

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 type of pathogen is Hepatitis D (HDV) associated with?**
 - A. Virus**
 - B. Bacteria**
 - C. Parasite**
 - D. Fungi**

- 2. 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**

- 3. Which diagnostic method is not recommended for diverticulitis due to the risk of worsening the condition?**
 - A. CT scan**
 - B. Barium enema**
 - C. Ultrasound**
 - D. Magnetic resonance imaging**

- 4. What is the action of antacids?**
 - A. Increase gastric acid production**
 - B. Neutralize gastric acids**
 - C. Stimulate digestive enzymes**
 - D. Promote gastric motility**

- 5. Which statement best describes the lesions associated with Crohn's disease?**
 - A. Localized, symmetrical lesions**
 - B. Asymmetrical and patchy lesions**
 - C. Continuous, thickened intestinal walls**
 - D. Uniform inflammation throughout the intestine**

- 6. A declared brain-dead patient's ASA score is?**
- A. ASA 4**
 - B. ASA 5**
 - C. ASA 6**
 - D. ASA 7**
- 7. What describes drug-induced anesthesia?**
- A. Duration of discomfort**
 - B. Complete loss of sensation**
 - C. Loss of consciousness with impaired ventilatory function**
 - D. Heightened awareness of surroundings**
- 8. What life-threatening condition associated with ulcerative colitis involves acute dilation of the colon?**
- A. Diverticulitis**
 - B. Colorectal cancer**
 - C. Toxic megacolon**
 - D. Appendicitis**
- 9. Osler-Weber-Rendu syndrome is associated with what condition?**
- A. Congenital heart defects**
 - B. Hereditary hemorrhagic telangiectasia**
 - C. Chronic obstructive pulmonary disease**
 - D. Celiac disease**
- 10. What is a common adverse effect of anticholinergics?**
- A. Excessive salivation**
 - B. Hoarseness**
 - C. Increased appetite**
 - D. Elevated heart rate**

Answers

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

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Explanations

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1. What type of pathogen is Hepatitis D (HDV) associated with?

A. Virus

B. Bacteria

C. Parasite

D. Fungi

Hepatitis D is a virus. It's a defective RNA virus that cannot complete its life cycle without hepatitis B virus providing the surface antigen to form its envelope. Because of this dependency, HDV infections occur only in people who have hepatitis B, either as a coinfection or as a superinfection. Viruses are acellular pathogens that rely on host cells to replicate, unlike bacteria (prokaryotes), parasites (like protozoa or helminths), or fungi (eukaryotic organisms).

2. 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 (gastrinomas) but doesn't confirm the syndrome itself in terms of gastric acid output. Thus

3. Which diagnostic method is not recommended for diverticulitis due to the risk of worsening the condition?

- A. CT scan
- B. Barium enema**
- C. Ultrasound
- D. Magnetic resonance imaging

The barium enema is the diagnostic method not recommended for diverticulitis primarily because it involves the introduction of barium into the colon, which can potentially worsen an existing inflammatory process. In cases of diverticulitis, the colon may already be inflamed or compromised, and the use of a barium enema could increase the risk of complications, such as perforation or increased inflammation due to the pressure from the barium. In contrast, imaging techniques like CT scans, ultrasound, and magnetic resonance imaging (MRI) do not carry the same risks associated with direct manipulation or pressure on the colon. A CT scan is often favored for diagnosing diverticulitis as it provides detailed imaging of the abdominal structures, helping to identify complications such as abscesses or perforations. Ultrasound is useful in certain patients, especially those who may not be suitable for radiation exposure, and MRI can be used in specific cases, particularly in pregnant patients. Thus, opting for low-risk imaging modalities is crucial for appropriate evaluation and management in diverticulitis cases.

4. What is the action of antacids?

- A. Increase gastric acid production
- B. Neutralize gastric acids**
- C. Stimulate digestive enzymes
- D. Promote gastric motility

Antacids are primarily used to neutralize gastric acids in the stomach. They work by raising the pH level of the stomach contents, which can alleviate symptoms of gastric acid-related disorders such as gastroesophageal reflux disease (GERD) and peptic ulcers. By neutralizing excess stomach acid, antacids help reduce the burning sensation and discomfort associated with heartburn. This action can provide rapid relief of symptoms because antacids are usually fast-acting agents that quickly interact with gastric acid. In contrast, increasing gastric acid production would exacerbate symptoms of acid reflux or ulcers, while stimulating digestive enzymes is typically a function of other medications, like prokinetics or pancreatic enzymes, not antacids. Promoting gastric motility may again be the role of different classes of medication designed to enhance digestive movement rather than the neutralization of acid. Thus, the primary and key action of antacids remains their ability to neutralize gastric acids, making them effective for symptom relief in conditions caused by high acidity.

5. Which statement best describes the lesions associated with Crohn's disease?

- A. Localized, symmetrical lesions**
- B. Asymmetrical and patchy lesions**
- C. Continuous, thickened intestinal walls**
- D. Uniform inflammation throughout the intestine**

The lesions associated with Crohn's disease are best described as asymmetrical and patchy. This characteristic means that the inflammation and damage do not occur uniformly but rather in distinct regions that can be separated by healthy tissue. Crohn's disease tends to affect different segments of the gastrointestinal tract in an intermittent fashion, leading to areas of inflammation (lesions) that are often "skipped," making it appear that there are gaps of normal tissue amidst the inflamed areas. In contrast to continuous involvement in other conditions, such as ulcerative colitis, where lesions are uniform and contiguous, the patchy inflammatory pattern in Crohn's disease reflects its potential to affect any part of the GI tract—from the mouth to the anus—while also preserving segments of healthy intestinal tissue. This distinct characteristic is crucial in diagnosing and understanding the pathology of Crohn's, as well as guiding treatment approaches effectively.

6. A declared brain-dead patient's ASA score is?

- A. ASA 4**
- B. ASA 5**
- C. ASA 6**
- D. ASA 7**

The correct answer is based on the classification of a patient's physical status as determined by the ASA (American Society of Anesthesiologists) score. In this scoring system, ASA 6 is defined as a patient who is declared brain dead and whose organs are being maintained for donor purposes. This classification reflects that while the individual is no longer functionally alive due to total and irreversible loss of cerebral function, they may still exhibit vital signs due to external means, such as ventilators. ASA 5 indicates a patient who is moribund and not expected to survive without surgery, while ASA 4 corresponds to a patient with severe systemic disease. ASA 7 does not exist, as the ASA scoring scale typically ranges only from 1 to 6 in terms of clinical status. Thus, ASA 6 is the appropriate designation for a declared brain-dead patient.

7. What describes drug-induced anesthesia?

- A. Duration of discomfort
- B. Complete loss of sensation
- C. Loss of consciousness with impaired ventilatory function**
- D. Heightened awareness of surroundings

Drug-induced anesthesia is characterized by loss of consciousness along with a significant impairment of ventilatory function. This type of anesthesia is achieved through the use of specific medications that not only render the patient unconscious but also can depress the respiratory drive, requiring careful monitoring. This means that while the patient is unable to respond to stimuli and is effectively "asleep," there is a risk for respiration to become inadequate or insufficient, necessitating supportive measures such as mechanical ventilation. The other options describe states that do not encompass the full scope of drug-induced anesthesia. For example, complete loss of sensation pertains more specifically to local anesthesia, while the duration of discomfort does not capture the anesthetic properties. Heightened awareness of surroundings would be contradictory to the intent of drug-induced anesthesia, as this state is meant to induce unconsciousness and reduce awareness, rather than increase it. Thus, the defining feature of drug-induced anesthesia is indeed the loss of consciousness coupled with compromised ventilatory function, which is an essential consideration in anesthetic management.

8. What life-threatening condition associated with ulcerative colitis involves acute dilation of the colon?

- A. Diverticulitis
- B. Colorectal cancer
- C. Toxic megacolon**
- D. Appendicitis

The life-threatening condition associated with ulcerative colitis that involves acute dilation of the colon is toxic megacolon. This condition is characterized by an extreme dilation of the colon, which can lead to colonic perforation and sepsis if not addressed promptly. Toxic megacolon occurs as a complication of inflammatory conditions such as ulcerative colitis, where inflammation and ulceration of the colonic mucosa disrupt normal motility and muscle contraction. This results in an accumulation of gas and stools, leading to an increase in the size of the colon. Symptoms often include abdominal pain, distension, and symptoms indicating systemic illness such as fever and tachycardia. Immediate medical intervention is critical in cases of toxic megacolon to prevent serious outcomes, such as perforation or life-threatening infection. Recognition of this condition is essential for healthcare providers, especially in patients with a known history of ulcerative colitis. The other options, while they may relate to gastrointestinal pathology, do not encompass the acute dilation of the colon in the context of ulcerative colitis.

9. Osler-Weber-Rendu syndrome is associated with what condition?

- A. Congenital heart defects**
- B. Hereditary hemorrhagic telangiectasia**
- C. Chronic obstructive pulmonary disease**
- D. Celiac disease**

Osler-Weber-Rendu syndrome, also known as hereditary hemorrhagic telangiectasia (HHT), is a genetic condition characterized by the presence of abnormal blood vessel formations, leading to frequent bleeding in various areas of the body. Patients with this syndrome often experience telangiectasias (small, dilated blood vessels) on the skin, mucous membranes, and in the digestive tract, which can result in significant hemorrhage. The condition is inherited in an autosomal dominant fashion, meaning that a mutation in one of the genes associated with blood vessel formation can be passed from parent to child. Understanding this connection is crucial for recognizing potential complications and managing the care of patients with Osler-Weber-Rendu syndrome. Given these factors, the association of Osler-Weber-Rendu syndrome with hereditary hemorrhagic telangiectasia highlights the importance of genetic understanding in gastroenterology nursing, particularly concerning patients at risk for bleeding disorders.

10. What is a common adverse effect of anticholinergics?

- A. Excessive salivation**
- B. Hoarseness**
- C. Increased appetite**
- D. Elevated heart rate**

Anticholinergics block muscarinic receptors, reducing parasympathetic activity. In the heart, this removes the vagal (acetylcholine) influence that normally slows the rate, so the heart beats faster. Tachycardia is a common and expected adverse effect. Excessive salivation wouldn't occur because these drugs dry secretions; increased appetite isn't typical since GI activity is often slowed and dry mouth is more common.

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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