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Question: 1

Which of the following dairy products is MOST LIKELY to contain the least lactose for those who are lactose intolerant?

- A. Whole milk
- B. Cheese
- C. Regular whole-fat yogurt
- D. Greek-style whole-fat yogurt

Answer: D

Explanation:

Because Greek-style yogurt is thicker than regular whole-fat yogurt, more of the whey is removed, and the lactose is part of the whey, so those who are lactose intolerant are more likely to tolerate Greek yogurt than other dairy products. Those who are lactose intolerant lack the enzyme needed to digest lactose, resulting in stomach cramps, gas and distention, and diarrhea after eating or drinking dairy products. Some dairy products are now lactose-free, and Lactaid can be taken to replace the missing enzymes.

Question: 2

Unless otherwise specified by manufacturer, multi-use vials that have been accessed and used should be discarded within which of the following time periods?

- A. One week
- B. 14 days
- C. 28days
- D. 60 days

Answer: C

Explanation:

Unless otherwise specified by manufacturer, multi-use vials that have been accessed and used should be discarded within 28 days. Multi-use vials contain preservatives but can become contaminated with bacteria and provide no protection against viruses. Multi-use vials should be reserved for only one patient whenever possible and should be maintained in a separate space from the treatment area to prevent inadvertent contamination. A new needle and syringe should be used each time the vial is accessed.

Question: 3

Which of the following is a reversal agent for excessive sedation of a patient who has received a benzodiazepine?

- A. Atropine
- B. Romazicon (Flumazenil)
- C. Naloxone (Narcan)
- D. N-acetylcysteine

Answer: B

Explanation:

Romazicon (Flumazenil) is a reversal agent for excessive sedation of a patient who has received a benzodiazepine although it does not reverse respiratory depression. Romazicon is administered IV with a beginning dose of 0.2 mg over 30 seconds with repeat doses at one-minute intervals as needed. The second dose is 0.3 mg and the third and subsequent doses are 0.5 mg. Epinephrine is used for emergent treatment of asystole, VF, and PEA; naloxone, for opioids; and N -acetylcysteine, for acetaminophen overdose.

Question: 4

Following an esophagoscopy to obtain a biopsy of the thoracic esophagus, which of the following symptoms MOST indicates the need for emergent care for perforation?

- A. Chest pain, dysphagia, and tachycardia
- B. Mild cough and sore throat
- C. Nausea and vomiting
- D. Local discomfort but no systemic response

Answer: A

Explanation:

Following an esophagoscopy to obtain a biopsy of the thoracic esophagus, chest pain, dysphagia, and tachycardia are indications of the need for emergent care for perforation. Onset of fever is often rapid, and Hamann's sign (crunching, rasping precordial sound coinciding with the heartbeat) is positive because of leakage of air to the mediastinum. Perforation is usually confirmed radiologically although CT or endoscopy may be necessary if the perforation cannot be seen on x-ray.

Question: 5

A 76-year-old female ate E. coli (O157:H7) contaminated vegetables and developed abdominal cramps and non-bloody diarrhea for 48 hours after which the diarrhea became bloody for 4 days. The patient is MOST at risk for developing which of the following?

- A. Intestinal necrosis
- B. Small bowel obstruction
- C. Intestinal perforation
- D. Hemolytic uremic syndrome

Answer: D

Explanation:

If a 76-year-old female ate Ecoli (O157.H7) contaminated vegetables and developed abdominal cramps and non-bloody diarrhea that persisted for 48 hours after which the diarrhea became bloody for 4 days, the patient is at risk for developing hemolytic uremic syndrome (HUS), which can lead to renal failure. Children under 5 and older adults are most likely to develop HUS. HUS is characterized by microangiopathic hemolytic anemia, thrombocytopenia, and acute renal failure.

Question: 6

A patient taking metoclopramide has been prescribed haloperidol. For which of the following does this drug combination put the patient at increased risk?

- A. Tachycardia
- B. Tardive dyskinesia
- C. Excessive sedation
- D. GI bleeding

Answer: B

Explanation:

If a patient taking haloperidol has been prescribed metoclopramide, this drug combination puts the patient at increased risk of developing tardive dyskinesia. Both drugs can cause uncontrollable movement disorders and this combination potentiates the effect and can lead to life-threatening neuroleptic malignant syndrome. The risk of developing tardive dyskinesia with metoclopramide increases with treatment extending beyond 12 weeks. Metoclopramide may also interact with numerous other drugs, including other antipsychotic drugs and phenothiazines.

Question: 7

If a patient scheduled for a colonoscopy has a nose stud and enclosed lip ring, which of the following actions is appropriate?

- A. Remove the lip ring and tape the nose stud securely
- B. Leave both in place
- C. Remove both prior to the procedure
- D. Remove the nose stud but leave the lip ring in place

Answer: C

Explanation:

If a patient scheduled for a colonoscopy has a nose stud and enclosed lip ring, they should both be removed prior to the procedure because they pose the risk of trauma and aspiration if they should become

dislodged. Nose studs are removed by applying gentle pressure and pulling straight out. Enclosed lip rings are removed by applying pressure inside of the ring to force the ends apart. Barbell-type jewelry has a bead on the end that is unscrewed in a counter-clockwise direction.

Question: 8

Cancer of the colon and rectum is primarily which of the following types of cancer?

- A. Adenocarcinoma
- B. Sarcoma
- C. Lymphoma
- D. Melanoma

Answer: A

Explanation:

Cancer of the colon and rectum is primarily (about 95%) adenocarcinoma, which arises in the epithelial lining of the bowel. Adenocarcinomas often develop from a precancerous polyp. Early detection through screening is essential because colorectal cancers may remain essentially asymptomatic until they are advanced and changes in bowel habits or rectal bleeding occurs. Hemorrhage may occur if the tumor invades blood vessels, and obstruction may occur as the mass enlarges.

Question: 9

According to the WHO three-step ladder approach to pain management, if a patient's abdominal pain associated with colon cancer varies from 4 to 8 on the pain scale, at which of the following steps should pain control be initiated?

- A. Step 1
- B. Step 2
- C. Step 3
- D. Whichever step is appropriate at the time of initiation

Answer: D

Explanation:

According to the WHO three-step ladder approach to pain management, if a patient's abdominal pain associated with the colon varies from 4 to 8 on the pain scale, pain control should be initiated at whichever step is most appropriate for the level of pain at the time and may later be adjusted to a higher or lower step. While this is a three-step process, it is not necessary to start all pain control at step one.

Question: 10

How soon after collection should duodenal aspirate be transported to the laboratory?

- A. Immediately
- B. Within 2 hours
- C. Within 4 hours
- D. Within 24 hours

Answer: A

Explanation:

Duodenal aspirate should be immediately transported to the laboratory because it must be examined within 60 minutes of collection. The aspirate should be collected (at least 2 mL) in a sterile centrifuge tube. Duodenal aspirates may be useful in diagnosing *Giardia duodenalis* and *Strongyloides stercoralis*. Culture and sensitivity may also be done. The specimen should be maintained at room temperature.



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