

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. Which effect do anticholinergics have on gastrointestinal function?**
 - A. Increase gastric emptying time**
 - B. Stimulate GI tone and motility**
 - C. Block vagal stimulation**
 - D. Enhance gastric acid secretion**

- 2. Which enzyme deficiency is primarily responsible for lactose intolerance?**
 - A. Lactase**
 - B. Amylase**
 - C. Sucrase**
 - D. Maltase**

- 3. What does a nursing diagnosis represent?**
 - A. A comprehensive medical history of the patient**
 - B. A statement about a health problem upon which a plan of care is based**
 - C. A list of all medications the patient is on**
 - D. An evaluation of the patient's family health history**

- 4. What does the Edrophonium (Tensilon) test help confirm in patients?**
 - A. Gastrointestinal bleeding**
 - B. Esophageal origin of non-cardiac chest pain**
 - C. Acid reflux severity**
 - D. Pyloric stenosis**

- 5. Where are traction diverticula commonly located?**
 - A. Near the rectum**
 - B. Mid-esophagus**
 - C. Distal ileum**
 - D. Proximal colon**

- 6. What neurological symptoms can occur due to Wilson's disease?**
- A. Coma and seizures**
 - B. Tremors and personality changes**
 - C. Paralysis and gradual memory loss**
 - D. All of the above**
- 7. A declared brain-dead patient's ASA score is?**
- A. ASA 4**
 - B. ASA 5**
 - C. ASA 6**
 - D. ASA 7**
- 8. Which of the following is a common congenital abnormality requiring surgery in the early months of life?**
- A. Hirschsprung's disease**
 - B. Malrotation of the intestine**
 - C. Infantile Hypertrophic Pyloric Stenosis**
 - D. Congenital diaphragmatic hernia**
- 9. Which describes the characteristics of diffuse esophageal spasm (DES)?**
- A. Weak, uncoordinated contractions**
 - B. Prolonged contractions with intermittent normal peristalsis**
 - C. Constant high-frequency contractions**
 - D. Only occurs during swallowing**
- 10. Cupramine is used in the treatment of which condition?**
- A. Hemochromatosis**
 - B. Wilson's disease**
 - C. Copper deficiency**
 - D. Neuropathy**

Answers

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

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Explanations

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1. Which effect do anticholinergics have on gastrointestinal function?

- A. Increase gastric emptying time**
- B. Stimulate GI tone and motility**
- C. Block vagal stimulation**
- D. Enhance gastric acid secretion**

Anticholinergics primarily work by blocking the action of acetylcholine at muscarinic receptors, which are found throughout the body, including in the gastrointestinal (GI) tract. By inhibiting vagal stimulation, anticholinergics reduce the activity of the parasympathetic nervous system, leading to decreased motility of the gut. This results in an overall decrease in gastric secretions, tone, and peristalsis. The action of these medications helps manage conditions involving excessive secretions or motility, such as in cases of irritable bowel syndrome or certain types of diarrhea. Therefore, blocking vagal stimulation is a key mechanism through which anticholinergics exert their effects on gastrointestinal function, leading to reduced GI motility and secretion.

2. Which enzyme deficiency is primarily responsible for lactose intolerance?

- A. Lactase**
- B. Amylase**
- C. Sucrase**
- D. Maltase**

Lactose intolerance is primarily caused by a deficiency in lactase, the enzyme responsible for breaking down lactose, which is the sugar found in milk and dairy products. When lactase levels are insufficient, lactose remains undigested in the gut, leading to symptoms like abdominal pain, bloating, diarrhea, and gas, as it ferments in the colon. In individuals with adequate lactase production, lactose is properly hydrolyzed into glucose and galactose, allowing for absorption and digestion without discomfort. The other enzymes listed—amylase, sucrase, and maltase—serve different functions in carbohydrate digestion but do not directly influence the digestion of lactose. Amylase breaks down starches into simpler sugars, while sucrase and maltase are involved in the breakdown of sucrose and maltose, respectively. Their roles are essential in carbohydrate digestion, but they do not play a part in lactose metabolism, making lactase deficiency the correct answer regarding lactose intolerance.

3. What does a nursing diagnosis represent?

- A. A comprehensive medical history of the patient
- B. A statement about a health problem upon which a plan of care is based**
- C. A list of all medications the patient is on
- D. An evaluation of the patient's family health history

A nursing diagnosis is a diagnostic statement that identifies health problems, risks, and individual responses to health conditions, which serves as the foundation for the nursing care plan. It helps nurses prioritize care and establish measurable goals and interventions specific to the patient's needs. The nursing diagnosis takes into account various factors, including the patient's physical and mental health, and is based on nursing assessments rather than purely medical or family histories. In contrast, a comprehensive medical history of the patient relates more to the patient's overall health background and medical conditions but does not specifically determine nursing interventions. Similarly, a list of all medications the patient is on provides important information for health care providers but is not representative of a nursing diagnosis itself. Lastly, an evaluation of the patient's family health history can be significant in understanding hereditary risks but does not constitute a nursing diagnosis that guides immediate nursing care planning. Therefore, the correct answer reflects the essence of nursing practice where diagnosis informs tailored care strategies for patients.

4. What does the Edrophonium (Tensilon) test help confirm in patients?

- A. Gastrointestinal bleeding
- B. Esophageal origin of non-cardiac chest pain**
- C. Acid reflux severity
- D. Pyloric stenosis

The Edrophonium (Tensilon) test is particularly useful for evaluating neuromuscular transmission and can help differentiate between various conditions. In the context of non-cardiac chest pain, the test is often utilized to assess whether esophageal motility disorders, such as esophageal spasm or achalasia, are contributing to the patient's symptoms. The administration of Edrophonium, a short-acting acetylcholinesterase inhibitor, can temporarily enhance muscle contraction. In patients with certain esophageal motility disorders, this may lead to a reduction in symptoms or an improvement in swallowing function, which can confirm that the pain experienced is indeed of esophageal origin rather than cardiac. This distinction is crucial for guiding appropriate treatment strategies and alleviating patient anxiety related to cardiac concerns. Hence, the Edrophonium test's role in confirming the esophageal origin of non-cardiac chest pain is well-established in clinical practice.

5. Where are traction diverticula commonly located?

- A. Near the rectum
- B. Mid-esophagus**
- C. Distal ileum
- D. Proximal colon

Traction diverticula are typically found in the mid-esophagus due to the presence of external traction from structures outside the esophagus, which causes the esophageal wall to bulge outward. This type of diverticulum is often associated with conditions that lead to pulling forces, such as scarring or inflammation caused by diseases like tuberculosis or mediastinal lymphadenopathy, which can exert tension on the esophageal wall. In contrast, the other regions mentioned, such as the rectum, distal ileum, and proximal colon, are not commonly associated with traction diverticula. Instead, diverticula in these locations are more likely to be pseudo-diverticula, which are usually associated with increased intraluminal pressure and weak spots in the bowel wall. This differentiation is essential for understanding the anatomical and pathological context of diverticular diseases.

6. What neurological symptoms can occur due to Wilson's disease?

- A. Coma and seizures
- B. Tremors and personality changes**
- C. Paralysis and gradual memory loss
- D. All of the above

Wilson's disease is a genetic disorder that leads to the accumulation of copper in the body, particularly affecting the liver and the brain. Neurological symptoms associated with Wilson's disease primarily arise from the toxic effects of copper in the central nervous system. Tremors are common in individuals with Wilson's disease and can manifest as a rhythmic shaking of the hands or other parts of the body, which is due to the involvement of the basal ganglia and other brain structures responsible for movement coordination. Personality changes can also occur, including mood instability, behavioral issues, and cognitive decline, as the disease affects various areas of the brain responsible for emotional regulation and higher cognitive functions. While coma and seizures may occur in severe cases of neurological disturbance, they are not typical early manifestations of Wilson's disease. Similarly, paralysis and gradual memory loss can occur but are generally less specific to Wilson's compared to the more characteristic tremors and personality changes. Focusing on tremors and personality changes provides a clearer identification of the common neurological symptoms directly linked with Wilson's disease, making this the most accurate answer in the context of the major symptoms associated with the condition.

7. 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.

8. Which of the following is a common congenital abnormality requiring surgery in the early months of life?

- A. Hirschsprung's disease
- B. Malrotation of the intestine
- C. Infantile Hypertrophic Pyloric Stenosis**
- D. Congenital diaphragmatic hernia

Infantile Hypertrophic Pyloric Stenosis is a common congenital abnormality that typically manifests in the first few months of life. It is characterized by the abnormal thickening of the pyloric muscle, which leads to gastric outlet obstruction. This condition generally presents with projectile vomiting, dehydration, and electrolyte imbalances due to the inability of the stomach contents to pass into the duodenum. Surgery, specifically a procedure known as a pyloromyotomy, is the primary treatment and is often performed when the infant reaches a certain age and health status. The surgical intervention not only alleviates the obstruction but also restores normal gastric function, allowing for proper feeding and growth. Other options, while significant conditions, either present differently or are managed through various methods. Hirschsprung's disease involves the absence of nerve cells in parts of the colon, leading to severe constipation or intestinal blockages and requiring surgical intervention, but not as commonly in the early months of life. Malrotation of the intestine involves an abnormal position of the intestines and requires surgical correction as well, but it typically presents with acute symptoms that may not always emerge until later. Congenital diaphragmatic hernia is a serious condition that impacts respiratory function and may require

9. Which describes the characteristics of diffuse esophageal spasm (DES)?

A. Weak, uncoordinated contractions

B. Prolonged contractions with intermittent normal peristalsis

C. Constant high-frequency contractions

D. Only occurs during swallowing

Diffuse esophageal spasm (DES) is characterized by prolonged and intermittent contractions in the esophagus, which often leads to chest pain and difficulty swallowing. The unique aspect of DES is that while there may be normal peristalsis occurring intermittently, it is accompanied by long-lasting contractions that are uncoordinated. This altered motility pattern can disrupt normal esophageal function, but it is the occurrence of these prolonged contractions alongside periods of normal peristalsis that distinctly identifies this condition. Patients with DES may experience dysphagia (difficulty swallowing) and may describe episodes of intense chest pain, mimicking cardiac symptoms. The overall motility of the esophagus in DES is abnormal due to these prolonged contractions, which can lead to an ineffective propulsion of food down to the stomach. This specific characteristic of DES aligns closely with the assertion made in the correct choice, highlighting the unusual combination of extended contractions and sporadic normal peristaltic activity as a hallmark of this disorder.

10. Cupramine is used in the treatment of which condition?

A. Hemochromatosis

B. Wilson's disease

C. Copper deficiency

D. Neuropathy

Cupramine is specifically indicated for the treatment of Wilson's disease, a genetic disorder that leads to excessive accumulation of copper in the body. This condition is caused by a defect in copper metabolism, resulting in toxic levels of copper primarily affecting the liver and brain. Cupramine, which contains penicillamine, acts as a chelating agent, binding to copper so it can be excreted from the body, thereby reducing the harmful effects of copper overload. In contrast, conditions like hemochromatosis relate to iron overload rather than copper, and would therefore not respond to treatment with Cupramine. Copper deficiency would not require the use of a chelating agent like Cupramine, as that condition would necessitate supplementation rather than reduction of copper. Neuropathy can arise from various causes but is not directly treated with Cupramine, particularly if it is not linked to Wilson's disease. Thus, Wilson's disease is the condition specifically addressed by the use of Cupramine.

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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