

HESI INFLAMMATORY BOWEL DISEASE CASE STUDY PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. Which statement about fecal calprotectin best describes its use in distinguishing IBD from IBS?**
 - A. Calprotectin is a marker used to measure stool inflammatory burden but not useful for monitoring disease activity.
 - B. Fecal calprotectin levels correlate with intestinal inflammation and can monitor disease activity.
 - C. Calprotectin is a marker used to diagnose Crohn's disease specifically.
 - D. Calprotectin levels are decreased in active IBD.
- 2. With whom should the UAP collaborate to address the harassment complaint?**
 - A. Local women's crisis center
 - B. Hospital social worker
 - C. Legal aid clinic attorney
 - D. Hospital medical director
- 3. Before starting anti-TNF therapy, screening for latent tuberculosis should include which tests?**
 - A. IGRA/TST
 - B. Chest X-ray only
 - C. PPD skin test only
 - D. No testing needed
- 4. Which assessment finding would indicate that diphenoxylate is effectively reducing diarrhea?**
 - A. Reported decrease in abdominal pain
 - B. No evidence of blood in stool
 - C. Increase in bowel sounds
 - D. Decreased number of bowel movements
- 5. Why was angel food cake with cranberry juice chosen as a snack?**
 - A. It is high in fiber
 - B. It is low-fiber when the juice is strained
 - C. It provides extra protein
 - D. It contains caffeine

- 6. In a patient with suspected toxic megacolon, what is the purpose of inserting a nasogastric tube?**
- A. To provide nutrition
 - B. To decompress the stomach
 - C. To remove bile
 - D. To measure gastric pH
- 7. In the acute phase of ulcerative colitis, which mucosal changes are commonly observed?**
- A. Edema and ulceration with hemorrhage
 - B. Thickened mucosa with polyps
 - C. Transmural inflammation
 - D. Fissures with fistulas
- 8. When should a patient with suspected IBD be admitted to the hospital?**
- A. Mild abdominal discomfort with stable vitals.
 - B. Severe dehydration, electrolyte disturbances, persistent vomiting, GI bleeding with instability, high fever, suspected toxic megacolon, poor outpatient response, or need for IV steroids.
 - C. Only a family history of IBD.
 - D. Onset of symptoms that resolves with oral hydration.
- 9. Name a common extraintestinal arthritis associated with inflammatory bowel disease.**
- A. Gout
 - B. Peripheral arthritis or axial spondyloarthritis
 - C. Rheumatoid arthritis
 - D. Osteoarthritis
- 10. Which statement describes antibiotic use in the management of Crohn's fistulas?**
- A. Antibiotics are never used
 - B. Antibiotics may be used for abscess and draining fistulas in addition to anti-inflammatory therapy
 - C. Antibiotics alone are curative
 - D. Antibiotics are used only post-surgery

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement about fecal calprotectin best describes its use in distinguishing IBD from IBS?

- A. Calprotectin is a marker used to measure stool inflammatory burden but not useful for monitoring disease activity.
- B. Fecal calprotectin levels correlate with intestinal inflammation and can monitor disease activity.**
- C. Calprotectin is a marker used to diagnose Crohn's disease specifically.
- D. Calprotectin levels are decreased in active IBD.

Fecal calprotectin rises when neutrophils respond to inflammation in the gut, so it serves as a practical indicator of mucosal inflammation. This makes it helpful for distinguishing inflammatory bowel disease from irritable bowel syndrome, since IBS generally doesn't involve active intestinal inflammation and thus tends to have normal calprotectin levels. Beyond diagnosis, the level of calprotectin tracks with how active the inflammation is, so it's useful for monitoring disease activity and response to therapy over time. It's not specific to Crohn's disease or ulcerative colitis, meaning it won't tell you which IBD subtype is present, only that inflammatory activity is occurring. The other statements miss that calprotectin reflects inflammatory burden and changes with disease activity, that it is not disease-specific, or that its levels decrease in active IBD, which they do not.

2. With whom should the UAP collaborate to address the harassment complaint?

- A. Local women's crisis center
- B. Hospital social worker
- C. Legal aid clinic attorney**
- D. Hospital medical director

The key idea is that legal guidance is essential when handling harassment complaints to protect rights and ensure proper procedures are followed. A legal aid clinic attorney can interpret applicable policies and laws, help the UAP understand what options exist, and guide the process for reporting and documenting the complaint. They can clarify what constitutes harassment, what steps to take within the organization, and what legal remedies or protections may apply, such as internal investigations, reporting to regulatory bodies, or pursuing formal action if needed. This expertise helps ensure the complaint is addressed accurately and safely, while preserving evidence and preventing retaliation. Other roles play important supportive parts—someone at a crisis center can offer immediate safety and emotional support, a hospital social worker can coordinate resources and help with psychosocial needs, and a hospital medical director oversees clinical operations. But when the goal is understanding rights, navigating policies, and outlining potential legal steps, involving a legal aid attorney provides the most appropriate guidance.

3. Before starting anti-TNF therapy, screening for latent tuberculosis should include which tests?

A. IGRA/TST

B. Chest X-ray only

C. PPD skin test only

D. No testing needed

TNF inhibitors can allow latent TB to reactivate, so identifying latent infection before starting therapy is crucial. The most appropriate screening is to test for TB infection using either an IGRA or a tuberculin skin test (TST). Both detect latent TB, with IGRA offering benefits like a single visit and greater specificity in people previously vaccinated with BCG. If the test is positive, you then evaluate for active TB (clinical symptoms, imaging, and microbiology) and typically treat latent TB before initiating anti-TNF therapy. Chest X-ray is useful as part of the overall assessment to rule out active TB but does not substitute for the infection test itself.

4. Which assessment finding would indicate that diphenoxylate is effectively reducing diarrhea?

A. Reported decrease in abdominal pain

B. No evidence of blood in stool

C. Increase in bowel sounds

D. Decreased number of bowel movements

Diphenoxylate works by slowing intestinal motility, giving the gut more time to absorb water and electrolytes. When it's effectively controlling diarrhea, the most telling sign is a decrease in the number of bowel movements—the stool becomes more formed as transit time increases. Abdominal pain can vary and isn't a direct measure of diarrhea control, the absence of blood in stool indicates no bleeding but doesn't quantify diarrhea reduction, and an increase in bowel sounds would reflect more, not less, gut activity. So the decreased number of bowel movements best shows the medication's effectiveness.

5. Why was angel food cake with cranberry juice chosen as a snack?

A. It is high in fiber

B. It is low-fiber when the juice is strained

C. It provides extra protein

D. It contains caffeine

In this context, the goal is to choose a snack that's gentle on the gut by minimizing fiber intake. Angel food cake is naturally low in fiber and fat, making it easy to digest. Straining cranberry juice removes pulp and skins, further reducing dietary fiber. Put together, this snack provides quick, simple carbohydrates with minimal residue, which helps decrease stool bulk and irritation during inflammatory bowel disease flares or when following a low-residue plan. The other ideas don't fit as well: high-fiber foods would increase stool bulk and gut stimulation; a protein-packed option isn't the focus here and could require more digestion; caffeine can stimulate the bowel and may worsen symptoms for some individuals, so it's less ideal as a routine snack during sensitive periods.

6. In a patient with suspected toxic megacolon, what is the purpose of inserting a nasogastric tube?

- A. To provide nutrition
- B. To decompress the stomach**
- C. To remove bile
- D. To measure gastric pH

In suspected toxic megacolon, the goal is to relieve the dilated bowel and prevent complications from overstretched, inflamed colon. Placing a nasogastric tube achieves this by decompressing the stomach and proximal gut—suctions out air and gastric contents, lowers intraluminal pressure, and helps reduce vomiting and the risk of aspiration. This decompressing effect is essential while the patient is being stabilized with fluids, electrolytes, antibiotics, and other supportive measures. Feeding through the tube is usually avoided in this acute setting because enteral nutrition can worsen distension; if nutrition is needed later, it's typically started after stabilization. The tube isn't used to remove bile or to measure gastric pH as a primary purpose.

7. In the acute phase of ulcerative colitis, which mucosal changes are commonly observed?

- A. Edema and ulceration with hemorrhage**
- B. Thickened mucosa with polyps
- C. Transmural inflammation
- D. Fissures with fistulas

In the acute phase of ulcerative colitis, the mucosa becomes swollen and inflamed, leading to edema with shallow ulcers and bleeding. The mucosa is friable, and ulcers are typically superficial but continuous from the rectum upward, reflecting inflammation limited to the mucosal and submucosal layers. This combination—edematous, eroded mucosa with hemorrhagic ulcers—is classic for the acute UC picture. By contrast, features like thickened mucosa with polyps point to later healing changes or different patterns (pseudopolyps), and transmural inflammation with fissures and fistulas are more characteristic of Crohn's disease, not the acute UC presentation.

8. When should a patient with suspected IBD be admitted to the hospital?

- A. Mild abdominal discomfort with stable vitals.
- B. Severe dehydration, electrolyte disturbances, persistent vomiting, GI bleeding with instability, high fever, suspected toxic megacolon, poor outpatient response, or need for IV steroids.**
- C. Only a family history of IBD.
- D. Onset of symptoms that resolves with oral hydration.

Admission is needed when a patient with suspected IBD shows signs of systemic instability or serious complications that cannot be safely managed at home. The defining situation includes severe dehydration and electrolyte disturbances, persistent vomiting, GI bleeding with hemodynamic instability, a high fever, suspicion of toxic megacolon, poor outpatient response, or a need for intravenous steroids. Each of these factors signals a high risk for rapid deterioration or a condition that requires close monitoring, IV therapy, and sometimes urgent interventions. In contrast, mild abdominal discomfort with stable vital signs, or a scenario where symptoms resolve with oral hydration, do not indicate the need for inpatient care, and a family history alone does not reflect an acute clinical need for hospitalization.

9. Name a common extraintestinal arthritis associated with inflammatory bowel disease.

- A. Gout
- B. Peripheral arthritis or axial spondyloarthritis**
- C. Rheumatoid arthritis
- D. Osteoarthritis

Inflammatory bowel disease often comes with arthritis as an extraintestinal feature. A common pattern is peripheral arthritis, which affects larger joints like the knees and ankles and can move from joint to joint. Another related pattern is axial spondyloarthritis, which involves the spine and sacroiliac joints and can occur with IBD as well. This connection makes peripheral arthritis or axial spondyloarthritis the best answer here, since they are well-described, familiar manifestations in IBD. In contrast, gout is tied to uric acid crystals, rheumatoid arthritis is a separate autoimmune disease, and osteoarthritis is a degenerative, non-inflammatory process—not a characteristic extraintestinal manifestation of IBD.

10. Which statement describes antibiotic use in the management of Crohn's fistulas?

- A. Antibiotics are never used
- B. Antibiotics may be used for abscess and draining fistulas in addition to anti-inflammatory therapy**
- C. Antibiotics alone are curative
- D. Antibiotics are used only post-surgery

Antibiotics in Crohn's fistulas are used as part of a broader treatment plan to control infection and inflammation when a fistula or abscess is present, not as the sole solution. They help reduce bacterial load and local inflammation, which supports drainage procedures and anti-inflammatory or biologic therapies in promoting fistula healing. Common regimens target anaerobic and enteric bacteria and are chosen to work alongside drainage of abscesses and ongoing anti-inflammatory treatment, rather than replacing them. This approach recognizes that while antibiotics can aid healing, most fistulas in Crohn's disease require additional steps such as drainage and often surgical or biologic interventions for durable control.

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!

SAMPLE