

Certified Gastroenterology Registered Nurse Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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.

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!

Questions

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- 1. What proportion of gallstones are cholesterol stones?**
 - A. 1/4
 - B. 1/3
 - C. 2/3
 - D. 3/4
- 2. Which field of study focuses on the absorption, distribution, metabolism, and excretion of drugs?**
 - A. Pharmacology
 - B. Pharmacodynamics
 - C. Pharmacokinetics
 - D. Pharmaeconomics
- 3. What condition may present with elevated methemoglobin levels?**
 - A. Chronic lung disease
 - B. Congestive heart failure
 - C. Methemoglobinemia
 - D. Anemia
- 4. What is the role of the cecum in the digestive system?**
 - A. Absorption of nutrients
 - B. Digestion of fats
 - C. First section of the large intestine receiving fecal material from the small intestine
 - D. Production of bile
- 5. What is often the initial symptom of small bowel obstruction?**
 - A. Weight loss
 - B. Nausea and vomiting
 - C. Constipation
 - D. Diarrhea

6. In reprocessing flexible endoscopes, what is the last step before storage?

- A. Drying**
- B. Disinfection**
- C. Rinsing**
- D. Leak testing**

7. Which type of medication is typically used for symptomatic relief from nausea?

- A. Laxatives**
- B. Antiemetics**
- C. Antacids**
- D. Proton pump inhibitors**

8. What diagnostic study may be performed to confirm Zollinger-Ellison syndrome?

- A. Ultrasound scan**
- B. Endoscopy**
- C. Gastric analysis study**
- D. CT scan of the abdomen**

9. What is the most common disorder of carbohydrate absorption?

- A. Fructose intolerance**
- B. Lactose intolerance**
- C. Sucrose intolerance**
- D. Maltose malabsorption**

10. Which part of the intestine is primarily responsible for absorbing most B12 and bile acids?

- A. Duodenum**
- B. Terminal ileum**
- C. Colon**
- D. Jejunum**

Answers

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

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Explanations

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1. What proportion of gallstones are cholesterol stones?

- A. 1/4
- B. 1/3
- C. 2/3
- D. 3/4**

Cholesterol stones are the most common type of gallstones, accounting for approximately 70-80% of all cases. This high prevalence indicates that a significant majority of individuals with gallstones will have cholesterol stones. Therefore, the correct answer reflects this understanding of the composition of gallstones, emphasizing the dominance of cholesterol stones in the overall population. While the other options suggest lower proportions, they do not accurately represent the prevalence of cholesterol stones, which is well documented in gastroenterology literature. Recognizing that cholesterol stones comprise three-quarters or more of all gallstones is vital for understanding gallbladder pathology and informing treatment decisions in clinical practice.

2. Which field of study focuses on the absorption, distribution, metabolism, and excretion of drugs?

- A. Pharmacology**
- B. Pharmacodynamics
- C. Pharmacokinetics**
- D. Pharmaeconomics

The focus of pharmacokinetics is specifically on the processes that occur within the body after a drug is administered. This field of study examines how a drug is absorbed into the bloodstream, distributed throughout the body, metabolized by various organs (primarily the liver), and eventually excreted from the body (usually through the kidneys).

Understanding these processes is crucial for determining appropriate dosages, timing of administration, and assessing how various patient factors may influence drug behavior. In pharmacology, while the broader study of drugs includes their effects and uses, it does not solely concentrate on the kinetics of drug movement through the body.

Pharmacodynamics encompasses the effects of drugs and their mechanisms of action at the site of action, which is different from understanding the journey of the drug itself within the body. Pharmaeconomics involves the economic aspects of drug therapy, evaluating the cost-effectiveness of different therapeutic options rather than the pharmacokinetic principles governing drug behavior. This delineation of each field helps clarify why pharmacokinetics is the correct choice for understanding drug absorption, distribution, metabolism, and excretion.

3. What condition may present with elevated methemoglobin levels?

- A. Chronic lung disease**
- B. Congestive heart failure**
- C. Methemoglobinemia**
- D. Anemia**

Methemoglobinemia is a condition characterized by an increase in methemoglobin levels, which is a form of hemoglobin that has been oxidized and is unable to effectively bind and carry oxygen. In individuals with methemoglobinemia, the normal function of hemoglobin is compromised because methemoglobin cannot release oxygen to the tissues adequately, leading to symptoms such as cyanosis (bluish discoloration of the skin), fatigue, and, in severe cases, hypoxia. The condition can be acquired through exposure to certain drugs, chemicals, or toxins, which induce the conversion of hemoglobin to methemoglobin. It can also be congenital, due to genetic defects affecting hemoglobin structure or the enzyme responsible for reducing methemoglobin back to its functional state. Monitoring methemoglobin levels is critical in diagnosing and managing this condition, making methemoglobinemia the correct choice in this context.

4. What is the role of the cecum in the digestive system?

- A. Absorption of nutrients**
- B. Digestion of fats**
- C. First section of the large intestine receiving fecal material from the small intestine**
- D. Production of bile**

The cecum plays a significant role in the digestive system as it is the first section of the large intestine where fecal material from the small intestine is received. After the nutrients and liquid have been absorbed in the small intestine, the remaining waste material passes into the cecum. This structure acts as a pouch that marks the beginning of the large intestine and is essential for the compaction of waste before it continues to the ascending colon. In addition, the cecum is closely associated with the ileocecal valve, which controls the flow of material from the small intestine into the large intestine. This anatomical feature helps regulate the entry of digestive contents and prevents backflow, contributing to efficient digestion and waste management. The other functions mentioned do not pertain to the cecum. While absorption of nutrients generally occurs in the small intestine, the cecum's primary role is not nutrient absorption. It does not primarily engage in fat digestion, which mainly takes place in the stomach and small intestine with the help of bile produced by the liver. Lastly, the production of bile is a function of the liver and gallbladder, not the cecum. Therefore, the primary understanding of the cecum's role is its function as the entry

5. What is often the initial symptom of small bowel obstruction?

- A. Weight loss**
- B. Nausea and vomiting**
- C. Constipation**
- D. Diarrhea**

Nausea and vomiting are commonly the initial symptoms of small bowel obstruction due to the cumulative effects of the obstruction on normal gastrointestinal motility. When the small intestine is obstructed, the passage of intestinal contents is hindered, leading to an increase in intestinal pressure. This pressure can stimulate the vomiting center in the brain, prompting the body to expel contents that cannot move forward. In many cases, these symptoms can develop quickly, as the body reacts to the blockage. While other symptoms, such as weight loss, constipation, and diarrhea, may occur later in the clinical course, they are not typically the first signs that a patient experiences. Weight loss may develop over time due to malabsorption and reduced dietary intake as a result of the obstruction, constipation can occur depending on the severity and location of the obstruction, and diarrhea may arise in certain situations, such as when there is a partial obstruction or when contents back up into the colon. However, nausea and vomiting remain the most immediate and consistent symptoms.

6. In reprocessing flexible endoscopes, what is the last step before storage?

- A. Drying**
- B. Disinfection**
- C. Rinsing**
- D. Leak testing**

The correct answer is disinfection, as it is crucial to ensure that any microbial contaminants on the flexible endoscope are eliminated before the device is stored. Following the cleaning process, disinfection serves as a critical step in the reprocessing protocol to ensure the endoscope is safe for future use. This step is necessary to meet infection control standards and protect patient safety as the endoscope can harbor pathogens that could be transmitted during subsequent examinations. While drying is essential, it typically comes after disinfection as it focuses on preventing microbial growth by removing moisture from the endoscope. Rinsing is part of the cleaning process, ensuring that all detergent and debris are washed away, but it occurs before disinfection. Leak testing is also important for ensuring the integrity and functionality of the endoscope, but this step happens earlier in the reprocessing protocol to ensure the device can withstand the disinfection process without damage. Overall, disinfection is the key final step in the reprocessing of flexible endoscopes prior to their storage, ensuring that they are safe and ready for the next procedure.

7. Which type of medication is typically used for symptomatic relief from nausea?

- A. Laxatives**
- B. Antiemetics**
- C. Antacids**
- D. Proton pump inhibitors**

Antiemetics are specifically designed to alleviate symptoms of nausea and vomiting. These medications work by targeting various pathways in the body that trigger the vomiting reflex, including the central nervous system and the gastrointestinal tract. Antiemetics can be classified into several categories, including serotonin 5-HT3 receptor antagonists (like ondansetron), dopamine antagonists (such as prochlorperazine), and antihistamines (like meclizine), among others. Their primary role is to provide symptomatic relief to patients experiencing nausea due to various causes, such as chemotherapy, motion sickness, or gastrointestinal disturbances. In contrast, the other types of medications mentioned serve different purposes. Laxatives are aimed at relieving constipation rather than nausea. Antacids are used to neutralize stomach acid and relieve conditions like heartburn but do not directly address nausea. Proton pump inhibitors reduce gastric acid production and are effective for conditions like GERD but also do not provide symptomatic relief for nausea. This differentiation highlights the targeted action of antiemetics in treating nausea, making them the appropriate choice for this symptom.

8. What diagnostic study may be performed to confirm Zollinger-Ellison syndrome?

- A. Ultrasound scan**
- B. Endoscopy**
- C. Gastric analysis study**
- D. CT scan of the abdomen**

The gastric analysis study is particularly useful in confirming Zollinger-Ellison syndrome, which is characterized by excessive gastrin production leading to hypersecretion of gastric acid. This condition often results in recurrent peptic ulcers and abdominal pain. The gastric analysis study involves measuring the levels of stomach acid, specifically the acid output over a specified period, which can help identify increased gastric acid secretion indicative of this syndrome. In Zollinger-Ellison syndrome, measuring fasting serum gastrin levels is also crucial, as elevated gastrin levels are a hallmark of the disease. Gastric analysis may include secretin stimulation tests, where secretin is administered to assess the response of gastrin levels, further supporting the diagnosis. This particular approach provides direct insight into the underlying pathology of the condition. While other diagnostic studies can be helpful, they do not provide the same level of confirmation regarding acid secretory status. For example, an ultrasound scan primarily assesses structural abnormalities rather than functional aspects of gastric acid secretion, and an endoscopy might reveal ulcers but won't definitively confirm Zollinger-Ellison syndrome. A CT scan of the abdomen can aid in locating gastrin-secreting tumors (gastronomas) but doesn't confirm the syndrome itself in terms of gastric acid output. Thus

9. What is the most common disorder of carbohydrate absorption?

- A. Fructose intolerance**
- B. Lactose intolerance**
- C. Sucrose intolerance**
- D. Maltose malabsorption**

Lactose intolerance is indeed the most common disorder of carbohydrate absorption. This condition occurs due to a deficiency of lactase, the enzyme responsible for breaking down lactose, which is the sugar found in milk and dairy products. When lactase levels are insufficient, lactose cannot be adequately digested and absorbed in the small intestine. This results in symptoms such as bloating, diarrhea, and abdominal pain after consuming lactose-containing foods. Lactose intolerance is particularly widespread across various populations, especially in adults. In contrast, other carbohydrate absorption disorders are less common. Fructose intolerance, for example, is often a rarer genetic condition, while sucrose intolerance, also known as congenital sucrase-isomaltase deficiency, is less frequently encountered in the general population. Maltose malabsorption is also not as prevalent as lactose intolerance. Therefore, lactose intolerance stands out as the most significant and commonly reported disorder affecting carbohydrate absorption.

10. Which part of the intestine is primarily responsible for absorbing most B12 and bile acids?

- A. Duodenum**
- B. Terminal ileum**
- C. Colon**
- D. Jejunum**

The terminal ileum is primarily responsible for absorbing most of the vitamin B12 and bile acids. This section of the small intestine plays a crucial role due to the presence of specific receptors and mechanisms that facilitate the uptake of these nutrients. Vitamin B12 absorption relies on a glycoprotein called intrinsic factor, which is secreted by the stomach and binds to vitamin B12. This complex is then absorbed in the terminal ileum. Similarly, bile acids, which are important for the digestion and absorption of fats, are also reabsorbed in this area. The efficient absorption of bile acids helps in recycling them back to the liver, where they are reused in the digestive process. The other parts of the intestine have different functions; for instance, the duodenum is primarily involved in the initial stages of digestion and neutralization of stomach acid, while the jejunum focuses on absorbing nutrients but does not specifically target vitamin B12 and bile acids like the terminal ileum does. The colon mainly absorbs water and electrolytes and is not involved in absorbing these essential substances.

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:

<https://gastroenterology-registerednurse.examzify.com>

We wish you the very best on your exam journey. You've got this!

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