Certified Specialist in Gerontological Nutrition Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. Which of the following may decrease the value of hemoglobin?

A. Overhydration

B. Dehydration

C. Living at High Altitude

D. Diuretics/Laxatives

2. What are the 3 components of the RAI (Resident Assessment Instrument)?

A. MDS, CAAS, RAI utilization guidelines

B. MDS, Care Plans, RAI utilization guidelines

C. MDS, CAAS, Care Plans

D. MDS, Progress Notes, Care Plans

3. What is the purpose of the Eldercare Locator?

A. To provide transportation services to seniors

B. To connect older adults with health insurance providers

C. To offer information on senior services and the aging network

D. To provide legal assistance to seniors

4. What is the Critical Control Point (CCP)?

A. A specific point/procedure/step in food prep and serving process at which control can be exercised to reduce, eliminate, or prevent a food safety hazard

B. The transfer of harmful substances/microorganisms to food by hands, surfaces, sponges, towels, or utensils which are not cleaned after touching raw food then touching ready to eat foods

C. Temperatures above 41 degrees or below 135 degrees that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness

D. All of the Above

5. Which type of dietary fat should be limited to manage cholesterol levels?

- **A. A. Saturated fats**
- **B. B. Polyunsaturated fats**
- **C. C. Monounsaturated fats**
- **D. D. Trans fats**

6. What does the acronym LIFE stand for in gerontological services?

- **A. Living Integrated For the Elderly**
- **B. Living Independence For the Elderly**
- **C. Living Initiatives For the Elderly**
- **D. Living Initiatives For the Elderly**

7. True or False: Vitamin, mineral, and protein supplements should be included in emergency supplies.

- **A. True**
- **B. False**

8. Which drugs may cause hyperglycemia in enterally fed patients?

- **A. Morphine and Phenytoin**
- **B. Thiazides and Corticosteroids**
- **C. Estrogen and Clonidine**
- **D. All of the Above**

9. What is the appropriate protein intake for an older adult with hematopoietic cell transplantation?

- **A. 1.0-1.5 g/kg**
- **B. 1.5 g/kg**
- **C. 1.5-2.5 g/kg**
- **D. 0.8 g/kg**

10. Which of the following is NOT a cause of Xerostomia in older adults?

A. Medication side-effects

B. Overhydration

C. Autoimmune Disease

D. Damage to Salivary Glands

Answers

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

Explanations

1. Which of the following may decrease the value of hemoglobin?

A. Overhydration

B. Dehydration

C. Living at High Altitude

D. Diuretics/Laxatives

Overhydration can decrease the value of hemoglobin because it leads to a dilutional effect in the blood, where the increased volume of plasma reduces the concentration of hemoglobin. When excess fluid is retained in the body, the overall blood volume increases, but since the number of red blood cells and the total amount of hemoglobin does not change proportionally, the hemoglobin concentration (often measured as grams per deciliter) appears lower. This phenomenon is commonly referred to as "dilutional anemia." Other factors like dehydration and living at high altitude can impact hemoglobin levels, but in opposite ways. Dehydration usually increases the concentration of hemoglobin due to a relative reduction in plasma volume, while living at high altitude can stimulate an increase in red blood cell production as an adaptation to lower oxygen levels available in the environment. The use of diuretics and laxatives typically refers to the loss of fluids and concentration of blood components, but doesn't inherently lead to a decrease in hemoglobin levels like the dilution caused by overhydration does.

2. What are the 3 components of the RAI (Resident Assessment Instrument)?

A. MDS, CAAS, RAI utilization guidelines

B. MDS, Care Plans, RAI utilization guidelines

C. MDS, CAAS, Care Plans

D. MDS, Progress Notes, Care Plans

The Resident Assessment Instrument (RAI) is an essential framework used in long-term care settings for comprehensive assessment of residents, particularly in facilities such as nursing homes. The three components of the RAI are indeed the Minimum Data Set (MDS), the Care Area Assessments (CAAs), and the RAI Utilization Guidelines. The Minimum Data Set (MDS) serves as the foundation of the RAI, providing a structured format for collecting demographic and clinical data about residents, which informs care planning and evaluation. The Care Area Assessments (CAAs) follow the MDS and are used to identify specific areas of concern that require further evaluation, thereby ensuring that care plans are tailored to the individual needs of residents. Finally, the RAI Utilization Guidelines offer essential instructions on how to effectively use the MDS and CAAs to ensure accurate assessments and appropriate resource allocation. This combination allows for a holistic approach to resident care, ensuring that assessments not only gather necessary data but also translate that information into actionable care plans. Understanding these components is crucial for effective practice in gerontological nutrition and overall care management.

3. What is the purpose of the Eldercare Locator?

A. To provide transportation services to seniors

B. To connect older adults with health insurance providers

C. To offer information on senior services and the aging network

D. To provide legal assistance to seniors

The Eldercare Locator serves a crucial function in assisting older adults by providing comprehensive information about various senior services and resources available within the aging network. This resource acts as a bridge, connecting seniors, their families, and caregivers to local services that can enhance their quality of life, including nutrition programs, caregiving assistance, housing services, and more. By focusing on a wide array of services, the Eldercare Locator ensures that older adults can easily find the assistance they need within their communities, promoting access to supportive programs and fostering independence. This is particularly important considering the diverse needs of the aging population. The other options represent valuable services but do not encapsulate the overarching purpose of the Eldercare Locator, which is explicitly aimed at providing information and directing individuals to available senior services within their communities.

4. What is the Critical Control Point (CCP)?

A. A specific point/procedure/step in food prep and serving process at which control can be exercised to reduce, eliminate, or prevent a food safety hazard

B. The transfer of harmful substances/microorganisms to food by hands, surfaces, sponges, towels, or utensils which are not cleaned after touching raw food then touching ready to eat foods

C. Temperatures above 41 degrees or below 135 degrees that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness

D. All of the Above

The correct answer is a specific point, procedure, or step in the food preparation and serving process at which control can be exercised to reduce, eliminate, or prevent a food safety hazard. Understanding this is essential for ensuring food safety in any culinary setting. Critical Control Points (CCPs) are vital in food safety management systems, such as Hazard Analysis Critical Control Point (HACCP), which identifies where hazards may occur and allows for effective interventions to mitigate these risks. By focusing on specific steps, whether cooking, cooling, or serving, food service professionals can monitor these critical points to ensure that food is safe for consumption. This direct approach to hazard control is crucial in preventing foodborne illnesses, as it allows for timely corrective actions when necessary. Options that mention the transfer of harmful substances or the temperatures conducive to the rapid growth of pathogenic microorganisms describe important elements of food safety but do not directly define what a Critical Control Point is. These factors may lead to hazards that CCPs aim to manage but are not themselves CCPs. Thus, the definition provided captures the essence of CCPs as structured steps in a food safety framework.

5. Which type of dietary fat should be limited to manage cholesterol levels?

A. A. Saturated fats

B. B. Polyunsaturated fats

C. C. Monounsaturated fats

D. D. Trans fats

Saturated fats are known to raise levels of LDL (low-density lipoprotein) cholesterol in the blood, which is commonly referred to as "bad" cholesterol. High levels of LDL cholesterol are linked to an increased risk of heart disease and stroke. Therefore, managing and limiting the intake of saturated fats is a critical strategy for improving cholesterol levels and promoting heart health. Saturated fats are predominantly found in animal products, such as fatty cuts of meat, full-fat dairy products, and certain plant oils like coconut oil and palm oil. Reducing the consumption of these types of fats can help individuals achieve better lipid profiles and reduce cardiovascular risk. In contrast, polyunsaturated fats (found in foods like fish, walnuts, and sunflower oil) and monounsaturated fats (found in olive oil, avocados, and nuts) can actually help to lower LDL cholesterol levels when they replace saturated fats in the diet. Trans fats are also harmful and raise LDL levels, but they are distinct from saturated fats in their composition and the specific health guidelines surrounding their consumption. Nevertheless, the focus of the question is on saturated fats as a primary dietary concern when it comes to managing cholesterol levels.

6. What does the acronym LIFE stand for in gerontological services?

A. Living Integrated For the Elderly

B. Living Independence For the Elderly

C. Living Initiatives For the Elderly

D. Living Initiatives For the Elderly

The acronym LIFE stands for "Living Independence For the Elderly." This term encompasses programs and services designed to promote and support the independence of older adults, ensuring they can live in their own homes and maintain a quality lifestyle as they age. The focus on "independence" signifies the importance of empowering older adults to manage their daily activities, make choices about their lives, and retain their autonomy, which is crucial for their mental and emotional well-being. In gerontological services, initiatives that fall under this umbrella may include home care assistance, transportation services, nutritional programs, and social engagement activities. By fostering independence, these services help to improve overall quality of life and reduce the likelihood of institutionalization, which is a key goal in gerontological practice. The other options do not accurately reflect the mission or objectives of gerontological services aimed at promoting independence, making them less relevant in this context.

7. True or False: Vitamin, mineral, and protein supplements should be included in emergency supplies.

A. True

B. False

Including vitamin, mineral, and protein supplements in emergency supplies is beneficial for several reasons, particularly for older adults who may be at higher risk of nutritional deficiencies. In emergency situations, access to a balanced diet can become limited due to disruptions in food supply or the inability to prepare meals. Supplements can provide essential nutrients that may not be readily available from food sources during these times. For instance, protein supplements can help maintain muscle mass and overall health, especially for older individuals who may already be experiencing sarcopenia or reduced muscle strength. Vitamins and minerals play critical roles in immune function, wound healing, and various metabolic processes. Moreover, emergency preparedness is particularly crucial for vulnerable populations, including seniors and those with chronic health conditions, as their nutritional needs are more pronounced, and any deficiency can lead to significant health consequences. Therefore, having a stock of supplements can serve as a valuable resource to help address potential gaps in nutrition during emergencies.

8. Which drugs may cause hyperglycemia in enterally fed patients?

A. Morphine and Phenytoin

B. Thiazides and Corticosteroids

C. Estrogen and Clonidine

D. All of the Above

In enterally fed patients, various medications can influence blood glucose levels, leading to hyperglycemia. The correct answer highlights that all listed drug classes can be associated with increased blood glucose levels due to different mechanisms. Morphine, an opioid analgesic, can induce hyperglycemia primarily through its effects on stress response and insulin sensitivity. It may inhibit insulin release and can contribute to the overall metabolic state that favors higher glucose levels. Similarly, phenytoin, an anticonvulsant, can lead to hyperglycemia by interfering with glucose metabolism due to its impacts on insulin action. Thiazides, which are diuretics often used to treat hypertension, can cause hyperglycemia by impairing insulin secretion and action. They also promote potassium loss, which can further affect glucose metabolism. Corticosteroids, known for their anti-inflammatory effects, are well-documented for causing hyperglycemia by stimulating gluconeogenesis, decreasing glucose uptake by cells, and increasing insulin resistance. Estrogen can affect carbohydrate metabolism, although its impact is less direct compared to the other drugs mentioned. Clonidine, an antihypertensive, can influence glucose regulation as well, though it is less commonly referenced in discussions about hyperglycemia. The comprehensive nature of

9. What is the appropriate protein intake for an older adult with hematopoietic cell transplantation?

A. 1.0-1.5 g/kg

B. 1.5 g/kg

C. 1.5-2.5 g/kg

D. 0.8 g/kg

The appropriate protein intake for an older adult who has undergone hematopoietic cell transplantation indeed falls within a range that often emphasizes the importance of protein to support recovery and maintain muscle mass. After such a procedure, the body requires higher amounts of protein to promote healing, support immune function, and offset muscle wasting that can accompany hospitalization and treatment. For individuals recovering from significant medical interventions such as hematopoietic cell transplantation, a protein intake of around 1.5 grams per kilogram of body weight per day is typically recommended to meet their elevated nutritional requirements. This level helps to support the anabolic processes vital for tissue repair and maintenance, ensuring that the body can recover effectively during this critical period. The upper limits of protein intake, reflected in other possible responses, may be more appropriate for individuals with specific needs or in certain clinical situations, but for general post-transplant dietary planning, 1.5 g/kg serves as a recognized guideline. Lower amounts, like those indicated in the other choices, do not adequately address the increased demands for protein during such a recovery phase.

10. Which of the following is NOT a cause of Xerostomia in older adults?

A. Medication side-effects

B. Overhydration

C. Autoimmune Disease

D. Damage to Salivary Glands

Xerostomia, or dry mouth, is a common condition among older adults and can be caused by several factors. While it is well-known that medication side effects, autoimmune diseases, and damage to salivary glands can all contribute to this condition, overhydration does not typically cause xerostomia. In fact, overhydration generally refers to excessive intake of fluids, which would lead to well-hydrated tissues, including the salivary glands. When the body is adequately hydrated, it is more able to produce saliva, thereby alleviating the symptoms of dry mouth. Therefore, overhydration would not hinder saliva production and is unlikely to be a cause of xerostomia. In contrast, many medications frequently prescribed to older adults, such as antihistamines, diuretics, and certain antidepressants, can lead to reduced saliva production, resulting in dry mouth. Autoimmune diseases like Sjögren's syndrome specifically target salivary glands, impairing saliva secretion. Additionally, damage to the salivary glands due to radiation therapy or surgical removal can also lead to xerostomia. Overall, identifying overhydration as not being a cause of xerostomia helps clarify the relationship between fluid balance and oral health in the