HESI Inflammatory Bowel Disease Case Study Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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

1. What is the rationale for administering IV antibiotics concurrently with IV fluids in this scenario?

A. To prevent fluid volume depletion and peritonitis

B. To prevent hyperkalemia

C. To relieve pain

D. To reduce fever alone

2. Why was the IV fluid rate increased to 125 mL/hour in this patient?

A. To prevent fluid volume depletion and peritonitis

B. To contribute to hyperglycemia

C. To lower the risk of hyponatremia

D. To speed clearance of antibiotics

3. Which dietary pattern did the patient with ulcerative colitis initially follow in the scenario?

A. High-fiber diet

B. Low-fiber, low-lactose diet

C. High-protein diet

D. No dietary changes

4. After stabilization, where is ostomy care education provided?

A. Intensive Care Unit

B. Medical-Surgical Nursing Unit

C. Rehabilitation Unit

D. Outpatient Clinic

5. Where should the UAP submit the harassment complaint initially?

A. To the nurse

B. To the supervisor

C. To the hospital administrator

D. To the police

6. In caring for a patient who has just had a subclavian catheter removed for infection, which division of tasks is best for the nurse to assign?

A. The LPN removes the subclavian catheter, with the RN supervising to ensure that sterile procedure is followed.

B. After the healthcare provider removes the subclavian catheter, the LPN updates the plan of care, and the RN starts the new IV and antibiotics.

C. After the RN removes the subclavian catheter, the UAP applies pressure to the site and covers the area with a dressing.

D. After the RN removes the subclavian catheter, the LPN obtains vital signs, and the UAP transports the tip to the lab.

7. The nurse expects to alter Jessica's oral intake in what way when toxic megacolon is suspected?

A. Jessica should be NPO

B. Jessica should be given clear liquids only

C. Jessica should be given full liquids only

D. Jessica should be encouraged to eat any foods she can tolerate

8. Which specimen should be sent to the lab for culture after catheter removal due to infection?

A. Catheter tip

B. Peripheral blood culture

C. Urine culture

D. Wound culture

9. For how long is Jessica expected to manage her ileostomy self-care before the next stage of surgery?

A. 2 weeks

B. 1 month

C. 2 months

D. 6 months

10. Which ocular symptom may be associated with ulcerative colitis?

A. Blurred vision with light sensitivity

B. Itchy eyes

C. Glaucoma

D. Cataracts

Answers

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

Explanations

1. What is the rationale for administering IV antibiotics concurrently with IV fluids in this scenario?

A. To prevent fluid volume depletion and peritonitis

B. To prevent hyperkalemia

C. To relieve pain

D. To reduce fever alone

In this situation, the priority is both stabilizing circulation and addressing infection that could lead to peritonitis. IV fluids help replace the ongoing losses from vomiting, diarrhea, or inflammatory third-spacing and maintain blood pressure and organ perfusion, preventing hypovolemia and kidney injury. Simultaneously, IV antibiotics target the bacterial infection that could spread to the peritoneal cavity or worsen intra-abdominal inflammation, helping to prevent progression to peritonitis and sepsis. Starting both together ensures you don't delay treating the infection while correcting volume status, which is essential for a stable patient. The other options miss this combined goal: antibiotics won't specifically prevent hyperkalemia, they don't directly relieve pain, and fever reduction isn't the primary purpose of giving antibiotics with fluids.

2. Why was the IV fluid rate increased to 125 mL/hour in this patient?

A. To prevent fluid volume depletion and peritonitis

B. To contribute to hyperglycemia

C. To lower the risk of hyponatremia

D. To speed clearance of antibiotics

The main concept here is maintaining adequate intravascular volume to prevent hypovolemia and its consequences in a patient with inflammatory bowel disease who is at risk for intra-abdominal complications. Increasing the IV fluid rate provides volume replacement for ongoing losses (such as diarrhea, vomiting, and poor intake) and helps sustain perfusion to vital organs, including the kidneys and the gut. When circulating volume is preserved, blood pressure stays more stable and tissue oxygen delivery remains adequate, reducing the risk of shock and further harm from developing peritoneal inflammation or infection. That's why the rate is raised to prevent fluid volume depletion and peritonitis. The other options don't address the primary need. Higher IV fluids aren't used to intentionally induce hyperglycemia. While maintaining volume can help avoid hyponatremia in some contexts, the key goal in this scenario is replacing losses to prevent hypovolemia and its consequences, not specifically lowering hyponatremia risk. Increasing fluids doesn't speed antibiotic clearance in a meaningful way; antibiotic pharmacokinetics depend on distribution and elimination rather than simply the IV rate.

3. Which dietary pattern did the patient with ulcerative colitis initially follow in the scenario?

A. High-fiber diet

B. Low-fiber, low-lactose diet

C. High-protein diet

D. No dietary changes

In ulcerative colitis, adjusting the diet during a flare aims to reduce irritation in the colon and lessen diarrhea and cramping. A low-fiber pattern minimizes stool bulk and mechanical irritation, while avoiding lactose-containing foods helps prevent gas and osmotic effects that can worsen diarrhea in inflamed guts. Together, these changes often ease symptoms early in the course of a flare. A high-fiber diet would typically worsen symptoms when the colon is inflamed, and a high-protein plan isn't specifically indicated for symptom relief. Not changing the diet wouldn't address the active symptoms.

4. After stabilization, where is ostomy care education provided?

A. Intensive Care Unit

B. Medical-Surgical Nursing Unit

C. Rehabilitation Unit

D. Outpatient Clinic

Ostomy care education is taught once the patient is stable enough to learn and participate in hands-on skill practice. The medical-surgical nursing unit is where this education typically happens because it's the setting where patients recover from surgery, receive ongoing nursing care, and prepare for discharge. Nurses on this unit can provide step-by-step bag changes, skin care, appliance management, and recognition of complications, and they can coordinate with wound-ostomy-continence specialists as needed. The intensive care unit is focused on immediate stabilization and life-sustaining monitoring, so this teaching isn't usually feasible there. A rehabilitation unit centers on restoring function and mobility, which may complement overall care but isn't the primary place for initial ostomy instruction. An outpatient clinic can provide follow-up education and troubleshooting after discharge, but the essential in-hospital instruction aimed at readiness for discharge typically occurs on the medical-surgical unit.

5. Where should the UAP submit the harassment complaint initially?

A. To the nurse

B. To the supervisor

C. To the hospital administrator

D. To the police

Reporting harassment follows the workplace chain of command, starting with the immediate supervisor. The supervisor is in the best position to receive the complaint, document it, and begin a timely, formal investigation. They can also arrange interim protections to keep the UAP safe while the issue is addressed and coordinate with human resources or other appropriate departments as needed. Going to a coworker or to hospital administration right away can bypass the formal process and slow action. The nurse isn't the formal intake point for harassment complaints, though they may offer support; the hospital administrator handles broader policy and systemic issues and is typically contacted if the supervisor can't resolve the concern or if it involves higher-level policies. Police involvement is reserved for criminal harassment or imminent danger; internal reporting should come first for non-criminal concerns.

6. In caring for a patient who has just had a subclavian catheter removed for infection, which division of tasks is best for the nurse to assign?

A. The LPN removes the subclavian catheter, with the RN supervising to ensure that sterile procedure is followed.

B. After the healthcare provider removes the subclavian catheter, the LPN updates the plan of care, and the RN starts the new IV and antibiotics.

C. After the RN removes the subclavian catheter, the UAP applies pressure to the site and covers the area with a dressing.

D. After the RN removes the subclavian catheter, the LPN obtains vital signs, and the UAP transports the tip to the lab.

Delegation after a central venous catheter removal hinges on patient safety and matching tasks to scope of practice. The nurse who performs the removal should be the one to carry out this high-risk, sterile procedure, and then the post-procedure tasks should be handed off to team members whose roles fit their licensure and training. In this scenario, the removal is done by the RN, which ensures sterile technique is maintained and any immediate issues can be addressed right away. After the removal, obtaining vital signs and monitoring the patient's status is within the scope of the LPN, so having the LPN handle vitals is appropriate. Transporting the catheter tip to the lab for culture or analysis is a suitable task for the UAP, who can move specimens or items to the lab under proper guidance. This division supports safety and efficiency: the RN handles the critical removal, the LPN handles routine monitoring, and the UAP handles nonclinical logistics. The other options place tasks in roles that typically cannot perform them, such as the LPN taking on the removal, or the LPN updating the plan of care, or the UAP performing wound care actions that require nursing judgment.

7. The nurse expects to alter Jessica's oral intake in what way when toxic megacolon is suspected?

A. Jessica should be NPO

B. Jessica should be given clear liquids only

C. Jessica should be given full liquids only

D. Jessica should be encouraged to eat any foods she can tolerate

When toxic megacolon is suspected, the priority is to rest the bowel and minimize intraluminal content to prevent further distention and potential perforation. Keeping Jessica NPO (nothing by mouth) achieves this by eliminating oral intake, which reduces stool, gas, and fecal load that can worsen dilation. In this situation, management also typically includes IV fluids and electrolyte correction, with bowel decompression if needed and close monitoring; antibiotics may be used if infectious colitis is suspected, and surgical evaluation is considered if the condition worsens or perforation occurs. Providing any oral intake, even clear liquids or full liquids, would stimulate the bowel and increase distention, heightening the risk of perforation. Encouraging to eat foods would have the same effect and is inappropriate in this context.

8. Which specimen should be sent to the lab for culture after catheter removal due to infection?

A. Catheter tip

B. Peripheral blood culture

C. Urine culture

D. Wound culture

Catheter biofilm on the device is the typical source of infection, so the most direct way to confirm catheter-related infection is to culture the catheter itself after removal. The distal end of the catheter (catheter tip) is sent to microbiology, often after a brief sonication or vortexing to dislodge organisms from the biofilm. A significant colony count from the catheter tip culture strongly supports the catheter as the source of infection. Peripheral blood cultures can show bacteremia but don't prove the catheter caused it. Urine culture and wound culture point to infections at those sites, not the catheter. Therefore, sending the catheter tip for culture provides the most specific evidence that the infection originated from the catheter.

9. For how long is Jessica expected to manage her ileostomy self-care before the next stage of surgery?

A. 2 weeks

B. 1 month

C. 2 months

D. 6 months

Timing between stages in ileostomy surgery is about giving the body and the patient enough time to heal, learn and become confident with self-care, and stabilize medically before the next operation. After the first surgery creating the ileostomy, the patient needs to master pouching and skin care, stay hydrated, monitor output, and spot problems early. The interstage period also allows inflammation and edema to settle and nutrition to improve, so the next procedure is safer and better tolerated. Two months provides a realistic window for healing, education, and clinical readiness without delaying treatment for too long. Shorter intervals may not allow adequate healing or self-care proficiency, while much longer intervals can unnecessarily prolong the stoma and its risks.

10. Which ocular symptom may be associated with ulcerative colitis?

A. Blurred vision with light sensitivity

B. Itchy eyes

C. Glaucoma

D. Cataracts

Ocular involvement is an extraintestinal manifestation of ulcerative colitis, reflecting systemic inflammation. The symptom that best fits this association is blurred vision with light sensitivity, which points to uveitis/iritis affecting internal eye structures and causing photophobia and decreased visual acuity. Itchy eyes are more typical of conjunctival irritation or allergy rather than a UC-specific process. Glaucoma and cataracts are not direct manifestations of ulcerative colitis; they are more related to other factors such as long-term corticosteroid use, not the disease itself. In UC, another related eye issue is episcleritis, which causes redness and irritation but usually not blurred vision or photophobia.

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://hesiinflammatorybowelcasestudy.examzify.com

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