

C. Orthopnea and dyspnea

D. All of the above

In a client with cirrhosis and ascites, several assessment findings are anticipated due to the accumulation of fluid in the abdominal cavity and the resulting increase in abdominal pressure. Abdominal distention and tenderness are direct consequences of fluid buildup in ascites, leading to noticeable swelling of the abdomen. This distention can also cause discomfort or pain, contributing to the tenderness upon palpation. Orthopnea and dyspnea may occur as the ascites increases pressure on the diaphragm and lungs, making it difficult for the client to breathe comfortably when lying flat. This can lead to respiratory distress due to reduced lung expansion, further complicating the clinical picture. Additionally, petechiae and ecchymosis can be present in cirrhosis due to impaired liver function affecting coagulation and resulting in easy bruising. This is often seen with platelet dysfunction and clotting factor abnormalities that arise from liver disease. Thus, all these symptoms together illustrate the multifaceted impact of cirrhosis and ascites on the body, making it appropriate to anticipate a combination of these findings in the assessment of a client with this condition.

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6. What treatment should be anticipated for a client with pernicious anemia?

A. Oral iron tablets

B. Blood transfusions

C. Vitamin B12 injections

D. Gastric tube feedings

In the case of pernicious anemia, which is primarily a result of vitamin B12 deficiency due to the lack of intrinsic factor necessary for absorption, the most appropriate treatment is vitamin B12 injections. This approach bypasses the gastrointestinal tract, where absorption would be impaired. Vitamin B12 injections provide a direct and effective means of increasing the levels of this essential vitamin, addressing both the deficiency and the associated symptoms such as fatigue, weakness, and neurological issues. Regular injections ensure that sufficient amounts of vitamin B12 are available for the body to perform critical functions, including red blood cell formation and the maintenance of the nervous system. Other treatments, such as oral iron tablets, blood transfusions, or gastric tube feedings, do not effectively address the underlying cause of pernicious anemia. Oral iron would not correct the vitamin B12 deficiency. Blood transfusions are typically reserved for severe anemia cases and do not resolve the vitamin B12 malabsorption issue. Gastric tube feedings might ensure nutritional support but would still be ineffective for vitamin B12 absorption due to the intrinsic factor absence. Thus, vitamin B12 injections represent the most effective and targeted treatment.

7. How should the nurse assess for asterixis in a client with cirrhosis?

A. Measure the abdominal girth

B. Dorsiflex the client's foot

C. Instruct the client to lean forward

D. Ask the client to extend the arms

Asterixis is a type of tremor characterized by a sudden, brief loss of muscle tone that causes an intermittent flapping motion of the hands. It is often associated with metabolic disturbances such as hepatic encephalopathy, commonly seen in clients with liver conditions like cirrhosis. To assess for asterixis, the most effective method is to have the client extend their arms and fully flex their wrists. This position allows for the observation of any characteristic flapping movements that may occur as the muscles fail to maintain control due to the underlying neurological dysfunction associated with liver impairment. When the client's arms are extended, you can easily see if there are any purposeless movements, which would indicate asterixis. The other options involve assessments that do not specifically evaluate for the characteristic tremors associated with asterixis. For example, measuring abdominal girth or dorsiflexing the foot are not related to assessing for this particular type of movement disorder. Leaning forward might also not give a reliable indication of asterixis. Therefore, extending the arms provides the necessary position to identify this tremor effectively.

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8. What factor should a client with chronic pancreatitis control to reduce the incidence of recurrences?

A. Alcohol intake

B. Duodenal ulcer

C. Crohn's disease

D. Diabetes mellitus

Controlling alcohol intake is crucial for a client with chronic pancreatitis because alcohol is known to significantly exacerbate the condition. Chronic pancreatitis is often related to excessive alcohol consumption, which can lead to repeated inflammatory episodes in the pancreas. Reducing or completely eliminating alcohol can lead to better management of the symptoms and decrease the likelihood of further complications or recurrences. In many cases, avoidance of alcohol is one of the first recommendations made to patients with chronic pancreatitis to promote healing and reduce pain. Other factors like duodenal ulcers, Crohn's disease, and diabetes mellitus may influence the overall health of the patient, but they are not directly related to the management of chronic pancreatitis in the same way that alcohol consumption is. A focus on lifestyle changes, particularly concerning alcohol use, plays a pivotal role in the long-term management of this condition.

9. What action should a client with a hiatal hernia avoid due to its contraindication?

A. Lying recumbent following meals

B. Consuming small, frequent, bland meals

C. Taking H2-receptor antagonist medication

D. Raising the head of the bed on 6-inch (15 cm) blocks

Clients with a hiatal hernia should avoid lying down flat or recumbent after meals because this position can exacerbate symptoms. When a person lies down, it becomes easier for stomach contents to flow back into the esophagus, increasing the likelihood of reflux and heartburn. This is significant because individuals with a hiatal hernia are already predisposed to gastroesophageal reflux disease (GERD) due to the displacement of part of the stomach through the diaphragm. Maintaining an upright position allows gravity to help keep stomach contents in place and reduces discomfort. Additional recommendations, such as consuming small, frequent, bland meals and taking H2-receptor antagonists for managing acid production, are generally supportive measures for those with hiatal hernias. Similarly, elevating the head of the bed can aid in preventing reflux during sleep. Thus, avoiding lying down immediately after eating is crucial for managing symptoms effectively.

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10. Which statement from a client with chronic dumping syndrome indicates they need further teaching?

A. "I eat at least 3 large meals each day."

B. "I eat while lying in a semirecumbent position."

C. "I have eliminated taking liquids with my meals."

D. "I eat a high-protein, low- to moderate-carbohydrate diet."

The statement indicating that the client eats at least three large meals each day suggests a misunderstanding of dietary management for chronic dumping syndrome. Individuals with this condition are typically advised to consume smaller, more frequent meals rather than large meals. This approach helps to regulate the emptying of the stomach and minimizes the rapid transit of food into the intestines, which can exacerbate symptoms like nausea, diarrhea, and abdominal pain. By consuming three large meals, the client may inadvertently contribute to worsening symptoms of dumping syndrome, as large quantities of food can lead to an increased release of insulin and result in reactive hypoglycemia. In contrast, the other statements reflect appropriate dietary practices for managing dumping syndrome, such as lying in a semirecumbent position to slow gastric emptying, eliminating liquids with meals to reduce the volume of food rapidly entering the intestine, and adhering to a high-protein, low- to moderate-carbohydrate diet that can help maintain blood sugar levels more stable.

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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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