Saunders Gastrointestinal Practice Test (Sample)

Study Guide

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Questions

1. **Which prescription should the nurse question for a client suspected of having appendicitis with an elevated WBC count?**

   A. Maintain a semi Fowler's position.

   B. Maintain on NPO status.

   C. Apply a heating pad to the lower abdomen for comfort.

   D. Initiate an intravenous (IV) line with the administration of IV fluids.

2. **What explanation can the nurse provide for why acid has not caused an ulcer in the small intestine?**

   A. Bile

   B. Pancreatic juice

   C. Liver enzymes

   D. Parietal cells

3. **What symptom is commonly associated with pernicious anemia?**

   A. Poor appetite

   B. Increased thirst

   C. Weight gain

   D. Fatigue

4. **What should the nurse inform a client scheduled for a small bowel biopsy about the procedure?**

   A. Clear liquids only are allowed on the day of the test.

   B. A signed informed consent form will need to be obtained.

   C. A tube will be inserted through the rectum to obtain tissue.

   D. A full liquid diet will need to be maintained for 48 hours after.

5. **Which expected finding should the nurse assess for in a client who has developed hepatitis A?**

   A. Malaise

   B. Dark stools

   C. Weight gain

   D. Left upper quadrant discomfort

6. A client with an ileostomy presents with dehydration. Which contraindicated medication may have contributed to their condition?

A. Folate

B. Biscodyl

C. Ferrous sulfate

D. Cyanocobalamin

7. What key information should a nurse include in discharge teaching for a client with chronic pancreatitis?

A. Alcohol should be consumed in moderation.

B. Avoid caffeine because it may aggravate symptoms.

C. The diet should be high in carbohydrates, fats, and proteins.

D. Frothy, fatty stools indicate that enzyme replacement is working.

8. Which assessment finding should alert a nurse to the occurrence of a paralytic ileus in a client with acute pancreatitis?

A. Inability to pass flatus

B. Loss of anal sphincter control

C. Severe, constant pain with rapid onset

D. Firm, nontender mass palpable at the lower right costal margin

9. What sign would indicate portal hypertension in a client with cirrhosis?

A. Flat neck veins

B. Abdominal distention

C. Hemoglobin of 14.2 g/dL (142 mmol/L)

D. Platelet count of 600,000 mm3 (600 × 109/L)

10. Which clinical manifestation is characteristic of the preicteric phase of viral hepatitis?

A. Pruritus

B. Jaundice, dark-colored urine, and clay-colored stools

C. Fatigue, anorexia, and nausea

D. Right upper quadrant pain

Answers

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

Explanations

1. Which prescription should the nurse question for a client suspected of having appendicitis with an elevated WBC count?

A. Maintain a semi Fowler's position.

B. Maintain on NPO status.

C. Apply a heating pad to the lower abdomen for comfort.

D. Initiate an intravenous (IV) line with the administration of IV fluids.

In cases of suspected appendicitis, particularly when there is an elevated white blood cell (WBC) count indicating possible inflammation or infection, applying a heating pad to the lower abdomen is concerning. Heat can increase blood flow to the area, potentially complicating the situation by promoting further inflammation or worsening an existing infection. Furthermore, if appendicitis is confirmed, applying heat may also mask symptoms or lead to complications during surgery if it becomes necessary. It's crucial in such cases to avoid any interventions that could exacerbate the condition or lead to detrimental outcomes. In contrast, maintaining the patient on NPO status is important to prevent complications related to surgery if needed, and maintaining a semi-Fowler's position can help in comfort and minimizing pressure on the abdomen. Initiating IV fluids is a standard practice to support the patient, particularly if there are concerns about hydration or electrolyte imbalances.

2. What explanation can the nurse provide for why acid has not caused an ulcer in the small intestine?

A. Bile

B. Pancreatic juice

C. Liver enzymes

D. Parietal cells

The presence of pancreatic juice plays a crucial role in protecting the small intestine from acid damage. Pancreatic juice, which is alkaline due to its high bicarbonate content, helps to neutralize the acidic chyme that enters the small intestine from the stomach. This neutralization is essential because it raises the pH level, making the environment less acidic and more conducive for proper digestion and absorption of nutrients. In addition to neutralizing acid, pancreatic enzymes in this juice help to digest proteins, carbohydrates, and fats. The effective action of pancreatic juice is one of the primary reasons the small intestine can withstand the effects of stomach acid without developing ulcers. Other substances, such as bile, contribute to the digestive process, but their primary function is related to the emulsification of fats rather than direct neutralization of acid. Liver enzymes, while important for various metabolic processes, do not directly contribute to the protection against gastric acid in the small intestine. Lastly, parietal cells are responsible for producing hydrochloric acid in the stomach, which is countered by the actions of pancreatic juice once food enters the small intestine. This understanding emphasizes the essential role of pancreatic juice in maintaining the integrity of the small intestine in the presence of stomach acid.

3. What symptom is commonly associated with pernicious anemia?

A. Poor appetite

B. Increased thirst

C. Weight gain

D. Fatigue

Fatigue is commonly associated with pernicious anemia due to the condition's impact on the body's ability to absorb vitamin B12, which is essential for the production of red blood cells. When vitamin B12 levels are low, red blood cell production is impaired, leading to anemia. This decreased oxygen-carrying capacity of the blood can result in feelings of fatigue, weakness, and lethargy. Anemia signifies that the body is not getting enough oxygen to sustain energy levels, which directly correlates to the experience of fatigue in individuals with pernicious anemia. Other symptoms of pernicious anemia may include pallor, shortness of breath, and neurological issues, but fatigue is particularly prominent and often serves as an indicator that compels individuals to seek medical attention.

4. What should the nurse inform a client scheduled for a small bowel biopsy about the procedure?

A. Clear liquids only are allowed on the day of the test.

B. A signed informed consent form will need to be obtained.

C. A tube will be inserted through the rectum to obtain tissue.

D. A full liquid diet will need to be maintained for 48 hours after.

Informing a client about a small bowel biopsy should include the requirement of a signed informed consent form. This is crucial because the procedure involves risks that the patient should understand fully before undergoing the biopsy. The informed consent process ensures that the client has had the opportunity to ask questions about the procedure, understands the potential outcomes, and acknowledges that they are willingly agreeing to proceed. Having informed consent is a fundamental principle in healthcare that emphasizes patient autonomy and informed decision-making. This aspect of the procedure is important to ensure ethical standards are maintained and that the patient is an active participant in their healthcare choices. The other options may misrepresent aspects of the procedure or indicate requirements that are not typically standard practice in this context. For example, the preparation for a small bowel biopsy may not restrict the diet to just clear liquids on the day of the test, and inserting a tube through the rectum is not a standard method for obtaining tissue from the small bowel. Additionally, maintaining a full liquid diet for 48 hours after the procedure is not typically necessary.

5. Which expected finding should the nurse assess for in a client who has developed hepatitis A?

A. Malaise

B. Dark stools

C. Weight gain

D. Left upper quadrant discomfort

In a client who has developed hepatitis A, malaise is an expected finding. Hepatitis A is a viral liver infection that commonly leads to symptoms such as fatigue and a general feeling of being unwell. This malaise occurs due to systemic effects of the virus that lead to inflammation and impairment of liver function, which can also result in other symptoms like loss of appetite and nausea. The presence of malaise reflects the body's immune response to the viral infection. As the liver becomes inflamed, the body feels the impacts of this illness, resulting in fatigue and discomfort. Other symptoms of hepatitis A, which may or may not be present, include fever, abdominal pain, and jaundice, but malaise is a hallmark feature associated with the acute phase of the infection. While dark stools and weight gain might be associated with other liver conditions, and discomfort in the left upper quadrant is less typical given that the liver is primarily located in the right upper quadrant, malaise stands out as the most direct and common expected symptom for someone experiencing hepatitis A.

6. A client with an ileostomy presents with dehydration. Which contraindicated medication may have contributed to their condition?

A. Folate

B. Biscodyl

C. Ferrous sulfate

D. Cyanocobalamin

The medication that may have contributed to the dehydration of a client with an ileostomy is bisacodyl. This medication is a stimulant laxative that works by increasing the movement in the intestines, thereby promoting bowel movements. In individuals with an ileostomy, the normal absorption mechanisms of the intestines are altered, leading to a higher risk of fluid and electrolyte imbalances. Stimulant laxatives can further exacerbate this issue by increasing gastrointestinal motility, which may lead to increased fluid loss and make it difficult for the body to retain electrolytes and water. Patients with an ileostomy often have a higher output of stool, so the combination of a stimulant laxative with this condition may significantly increase the risk of dehydration. In contrast, folate, ferrous sulfate, and cyanocobalamin are not typically contraindicated for individuals with an ileostomy. These medications are commonly prescribed for various deficiencies and should not have the same dehydrating effects as a stimulant laxative like bisacodyl.

7. What key information should a nurse include in discharge teaching for a client with chronic pancreatitis?

A. Alcohol should be consumed in moderation.

B. Avoid caffeine because it may aggravate symptoms.

C. The diet should be high in carbohydrates, fats, and proteins.

D. Frothy, fatty stools indicate that enzyme replacement is working.

In the context of chronic pancreatitis, emphasizing the avoidance of caffeine is crucial because it has the potential to exacerbate gastrointestinal symptoms and pancreatic inflammation. Caffeine can stimulate gastric acid secretion, which might worsen the discomfort and lead to further complications for someone with an already compromised digestive system. Advising clients to avoid caffeine not only helps in symptom management but also aids in the overall function of the pancreas, which is already under stress due to chronic inflammation. In contrast, recommending moderation in alcohol consumption is inappropriate for individuals with chronic pancreatitis since alcohol can further damage the pancreas and lead to exacerbations of the condition. Similarly, a diet high in carbohydrates, fats, and proteins may not be beneficial as it could overwhelm the damaged pancreas and contribute to malabsorption issues. Finally, while frothy, fatty stools can indicate that enzyme replacement therapy is effective, they usually signal malabsorption and require closer examination of the dietary intake and enzyme dosing rather than serving as a standalone indicator of treatment success.

8. Which assessment finding should alert a nurse to the occurrence of a paralytic ileus in a client with acute pancreatitis?

A. Inability to pass flatus

B. Loss of anal sphincter control

C. Severe, constant pain with rapid onset

D. Firm, nontender mass palpable at the lower right costal margin

The finding of an inability to pass flatus is significant because it indicates a lack of bowel activity, which is a hallmark sign of paralytic ileus. When the intestines are not functioning properly and there is a cessation of peristalsis, the movement of gas through the digestive tract is also halted, leading to abdominal discomfort and an inability to pass flatus. This situation is commonly seen in conditions such as acute pancreatitis, where inflammatory processes can affect gut motility. In the context of acute pancreatitis, factors such as inflammation, electrolyte imbalances, and potential involvement of the autonomic nervous system contribute to the development of a paralytic ileus. Therefore, the assessment of whether a patient can pass flatus serves as a crucial indicator of gastrointestinal function and the overall clinical status. Other findings, such as loss of anal sphincter control or the presence of a palpable mass, suggest different pathological conditions and are not specifically indicative of paralytic ileus. Severe pain with rapid onset might be associated with acute abdominal conditions but does not directly correlate with the lack of bowel movement or gas passage that characterizes paralytic ileus.

9. What sign would indicate portal hypertension in a client with cirrhosis?

A. Flat neck veins

B. Abdominal distention

C. Hemoglobin of 14.2 g/dL (142 mmol/L)

D. Platelet count of 600,000 mm3 (600 × 109/L)

The presence of abdominal distention in a client with cirrhosis is a strong indicator of portal hypertension. Portal hypertension occurs when there is increased pressure within the portal venous system, often due to the scarring (fibrosis) of the liver tissue associated with cirrhosis. This increased pressure can lead to the accumulation of fluid in the abdominal cavity, known as ascites, resulting in noticeable abdominal distention. In this context, abdominal distention is a clear manifestation of fluid retention and increased pressure in the portal circulation. It signifies that the liver is struggling to manage blood flow and may be unable to synthesize proteins adequately, leading to further complications. In contrast, flat neck veins typically indicate normal central venous pressure, while specific laboratory values such as hemoglobin levels or platelet counts may not directly correlate with the presence of portal hypertension. For example, while a platelet count may decrease due to hypersplenism associated with portal hypertension, a count of 600,000 mm3 would actually suggest thrombocytosis, which is the opposite of what would be expected in significant portal hypertension. The hemoglobin level mentioned indicates adequate red blood cell mass and does not specifically relate to portal pressure. Therefore, abdominal distention is the most definitive sign of

10. Which clinical manifestation is characteristic of the preicteric phase of viral hepatitis?

A. Pruritus

B. Jaundice, dark-colored urine, and clay-colored stools

C. Fatigue, anorexia, and nausea

D. Right upper quadrant pain

The preicteric phase of viral hepatitis is marked by a range of non-specific clinical manifestations, primarily due to the body's response to viral infection. Fatigue, anorexia, and nausea are hallmark symptoms during this initial phase. Patients often experience these symptoms as the virus damages liver cells, leading to systemic effects. The fatigue results from the body diverting energy to fight off the infection, while anorexia and nausea reflect the liver's impaired function, affecting digestion and metabolism. In comparison, jaundice, dark-colored urine, and clay-colored stools are signs that develop during the icteric phase, which follows the preicteric phase when bilirubin levels rise significantly due to liver dysfunction. Pruritus is also associated more with the icteric phase, arising from the accumulation of bile salts in the bloodstream. Although right upper quadrant pain can occur in hepatitis, it is not as characteristic of the preicteric phase and can be seen in various hepatobiliary conditions. Therefore, the symptoms featured during the preicteric phase distinctly align with fatigue, anorexia, and nausea, making them the correct manifestations to identify.