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Dietetic Technician, Registered Exam

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Question: 1

Anthropometric measurements for children should include:

- A. Weight for age, height or length for age and head circumference up to the age of 2.
- B. Weight for age, skin-fold thickness and length or height for age.
- C. Weight for age, height or length for age and head circumference up to the age of 3.
- D. Weight for age, skin-fold thickness, height or length for age and head circumference up to the age of 3.

Answer: C

Explanation:

Anthropometric measurements in children are extremely important as a way to monitor adequacy of growth. For infants up to the age of 3, weight for age, length for age and head circumference should be measured and recorded on a growth chart. Height can be measured once a child is able to stand. Weight for length can then be plotted. For children older than 3, weight for age and height for age can be measured and plotted. Body mass index can then be calculated and plotted. Skin folds may be helpful but are not often routinely done as part of well child visits to the pediatrician. The National Center for Health Statistics (NCHS) through the Centers for Disease Control (CDC) and the World Health Organization have growth charts available for use.

Question: 2

All of the following are true about the Mini Nutritional Assessment (MNA) except:

- A. It is a validated tool used for nutrition screening and assessment in the over age 65 population.
- B. The MNA screens for malnutrition or those who are at risk for malnutrition.
- C. There is a short form to more quickly determine if a person is in good nutritional status and a longer form if a more detailed screen is required.
- D. Specialized training is required in order to be certified to administer this screening tool.

Answer: D

Explanation:

The Mini Nutritional Assessment (MNA) is a nutrition tool that has been validated for use in the over age 65 population. The purpose of this tool is to screen for malnutrition or to identify those that may be at risk for developing malnutrition. The tool offers two different questionnaires. The first is a quick version that can be administered in about 3 minutes. The second is a more detailed questionnaire, which takes about 15 minutes and must be used if the short form indicates risk for malnutrition. Anyone can administer this tool and specialized training is not required. Health care professionals, such as dietitians, nurses, doctors, and others, can utilize this tool in a variety of settings.

Question: 3

All of the following are true about the nutrition diagnosis except:

- A. Nutrition diagnosis is when a nutritional issue is identified and labeled.
- B. A physician must make a nutrition diagnosis in order for the individual to receive nutritional care.
- C. A nutrition diagnosis is documented as problem-etiology-signs/symptoms.
- D. Standardized terminology is used to delineate nutrition diagnoses.

Answer: B

Explanation:

The nutrition diagnosis is part of the nutrition care process. This is the step where the nutritional issue is identified and labeled using standardized language. A nutrition diagnosis is not made by a physician but rather an RD or a DTR depending upon the scope of practice. The nutrition diagnosis is organized and documented using a format of problem followed by etiology then signs and symptoms (PES). A standardized list is available for labeling the nutritional problem. An example of a PES is: Increased fat intake related to excessive consumption of fast food as evidenced by fasting serum cholesterol of 340 mg/dL. This statement leads the way for the nutrition intervention to be determined and implemented.

Question: 4

Potential nutrition diagnoses for an obese male with coronary heart disease may include all of the following except:

- A. Food and nutrition related knowledge deficits.
- B. Physical inactivity.
- C. Excessive fat intake.
- D. Excessive hunger.

Answer: D

Explanation:

There are many, many potential nutrition diagnostic terminologies to select from for an obese male with coronary heart disease. The exact selection of the nutrition diagnosis would depend on the individual's diet history as well as other information. One potential may be related to caloric intake, such as excessive energy intake or imbalance of nutrients. Excessive hunger may be true but it is not considered proper terminology. Another potential nutrition diagnosis could be related to fat intake, such as excessive fat intake or inappropriate intake of food fats. Physical inactivity or inability or lack of desire to manage self-care may be potential choices depending upon the individual's exercise habits. Another potential can be in the biochemical category, such as altered nutrition related laboratory values (for example, an elevated serum cholesterol or triglyceride level). No one selection is wrong but rather how the issues are addressed and managed are incorrect.

Question: 5

Potential nutrition diagnoses for a patient with a fasting blood glucose level of 135 mg/dL might include:

- A. Alteration in metabolism (type 1 diabetes mellitus).
- B. Alteration in metabolism (hyperglycemia).
- C. Altered nutrition related laboratory values.
- D. Gestational diabetes.

Answer: C

Explanation:

There is a distinction between a nutrition diagnosis and a medical diagnosis. Type 1 diabetes mellitus, gestational diabetes, and hyperglycemia are all examples of medical diagnoses. A medical diagnosis will include disorders involving anatomy, physiology, or metabolism that have accompanying symptoms, which can be treated with either medical or surgical interventions. A patient with an elevated fasting blood glucose should also receive a nutrition diagnosis such as altered nutrition related laboratory value, excessive carbohydrate intake, excessive energy intake, or overweight/ obesity. The nutrition diagnosis selected is dependent upon the information gathered by the RD or DTR during the assessment piece.

Question: 6

The recommended amount of weight gain for a pregnant woman who was overweight prior to pregnancy is:

- A. 12-16 pounds.
- B. 15-25 pounds.
- C. 28-40 pounds.
- D. 35-42 pounds.

Answer: B

Explanation:

During pregnancy, the recommended amount of weight gain for a woman of normal weight is 25-35 pounds. For overweight women, a lower amount of weight gain, 15-25 pounds, is advised. Alternatively, underweight women are advised to gain 28-40 pounds. Typically, for a normal amount of weight gain, less than half of this consists of the fetus, the placenta, and the amniotic fluid. The additional weight is necessary to build-up maternal stores for the last part of the pregnancy and to help support lactation.

Question: 7

Folic acid requirements during pregnancy are increased because folic acid:

- A. Deficiency causes glossitis.
- B. Helps prevent neural tube defects,

- C. Prevents pernicious anemia.
- D. Deficiency causes poor appetite.

Answer: B

Explanation:

Folic acid is an extremely important vitamin for women of childbearing years. Adequate intake of folic acid reduces the incidence of neural tube defects (NTD), such as spina bifida. The requirements for folic acid increase during pregnancy from 400 µg to 600 µg. The neural tube closes by the 28th day of pregnancy. Many women do not even realize they are pregnant by this time; therefore, it is recommended that all women of childbearing age increase their folic acid intake to help prevent N T D. Other reasons for the increase in folic acid requirements are because of the expanding blood volume as well as growth of the fetus and the placenta.

Question: 8

The best feeding plan for a normal 3-month-old infant is:

- A. Eight (8) 4 oz bottles of 20 cal/oz formula per day.
- B. Six (6) 5 oz bottles of 20 cal/oz formula per day plus rice cereal added to the bottle at night.
- C. Breastfeeding on demand.
- D. Breastfeeding alternated with 20 cal/oz formula throughout the day.

Answer: C

Explanation:

Breastfeeding is highly recommended for all infants. If a woman chooses not to breastfeed, standard cow's milk formula At 20 cal/oz constitution can be offered. Breastfeeding infants should be allowed to breastfeed until they are satiated. The same is true for formula-fed infants. Force feeding a set amount of formula may lead to overfeeding and excessive weight gain. Adding rice cereal prior to 4-6 months of age is also not recommended. Adding rice cereal to the bottle at night may lead to excessive calorie intake and has not been definitely demonstrated to help infants sleep better, Weight gain should be carefully monitored to ensure that adequate calories are being consumed, and diapers should be monitored for adequate urine and stool output.

Question: 9

Feeding a preschooler is often challenging due to food jags, pickiness, or the child's attempts to assert independence. Which of the following does not describe an effective strategy for managing a preschooler's nutrition?

- A. The child should be made to sit at the table until the meal or snack is consumed in its entirety.
- B. Small servings of a variety of foods should be offered on a fairly regular schedule.
- C. Snacks and beverages should not be provided within 30 minutes of a planned meal.
- D. The parents should not focus too heavily on what is consumed at each meal or snack because over the course of a day, the calorie intake will be fairly consistent if a variety of foods are offered.

Answer: A

Explanation:

Preschool age is a time of rapid development in many areas including motor, cognitive, and social skills. Growth typically slows down during this period, and children often have a lower appetite. Children are also many times less interested in food because they are too interested in what is going on around them. Many develop picky eating habits, control issues over food, or even a very limited food preference list. Parents or caregivers should not force a child to eat. It won't work. Rather, a variety of foods should be offered on a fairly regular schedule. Preschoolers tend to consume what they need over the course of a day. Portion sizes do not have to be huge. Snacks should not be given less than 90 minutes before a meal. Beverages should also be restricted in the time before meals as this can reduce intake. Excessive juice should also be discouraged.

Question: 10

Characteristics of the metabolic syndrome include all of the following, except:

- A. Serum triglycerides greater than 150 mg/dL
- B. Serum glucose greater than 100 mg/dL
- C. Waist circumference greater than 102 cm in men and 89 cm in women.
- D. Blood pressure greater than or equal to 140/90 mmHg.

Answer: D

Explanation:

Metabolic syndrome is a compilation of multiple disorders, including insulin resistance, elevated glucose levels, hypertension, and elevated lipid levels. These disorders are dangerous alone and when linked together will increase the risk for Type 2 diabetes mellitus, heart disease, and stroke. Specific criteria have been developed in order to help diagnose the condition; fat in the abdominal area (known as apple shape) and insulin resistance are the most important indicators. Glucose levels higher than 100 mg/dL, triglycerides higher than 150 mg/dL, and HDL levels lower than 40 mg/dL in men and 50 mg/dL in women are all risk factors. A blood pressure reading greater than or equal to 130/85 mm Hg is a risk factor. Waist circumference measurements greater than 102 cm in men and 89 cm in women are risk factors. It is important to identify metabolic syndrome and to treat accordingly to reduce the chance of developing diabetes.



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