

INVASIVES GI PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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. The nurse should monitor for which condition as a complication of total parenteral nutrition (TPN)?**
 - A. Polyuria
 - B. Aspiration
 - C. Abdominal distention
 - D. Stomatitis

- 2. Which head-of-bed position is recommended during bolus feeding and for a period afterward?**
 - A. Elevate HOB to 45 degrees during feeding.
 - B. Elevate HOB to 0 degrees.
 - C. Elevate HOB to 30 degrees and maintain for 30 to 60 minutes after.
 - D. Elevate HOB to 15 degrees only during feeding.

- 3. In the care of a patient receiving bolus feeding, how often should residual be checked according to standard practice?**
 - A. Every 2 hours.
 - B. Every 6 hours.
 - C. Every 4 hours.
 - D. Only once per shift.

- 4. Which endoscopic hemostasis modalities are commonly used for stigmata of recent hemorrhage?**
 - A. Stenting, clipping, and injection.
 - B. Injection, clipping, and thermal therapy.
 - C. Clipping, injection, and laser therapy.
 - D. Thermal therapy only.

- 5. How often should residual be checked during bolus tube feeding?**
 - A. Check residual every 2 hours.
 - B. Check residual every 6 hours.
 - C. Check residual every 4 hours.
 - D. Do not check residual.

- 6. Which position is recommended for a patient with an NG tube to reduce the risk of aspiration?**
- A. Prone
 - B. Supine
 - C. Fowler's
 - D. Trendelenburg
- 7. Which sign indicates Vitamin C deficiency in a patient receiving chemotherapy?**
- A. Dry conjunctiva
 - B. Swollen, bleeding gums
 - C. Inflammation of the tongue
 - D. Pale, brittle nails
- 8. According to pediatric nutrition guidance, when is it appropriate to start introducing solid foods for an infant?**
- A. 4-6 months
 - B. 3 months
 - C. 9 months
 - D. 12 months
- 9. Which statement best describes a mechanical bowel obstruction?**
- A. Non-mechanical is flow blocked
 - B. Obstruction only due to external damage
 - C. Mechanical obstruction is when the flow is blocked
 - D. Mechanical obstruction is due to infection
- 10. Before requesting restraints for a client who repeatedly pulls an NG tube, which intervention should the nurse consider?**
- A. Explain restraints will be the next step.
 - B. Assist with toileting at frequent intervals.
 - C. Provide diversionary activities.
 - D. Involve the family in the client's care.

Answers

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

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Explanations

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1. The nurse should monitor for which condition as a complication of total parenteral nutrition (TPN)?

- A. Polyuria**
- B. Aspiration
- C. Abdominal distention
- D. Stomatitis

Total parenteral nutrition delivers a large glucose load directly into the bloodstream. When blood glucose rises, the kidneys excrete the excess glucose with water, causing osmotic diuresis and increased urine output. This makes polyuria the most relevant complication to monitor with TPN. Track urine output closely and monitor blood glucose and electrolytes, adjusting the TPN rate or adding insulin per protocol if hyperglycemia occurs. The other options are less specifically tied to TPN: aspiration risk is more a concern with enteral feeding, abdominal distention can arise from various GI issues, and stomatitis is not a hallmark complication of TPN. The key idea is the glucose load from TPN causing osmotic diuresis and polyuria.

2. Which head-of-bed position is recommended during bolus feeding and for a period afterward?

- A. Elevate HOB to 45 degrees during feeding.
- B. Elevate HOB to 0 degrees.
- C. Elevate HOB to 30 degrees and maintain for 30 to 60 minutes after.**
- D. Elevate HOB to 15 degrees only during feeding.

The main idea is to prevent aspiration during and after bolus feeding by keeping the head of the bed elevated. A moderate incline of about 30 degrees provides a safe balance: it reduces reflux back toward the esophagus without making breathing or digestion uncomfortable. Keeping this position for 30 to 60 minutes after feeding is important because the stomach is still processing the bolus and gastric emptying can lead to residual contents that could reflux and be aspirated if the patient is flat. Elevating only during feeding or at a higher angle, or going flat after feeding, doesn't adequately protect the airway during the vulnerable post meal period. Therefore, elevating the head of the bed to 30 degrees and maintaining that position for 30–60 minutes after feeding best minimizes aspiration risk.

3. In the care of a patient receiving bolus feeding, how often should residual be checked according to standard practice?

- A. Every 2 hours.
- B. Every 6 hours.
- C. Every 4 hours.**
- D. Only once per shift.

Regular monitoring of gastric residuals helps gauge how well the stomach is emptying and reduces the risk of aspiration during enteral nutrition. For bolus feeding, feeds are given at set intervals—commonly every four hours—so residuals are checked just before each bolus, effectively about every four hours. Checking more frequently (such as every two hours) isn't usually necessary unless there are signs of intolerance, while checking less often (every six hours or only once per shift) could miss delayed gastric emptying and lead to complications. Always follow the unit's specific protocol.

4. Which endoscopic hemostasis modalities are commonly used for stigmata of recent hemorrhage?

- A. Stenting, clipping, and injection.
- B. Injection, clipping, and thermal therapy.
- C. Clipping, injection, and laser therapy.**
- D. Thermal therapy only.

Endoscopic control of recent GI bleeds relies on a versatile set of tools that are often used together. Injecting a vasoconstrictive agent helps slow and tamp down ongoing bleeding, creating a window to apply definitive measures. Clipping provides immediate mechanical closure of the bleeding vessel or ulcer crater, which can be durable in many cases. Laser therapy adds focused coagulation of the bleeding source, offering another way to achieve hemostasis when clipping isn't feasible or as an adjunct to reinforce control. This combination—clipping, injection, and laser therapy—reflects a practical, commonly used approach to stigmata of recent hemorrhage. Stenting isn't a standard hemostasis method for acute GI bleeding, and relying on thermal therapy alone misses the benefits of the mechanical and vasoconstrictive steps that are frequently employed.

5. How often should residual be checked during bolus tube feeding?

- A. Check residual every 2 hours.
- B. Check residual every 6 hours.
- C. Check residual every 4 hours.**
- D. Do not check residual.

Gastric residual volume helps you assess how well the stomach is emptying during enteral feeding and whether the patient is tolerating the feed without increasing aspiration risk. For bolus tube feeding, checking residual every 4 hours provides a good balance: it's frequent enough to catch delayed gastric emptying early, but not so frequent that it unduly interrupts feeding. Checking more often (such as every 2 hours) can disrupt the feeding schedule without proven added safety, while checking less often (like every 6 hours) might miss early signs of intolerance. Of course, residual checks should not be neglected—elevated residuals can signal poor motility or rising aspiration risk, prompting reassessment or a temporary hold if thresholds are met.

6. Which position is recommended for a patient with an NG tube to reduce the risk of aspiration?

- A. Prone
- B. Supine
- C. Fowler's**
- D. Trendelenburg

Elevating the head of the bed helps prevent aspiration by using gravity to keep gastric contents away from the esophagus and airway. For someone with an NG tube, this is done in Fowler's position, a semi-upright posture with the head of the bed raised about 30 to 45 degrees (often higher during feeding, around 60 to 90 degrees if tolerated). Lying prone or supine increases the chance that refluxed material will reach the airway, and Trendelenburg (head-down tilt) can make reflux worse by promoting gastric contents toward the throat. Therefore, Fowler's position minimizes reflux and reduces the risk of aspirating gastric contents.

7. Which sign indicates Vitamin C deficiency in a patient receiving chemotherapy?

- A. Dry conjunctiva
- B. Swollen, bleeding gums**
- C. Inflammation of the tongue
- D. Pale, brittle nails

Vitamin C deficiency disrupts collagen formation, so tissues rich in collagen, like the gums, become weak and prone to swelling and bleeding. That makes swollen, bleeding gums the classic, most specific sign of vitamin C deficiency, especially in someone on chemotherapy where intake or absorption can be challenged. Dry conjunctiva points more toward vitamin A status or dehydration; tongue inflammation can arise from several nutrient deficiencies; pale, brittle nails are more typical of iron, zinc, or protein deficiencies. So the gum bleeding is the most direct indicator of vitamin C deficiency.

8. According to pediatric nutrition guidance, when is it appropriate to start introducing solid foods for an infant?

- A. 4-6 months**
- B. 3 months
- C. 9 months
- D. 12 months

Introducing solids is appropriate when the infant shows readiness and reaches about four to six months of age. By this time most babies have developed enough head and trunk control to sit with support, cooperative mouth movements, and a diminished tongue-thrust reflex, plus they often show interest in feeding. Iron stores from birth start to run low around this period, so starting iron-rich complementary foods helps meet their growing needs in addition to breast milk. Beginning too early, around three months, isn't advised because the digestive system and feeding skills aren't yet ready and the risk of choking is higher. Waiting past six months can delay exposure to textures and iron-containing foods, though some infants may be discussed individually with a pediatrician if there are specific concerns.

9. Which statement best describes a mechanical bowel obstruction?

- A. Non-mechanical is flow blocked
- B. Obstruction only due to external damage
- C. Mechanical obstruction is when the flow is blocked**
- D. Mechanical obstruction is due to infection

A mechanical bowel obstruction is a physical blockage inside the intestine that prevents contents from passing. This means there is a real barrier—adhesions, hernias, tumors, or a twisted segment—that stops the flow of intestinal contents. This is different from a non-mechanical (paralytic) ileus, where the bowel isn't moving but there isn't a physical blockage along the lumen. So the statement that mechanical obstruction occurs when the flow is blocked best captures the concept. The other ideas are incorrect because non-mechanical means no actual blockage, obstruction isn't limited to external damage, and infection isn't the defining cause of a mechanical obstruction.

10. Before requesting restraints for a client who repeatedly pulls an NG tube, which intervention should the nurse consider?

- A. Explain restraints will be the next step.
- B. Assist with toileting at frequent intervals.
- C. Provide diversionary activities.**
- D. Involve the family in the client's care.

Diversionary activities work best here because they give the patient a meaningful focus and help redirect restless energy away from the NG tube. When someone is bored or anxious, they may pull at the tube to seek stimulation or relief. Providing engaging distractions—talking, music, television, simple games, or hands-on tasks—reduces that impulsive behavior without using restraints. This approach fits with using the least restrictive, noninvasive strategies first and preserves the patient's autonomy while keeping the tube in place. Explaining that restraints will be the next step isn't appropriate as a first response, since it escalates care and limits the patient's rights. Frequent toileting can help if bladder or bowel discomfort is a driver for agitation, but it doesn't directly address the behavior of pulling the tube. Involving family is supportive and can help with reassurance, yet diversion specifically targets the behavior by occupying the patient's attention. If diversion and comfort measures don't reduce pulling, then reassessment and escalation to other strategies would be appropriate.

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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