

Invasives GI 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 statement appropriately describes the practice of daily weight monitoring for bolus feeding?**
 - A. Record weight weekly.**
 - B. Record weight only at admission.**
 - C. Record weight monthly.**
 - D. Record weight daily.**

- 2. Formulas for enteral feeding require what?**
 - A. Non-functioning GI tract**
 - B. Fully functioning liver**
 - C. Functioning or partially functioning GI tract**
 - D. No GI tract**

- 3. Which option appropriately describes daily weight monitoring for bolus feeding patients?**
 - A. Weigh the patient weekly.**
 - B. Weigh the patient on admission only.**
 - C. Weigh the patient monthly.**
 - D. Weigh the patient daily.**

- 4. Besides gallstones, which is another common cause of acute pancreatitis?**
 - A. Viral infection**
 - B. Hyperlipidemia**
 - C. Biliary obstruction**
 - D. Alcoholism**

- 5. Which statement about positioning during home enteral feeding is correct?**
 - A. Keep the head of the bed at 60 degrees during the feeding.**
 - B. Keep the head of the bed at 45 degrees during the feeding.**
 - C. Keep the head of the bed at 0 degrees (flat).**
 - D. Keep the head of the bed at 90 degrees during the feeding.**

- 6. What is listed as the normal range for serum amylase?**
- A. 0-50**
 - B. 0-100**
 - C. Amylase greater than 200**
 - D. 100-300**
- 7. Which statement about Hepatitis B prevention is correct?**
- A. Hep B recommended for those who travel**
 - B. Hep B acquired by eating foods contaminated during handling**
 - C. Hep B can be prevented by good personal hygiene and proper sanitation**
 - D. Hep B immunization given to infants and children**
- 8. Which intervention should the nurse include for a client with acute pancreatitis?**
- A. Provide frequent small snacks.**
 - B. Ambulate client bid.**
 - C. Monitor urine output hourly.**
 - D. Encourage deep breathing and coughing every 2 hours.**
- 9. What is the normal range for serum lipase?**
- A. 0-60**
 - B. 0-160**
 - C. 160-320**
 - D. 60-180**
- 10. Which lab test is most indicative of recent excessive alcohol use?**
- A. Gamma-Glutamyl Transferase**
 - B. Alkaline Phosphatase**
 - C. Serum bilirubin**
 - D. Alanine aminotransferase**

Answers

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

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Explanations

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1. Which statement appropriately describes the practice of daily weight monitoring for bolus feeding?

- A. Record weight weekly.**
- B. Record weight only at admission.**
- C. Record weight monthly.**
- D. Record weight daily.**

Daily weight monitoring is essential because bolus feeding can cause rapid shifts in fluid balance and nutritional status. Tracking weight every day provides timely feedback to adjust the bolus volume, frequency, or caloric density, helping to prevent underfeeding, overhydration, or dehydration. For reliable trends, weigh at the same time each day with similar clothing after voiding. Recording weight only weekly, monthly, or only at admission would miss important day-to-day changes and delay needed adjustments.

2. Formulas for enteral feeding require what?

- A. Non-functioning GI tract**
- B. Fully functioning liver**
- C. Functioning or partially functioning GI tract**
- D. No GI tract**

Enteral feeding formulas are designed to be processed by the gut, so a functioning or partially functioning GI tract is essential. The nutrients are delivered into the stomach or small intestine and rely on digestion, absorption, and gut motility to be useful. If the GI tract is nonfunctional or absent, you can't use enteral formulas and must rely on parenteral nutrition delivered intravenously. While liver function can influence how some nutrients are metabolized, it isn't the defining requirement for starting enteral feeding—the key is that the digestive tract is at least partially capable of handling the feed.

3. Which option appropriately describes daily weight monitoring for bolus feeding patients?

- A. Weigh the patient weekly.**
- B. Weigh the patient on admission only.**
- C. Weigh the patient monthly.**
- D. Weigh the patient daily.**

Regular daily weight measurements are used to track fluid balance and nutritional status in patients receiving bolus feeds. Bolus feeding delivers specific amounts at set times, so a patient's weight can change day to day due to shifts in hydration, fluid overload, dehydration, and how well the calories are being tolerated and utilized. By weighing the patient daily, you can catch early trends—such as weight gain suggesting fluid retention or weight loss indicating dehydration or inadequate intake—and adjust the feeding plan promptly (volume, rate, or frequency) or investigate other contributing factors. Weighing only on admission, or weekly or monthly, would miss these rapid changes and delay needed adjustments. For accurate tracking, weigh at a consistent time each day (ideally after voiding and with minimal clothing on a calibrated scale) and monitor the trend over time as part of the overall assessment.

4. Besides gallstones, which is another common cause of acute pancreatitis?

- A. Viral infection**
- B. Hyperlipidemia**
- C. Biliary obstruction**
- D. Alcoholism**

Alcohol use is a major non-gallstone cause of acute pancreatitis. Heavy or binge drinking damages the pancreas by increasing pancreatic enzyme production and promoting premature activation of digestive enzymes inside acinar cells, which leads to autodigestion and inflammation. Over time, alcohol-related injury also fuels inflammatory processes that contribute to an acute episode. While viral infections and extremely high triglyceride levels can cause pancreatitis, they are less common overall, and biliary obstruction is the gallstone-related mechanism that's already accounted for. So alcohol remains the best answer as the other frequent cause besides gallstones.

5. Which statement about positioning during home enteral feeding is correct?

- A. Keep the head of the bed at 60 degrees during the feeding.**
- B. Keep the head of the bed at 45 degrees during the feeding.**
- C. Keep the head of the bed at 0 degrees (flat).**
- D. Keep the head of the bed at 90 degrees during the feeding.**

Positioning during enteral feeding is all about preventing aspiration. Keeping the head of the bed elevated uses gravity to keep stomach contents away from the esophagus and airway, which is the main way to reduce the risk of inhaling feed into the lungs. The highest level of protection comes from an upright position, so placing the head of the bed at 90 degrees during feeding minimizes reflux and aspiration risk most effectively. In the home setting, this means feeding while the person is as upright as possible, ideally in a high-Fowler's position, and remaining upright for some time after feeding. If a full 90 degrees isn't possible, aim for as upright as feasible, but know that lower elevations offer less protection against aspiration.

6. What is listed as the normal range for serum amylase?

- A. 0-50**
- B. 0-100**
- C. Amylase greater than 200**
- D. 100-300**

Serum amylase has a defined reference range, and what's considered normal depends on the lab's assay, but it's typically up to about 100 U/L. Some commonly cited ranges are around 25-110 U/L or 30-125 U/L, depending on the method used. Values above the upper limit suggest a problem such as pancreatitis or salivary gland disease, while very low values are not usually a concern. Among the given options, a range that ends near 100 U/L best represents normal: 0-100 U/L. The option describing a single elevated value (amylase greater than 200) reflects an abnormal result, not a normal range.

7. Which statement about Hepatitis B prevention is correct?

- A. Hep B recommended for those who travel
- B. Hep B acquired by eating foods contaminated during handling
- C. Hep B can be prevented by good personal hygiene and proper sanitation
- D. Hep B immunization given to infants and children**

Prevention of Hepatitis B is best achieved through vaccination, especially when started in infancy. The hepatitis B vaccine is routinely given to newborns and children, building long-lasting immunity and markedly reducing the risk of acute infection as well as progression to chronic liver disease. Hepatitis B is not transmitted by eating foods; it spreads through blood and bodily fluids, so relying on good personal hygiene and sanitation alone doesn't reliably prevent infection. Vaccination is also recommended for travelers and others at risk, but the universal approach of immunizing infants and children provides the most effective, lasting protection from an early age.

8. Which intervention should the nurse include for a client with acute pancreatitis?

- A. Provide frequent small snacks.
- B. Ambulate client bid.
- C. Monitor urine output hourly.**
- D. Encourage deep breathing and coughing every 2 hours.

In acute pancreatitis, keeping blood flow to the organs, especially the kidneys, is crucial because fluid shifts can cause hypovolemia and organ hypoperfusion. Monitoring urine output hourly provides a direct, real-time read on renal perfusion and overall fluid status, allowing timely adjustments to fluids and supporting prevention of acute kidney injury. A common benchmark is about 0.5 mL/kg/hour for adults; falling below this prompts a reassessment of resuscitation and hemodynamics. Providing frequent small snacks would stimulate pancreatic secretions and is not appropriate during the early, inflamed phase when the pancreas needs rest. Ambulating bid is not the primary concern in the acute period and should be guided by the patient's comfort and stability. Encouraging deep breathing and coughing is important for respiratory care but does not address the critical need to assess and maintain adequate perfusion via urine output monitoring.

9. What is the normal range for serum lipase?

- A. 0-60
- B. 0-160**
- C. 160-320
- D. 60-180

Normal serum lipase range is defined by the upper limit of normal in standard lab tests. In most reference ranges, the upper limit is about 160 U/L, so values within 0 to 160 U/L are considered normal. Lipase is a pancreatic enzyme, and while elevations point toward pancreatic inflammation (pancreatitis), this question focuses on what range is considered normal, not on diagnostic thresholds. Variations exist between labs, but 0-160 U/L is a common standard. The other ranges either cut off too early, start at a value that would exclude many normal results, or would miss normal values entirely, making them inappropriate as the normal reference range.

10. Which lab test is most indicative of recent excessive alcohol use?

- A. Gamma-Glutamyl Transferase**
- B. Alkaline Phosphatase**
- C. Serum bilirubin**
- D. Alanine aminotransferase**

Gamma-glutamyl transferase (GGT) rises with recent heavy alcohol intake, making it the most sensitive indicator among the options for recent alcohol use. It's induced by ethanol exposure in the liver, so elevated GGT is commonly seen after drinking episodes, whereas the other tests reflect more general liver function or injury rather than drinking history. Alkaline phosphatase can go up with bone disease or biliary obstruction; bilirubin indicates overall liver function and hemolysis but isn't specific to alcohol; alanine aminotransferase rises with hepatocellular injury from many causes, not specifically alcohol. So, GGT best points to recent excessive drinking.

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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://invasivesgi.examzify.com>

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

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