ECCO Gastrointestinal Disorders Practice Exam (Sample)

Study Guide

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Questions

1. **Which of the following is a common symptom that might indicate complications in enteral feeding?**
   - **A. Increased stool output**
   - **B. Absent bowel sounds**
   - **C. Weight gain**
   - **D. Elevated blood glucose levels**

2. **A patient is receiving enteral nutrition (EN) and the nurse aspirates 350 mL from the feeding tube. Which action is indicated?**
   - **A. Stop the feedings immediately**
   - **B. Continue feedings as ordered**
   - **C. Increase feeding rate**
   - **D. Switch to parenteral nutrition**

3. **What is the significance of finding white blood cells in peritoneal aspirate during diagnostic peritoneal lavage?**
   - **A. Indication of infection**
   - **B. Normal finding**
   - **C. Sign of hemorrhage**
   - **D. Malignancy**

4. **Which condition(s) should prompt the nurse to screen for intra-abdominal hypertension?**
   - **A. Basilar crackles**
   - **B. Severe hypotension**
   - **C. Possible abdominal compartment syndrome**
   - **D. All except basilar crackles**

5. **A patient presents with elevated liver enzymes and jaundice. What diagnostic exam should the nurse anticipate?**
   - **A. CT scan of the abdomen**
   - **B. Ultrasound of the liver**
   - **C. Liver biopsy**
   - **D. MRI of the liver**

6. What potential complication of IAH should be most concerning in a patient who has undergone open repair of ventral hernias?

A. Infection

B. Decreased cardiac output

C. Pneumonia

D. Abdominal compartment syndrome

7. Which of the following statements is true about patient position and activity during intra-abdominal pressure (IAP) measurement?

A. Patients should be seated upright during measurement

B. Patients must refrain from any muscle contraction

C. Patients can move freely to ensure comfort

D. Measurement can be done in a standing position

8. A patient with acute liver failure shows incoherent speech and cannot follow instructions. What grade of hepatic encephalopathy does he demonstrate?

A. Grade I

B. Grade II

C. Grade III

D. Grade IV

9. Which step should the nurse take when preparing a patient for a liver biopsy?

A. Anticipate post-biopsy order for abdominal ultrasound

B. Provide sedation before the procedure

C. Measure vital signs every hour

D. Notify the physician of any allergies

10. A patient with chronic liver disease is at risk for hepatic failure. What symptom should the nurse monitor for?

A. Bradycardia

B. Hypotension

C. Increased appetite

D. Elevated blood glucose

Answers

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

Explanations

1. Which of the following is a common symptom that might indicate complications in enteral feeding?

A. Increased stool output

B. Absent bowel sounds

C. Weight gain

D. Elevated blood glucose levels

Absent bowel sounds can indicate complications in enteral feeding because they suggest a lack of intestinal motility or potential bowel obstruction. When a patient is receiving enteral nutrition, the presence of bowel sounds reflects an active and functioning gastrointestinal tract. If bowel sounds are diminished or absent, it may raise concerns about the patient's ability to effectively process the nutrition being provided, which could lead to complications such as aspiration, feeding intolerance, or more severe conditions like ileus or bowel obstruction. Identifying absent bowel sounds as a sign of complications is crucial for healthcare providers to address potential issues early, ensuring the patient remains safe and properly nourished. In this context, monitoring bowel sounds is an important part of the assessment process in patients receiving enteral feeding.

2. A patient is receiving enteral nutrition (EN) and the nurse aspirates 350 mL from the feeding tube. Which action is indicated?

A. Stop the feedings immediately

B. Continue feedings as ordered

C. Increase feeding rate

D. Switch to parenteral nutrition

When a nurse aspirates 350 mL from the feeding tube during enteral nutrition, it is important to interpret the significance of this finding in relation to the patient's ongoing care. In this context, aspirating a large volume from the feeding tube can signify that the stomach contains more residual than is typically expected, which could raise concerns about tolerance to the feeding. Continuing feedings as ordered is appropriate in this scenario if the patient shows no signs of distress, has no gastrointestinal complications (such as significant nausea, vomiting, or diarrhea), and if the residual volume does not exceed established guidelines for safe feeding. Many protocols suggest that if the residual volume is within a certain range (often around 200-500 mL, but this can vary based on institutional policies), feedings can often continue, particularly if the patient is clinically stable. In conjunction with continuing the feedings, the nurse should carefully monitor the patient for any adverse effects and reassess the residual volume before the next feeding. It's also important for the care team to follow any specific protocols or guidelines that are set out by the institution regarding feeding residuals. This decision reflects the understanding that managing enteral feeding requires a nuanced approach that balances nutrition delivery with patient safety and tolerance.

3. What is the significance of finding white blood cells in peritoneal aspirate during diagnostic peritoneal lavage?

A. Indication of infection

B. Normal finding

C. Sign of hemorrhage

D. Malignancy

Finding white blood cells in peritoneal aspirate during diagnostic peritoneal lavage is significant as it often indicates an inflammatory response, commonly due to infection. The presence of elevated white blood cells, particularly if neutrophils are predominant, can suggest conditions such as peritonitis, which may arise from various causes, including bacterial infection. In cases of peritonitis, the accumulation of white blood cells is a part of the body's immune response to fight off pathogens. In a clinical setting, this finding can guide further diagnostics and treatment decisions. For example, if peritonitis is suspected based on the number of white blood cells observed, further interventions, such as antibiotics and possibly surgical exploration, may be warranted to address the underlying cause. This is particularly critical in emergency situations where timely recognition of infection can significantly impact outcomes. While the other options may have their relevance in specific contexts, none reflect the primary implication of increased white blood cells in this setting quite like the indication of infection does.

4. Which condition(s) should prompt the nurse to screen for intra-abdominal hypertension?

A. Basilar crackles

B. Severe hypotension

C. Possible abdominal compartment syndrome

D. All except basilar crackles

The condition that should prompt a nurse to screen for intra-abdominal hypertension includes those that can indicate increased pressure within the abdomen, which can lead to abdominal compartment syndrome. Abdominal compartment syndrome occurs when intra-abdominal pressure rises high enough to impair organ function. In particular, severe hypotension can suggest a compromised circulatory system possibly due to inadequate perfusion related to increased intra-abdominal pressure. This condition can lead to significant clinical complications. Possible abdominal compartment syndrome is directly associated with the need to screen for intra-abdominal hypertension because it is the very condition that can be caused by this increase in pressure. Symptoms and findings that suggest intra-abdominal hypertension should be taken seriously, as early detection can significantly impact the management and outcomes of the patient. Basilar crackles are typically related to pulmonary issues rather than intra-abdominal pressure problems, so they would not be a relevant condition for screening. Thus, the rationale for selecting all conditions except for basilar crackles relates to their direct correlation with the risk of intra-abdominal hypertension and potential complications.

5. A patient presents with elevated liver enzymes and jaundice. What diagnostic exam should the nurse anticipate?

A. CT scan of the abdomen

B. Ultrasound of the liver

C. Liver biopsy

D. MRI of the liver

In the context of a patient presenting with elevated liver enzymes and jaundice, a liver biopsy is the most definitive diagnostic exam to evaluate underlying liver conditions. This procedure involves taking a small sample of liver tissue, allowing for histological examination, which provides valuable insights into the etiology of liver dysfunction such as hepatitis, cirrhosis, or liver tumors. A liver biopsy is particularly useful when there is a need to assess the degree of liver inflammation or fibrosis, which might not be discernible through imaging methods. It can also help to determine the cause of liver disease, especially in cases where serological markers are inconclusive. While imaging techniques can provide important information about liver morphology and can help to identify structural abnormalities (such as lesions, masses, or bile duct obstruction), they do not offer the same level of detail regarding the liver's cellular architecture and pathological processes. Therefore, while ultrasound, CT scans, and MRI can be valuable complementary investigations, particularly for visualizing liver anatomy and detecting complications (like tumors or gallstones), they cannot replace the need for a biopsy when tissue diagnosis is required.

6. What potential complication of IAH should be most concerning in a patient who has undergone open repair of ventral hernias?

A. Infection

B. Decreased cardiac output

C. Pneumonia

D. Abdominal compartment syndrome

Intra-abdominal hypertension (IAH) can lead to significant complications following surgical procedures, especially in the context of open repair of ventral hernias. Among the possible concerns, decreased cardiac output is a critical complication because it reflects the body's ability to maintain adequate circulation and oxygen delivery to vital organs. When IAH occurs, increased pressure within the abdominal cavity can compress major blood vessels, including the inferior vena cava. This compression can impede venous return to the heart, leading to a reduction in cardiac output. As a result, vital organs may not receive sufficient blood flow, which can precipitate multi-organ dysfunction, particularly in already compromised patients. While other complications such as infection, pneumonia, and abdominal compartment syndrome could be significant in their own right, decreased cardiac output stands out in the context of IAH due to the immediate and systemic consequences it poses for organ perfusion and overall hemodynamics. This includes the potential for severe cardiovascular issues, which can complicate recovery and increase morbidity and mortality postoperatively. Recognizing the risk of decreased cardiac output in the setting of IAH helps prompt timely intervention to manage abdominal pressure and preserve cardiovascular stability.

7. Which of the following statements is true about patient position and activity during intra-abdominal pressure (IAP) measurement?

A. Patients should be seated upright during measurement

B. Patients must refrain from any muscle contraction

C. Patients can move freely to ensure comfort

D. Measurement can be done in a standing position

The statement that patients must refrain from any muscle contraction during intra-abdominal pressure (IAP) measurement is accurate and is critical for obtaining reliable results. When measuring IAP, it is essential to minimize any external influences that could alter the pressure readings. Muscle contractions can significantly increase intra-abdominal pressure, leading to misleading measurements. This is particularly important since the goal is to assess the baseline or resting pressure in the abdomen without any confounding factors introduced by voluntary muscle activity. In contrast, having patients seated upright, moving freely, or standing could affect the readings. An upright position may create a different pressure environment compared to a supine position, and allowing free movement can also lead to transient changes in IAP. This is why refraining from any muscle contraction is emphasized to ensure that the measurement accurately reflects true intra-abdominal pressure without the influence of physiological variations from muscle activity.

8. A patient with acute liver failure shows incoherent speech and cannot follow instructions. What grade of hepatic encephalopathy does he demonstrate?

A. Grade I

B. Grade II

C. Grade III

D. Grade IV

The symptoms described indicate that the patient is exhibiting significant cognitive impairment associated with hepatic encephalopathy. In this context, incoherent speech and the inability to follow instructions suggest marked confusion and altered mental status, which aligns with Grade III hepatic encephalopathy. Hepatic encephalopathy is typically graded on a scale from I to IV, with advancing grades indicating worsening neurological function. Grade I is characterized by mild changes in behavior and cognitive function, often unnoticed by the patient. Grade II involves more pronounced confusion and lethargy, but patients can still follow simple commands. Grade IV, on the other hand, represents coma and unresponsiveness. Since the patient demonstrates incoherent speech and cannot follow instructions, this points towards a more severe stage of hepatic encephalopathy, specifically Grade III, where there is evident confusion, but the patient may still be arousable. Understanding these gradations is essential for healthcare professionals to evaluate the severity of liver dysfunction and to guide appropriate management strategies.

9. Which step should the nurse take when preparing a patient for a liver biopsy?

A. Anticipate post-biopsy order for abdominal ultrasound

B. Provide sedation before the procedure

C. Measure vital signs every hour

D. Notify the physician of any allergies

The correct step to take when preparing a patient for a liver biopsy involves anticipating the need for a post-biopsy order for abdominal ultrasound. Abdominal ultrasound is often utilized after a liver biopsy to assess for any complications such as bleeding or hematoma formation. This imaging can provide real-time feedback on the condition of the liver and surrounding structures post-procedure, ensuring that any issues are addressed promptly. In contrast, sedation before the procedure is not a common practice for liver biopsies. Nurses typically prepare patients through education and ensuring they understand the procedure, but sedation may only be provided based on the physician's discretion or the patient's medical history. Measuring vital signs every hour is not adequate surveillance for a patient following a biopsy. Instead, vital signs should be monitored closely immediately after the procedure and may continue at shorter intervals based on the physician's protocols or the patient's response. Notifying the physician of any allergies is indeed essential for patient safety, especially in the context of medications or contrast agents that may be used. However, it is not a specific preparatory action directly related to the procedural steps before a liver biopsy. Thus, it may be viewed as part of general assessments but doesn't address the immediate post-procedure needs related to potential complications.

10. A patient with chronic liver disease is at risk for hepatic failure. What symptom should the nurse monitor for?

A. Bradycardia

B. Hypotension

C. Increased appetite

D. Elevated blood glucose

In patients with chronic liver disease, the development of hepatic failure can lead to various systemic symptoms due to liver dysfunction and its effects on blood circulation, metabolism, and other organ systems. Among the options provided, monitoring for hypotension is particularly important. Hepatic failure can cause a decrease in the liver's ability to produce essential proteins like albumin, which is critical for maintaining oncotic pressure in the blood vessels. This decrease can lead to fluid leakage into the extracellular space, reducing blood volume and contributing to hypotension. Additionally, liver dysfunction can result in an imbalance of vasodilatory and vasoconstrictive substances, further increasing the risk of low blood pressure. In contrast, bradycardia may occur in some situations but is not a primary concern associated with hepatic failure. Increased appetite is unlikely because patients with hepatic failure often experience a loss of appetite or aversion to food due to metabolic imbalances and gastrointestinal symptoms. Elevated blood glucose levels are also not typical in hepatitis cases, as liver function is critical for glucose regulation, and dysfunction usually leads to a hypoglycemic state rather than hyperglycemia. Therefore, focusing on hypotension provides a relevant and critical indicator of the patient's hemodynamic stability and the severity of their liver disease and its