

Saunders Gastrointestinal Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

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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

- 1. What is the most important complication to monitor for in a client with a low thrombin level due to liver dysfunction?**
 - A. Bleeding**
 - B. Infection**
 - C. Dehydration**
 - D. Malnutrition**
- 2. Which of the following conditions could contribute to chronic constipation?**
 - A. Hyperthyroidism**
 - B. Diabetes**
 - C. Metabolic syndrome**
 - D. Hypoglycemia**
- 3. What should the nurse do first if an NG tube connected to low intermittent suction is not draining properly?**
 - A. Call the surgeon to report the problem.**
 - B. Reposition the NG tube to the proper location.**
 - C. Check the suction device to ensure it is working.**
 - D. Irrigate the NG tube with saline to remove the obstruction.**
- 4. What dietary choice is recommended for a client with elevated ammonia levels?**
 - A. Roast pork**
 - B. Tuna fish sandwich**
 - C. Pasta with sauce**
 - D. Cheese omelet**
- 5. In a case of suspected appendicitis, what prescription should the nurse question?**
 - A. Apply a cold pack to the abdomen.**
 - B. Maintain nothing by mouth (NPO) status.**
 - C. Initiate an intravenous (IV) line for the administration of IV fluids.**
 - D. Administer 30 mL of milk of magnesia (MOM).**

- 6. When teaching a client with a new colostomy about colostomy irrigation, what should be included in the teaching?**
- A. Use 500 to 1000 mL of warm tap water.**
 - B. Suspend the irrigant 36 inches above the stoma.**
 - C. Insert the irrigation cone ½ inch into the stoma.**
 - D. If cramping occurs, open the irrigation clamp farther.**
- 7. What action should the nurse take if a client begins to cough and gag while inserting a nasogastric tube?**
- A. Continue to slowly advance the tube to the desired distance**
 - B. Pull the tube back slightly**
 - C. Instruct the client to breathe slowly**
 - D. Assist the client to take sips of water**
- 8. What is the appropriate position for a client receiving bolus feedings via a nasogastric tube who requests to sleep?**
- A. Head of bed flat, with the client supine for 60 minutes**
 - B. Head of bed elevated 30 to 45 degrees, with the client in the right lateral position for 60 minutes**
 - C. Head of bed flat, with the client in the supine position for at least 30 minutes**
 - D. Head of bed in a semi Fowler's position, with the client in the left lateral position for 60 minutes**
- 9. What nursing action is focused on the consequence of low albumin levels in a client with liver disease?**
- A. Evaluating for asterixis**
 - B. Inspecting for petechiae**
 - C. Palpating for peripheral edema**
 - D. Evaluating for decreased level of consciousness**
- 10. Which classes of medications might be prescribed to treat inflammatory bowel disease and induce remission?**
- A. Antimicrobial**
 - B. Laxatives**
 - C. Antihistamines**
 - D. Narcotics**

Answers

SAMPLE

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

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Explanations

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1. What is the most important complication to monitor for in a client with a low thrombin level due to liver dysfunction?

A. Bleeding

B. Infection

C. Dehydration

D. Malnutrition

In a client with low thrombin levels resulting from liver dysfunction, the most important complication to monitor for is bleeding. Thrombin plays a critical role in the coagulation cascade, facilitating the conversion of fibrinogen to fibrin, which is essential for blood clot formation. With liver dysfunction, the synthesis of various clotting factors, including thrombin, is impaired, significantly increasing the risk of uncontrolled bleeding. Monitoring for signs of bleeding, such as ecchymosis, hematomas, or altered vital signs, is crucial. Identifying and addressing this complication promptly can prevent serious consequences associated with significant blood loss. While infection, dehydration, and malnutrition are also concerns in a client with liver dysfunction, they do not pose as immediate and direct a threat as bleeding resulting from impaired coagulation. Therefore, the focus should be primarily on identifying any bleeding events in this context.

2. Which of the following conditions could contribute to chronic constipation?

A. Hyperthyroidism

B. Diabetes

C. Metabolic syndrome

D. Hypoglycemia

Chronic constipation can indeed be influenced by diabetes, particularly due to the impact of prolonged elevated blood glucose levels on the nervous system and gastrointestinal motility. In diabetic patients, especially those with poorly controlled diabetes or diabetic neuropathy, nerve damage can impede the normal function and coordination of the muscles and nerves involved in bowel movements. This can lead to slower transit times in the colon, reduced peristalsis, and ultimately result in constipation. In contrast, conditions like hyperthyroidism typically increase metabolic rate and gastrointestinal motility, often causing diarrhea rather than constipation. Metabolic syndrome, while it can lead to various gastrointestinal issues, does not directly correlate with chronic constipation as strongly as diabetes does. Hypoglycemia primarily focuses on low blood sugar levels and does not have a direct impact on bowel habits. Understanding the systemic effects of diabetes helps clarify its role in contributing to chronic constipation, highlighting the interaction between metabolic conditions and gastrointestinal health.

3. What should the nurse do first if an NG tube connected to low intermittent suction is not draining properly?

- A. Call the surgeon to report the problem.**
- B. Reposition the NG tube to the proper location.**
- C. Check the suction device to ensure it is working.**
- D. Irrigate the NG tube with saline to remove the obstruction.**

The first action a nurse should take when an NG tube connected to low intermittent suction is not draining properly is to check the suction device to ensure it is working. This step is critical because if the suction device is malfunctioning, the NG tube will not function as intended, regardless of its placement or patency. Ensuring the suction is operational is the most immediate way to determine if the issue lies with the equipment itself. If the suction device is not functioning, addressing that problem will often resolve the drainage issue without the need for further interventions, such as repositioning the tube or irrigating it. This systematic approach emphasizes checking the simplest and most obvious possibilities first, which is a fundamental principle in patient care to ensure effectiveness and efficiency in handling potential complications. Other options such as repositioning the NG tube or irrigating it may be necessary later on if the suction device is confirmed to be functioning correctly. However, these steps would then address the next layers of potential issues after confirming that the suction device itself is operational.

4. What dietary choice is recommended for a client with elevated ammonia levels?

- A. Roast pork**
- B. Tuna fish sandwich**
- C. Pasta with sauce**
- D. Cheese omelet**

A dietary choice for a client with elevated ammonia levels focuses on reducing protein intake, as high levels of ammonia can be indicative of liver dysfunction, which impairs the organ's ability to process protein metabolites. The recommended option, pasta with sauce, typically contains lower amounts of protein compared to meat or dairy options, which is beneficial in these situations. In contrast, roast pork and a cheese omelet are protein-rich foods. These options could exacerbate the condition by contributing to higher ammonia levels, as the body struggles to process excessive protein. Similarly, a tuna fish sandwich, while it may have some nutritional advantages, is also higher in protein and could potentially lead to further complications for someone with this metabolic condition. By choosing a meal like pasta with sauce, the focus remains on maintaining a balanced diet that limits protein intake, thus supporting overall liver function and reducing ammonia levels.

5. In a case of suspected appendicitis, what prescription should the nurse question?
- A. Apply a cold pack to the abdomen.
 - B. Maintain nothing by mouth (NPO) status.
 - C. Initiate an intravenous (IV) line for the administration of IV fluids.
 - D. Administer 30 mL of milk of magnesia (MOM).**

In cases of suspected appendicitis, administering a laxative, such as milk of magnesia, can lead to complications. If the appendix is indeed inflamed or infected, introducing any substance that promotes bowel movements could result in perforation of the appendix or worsen the patient's condition by increasing intra-abdominal pressure. Therefore, questioning the prescription to administer milk of magnesia is justified because it poses a risk that could exacerbate the situation if appendicitis is confirmed. The other options, such as maintaining NPO status, applying a cold pack, and initiating IV fluids, are standard practices aimed at managing the patient's condition safely while preparing for potential surgical intervention.

6. When teaching a client with a new colostomy about colostomy irrigation, what should be included in the teaching?
- A. Use 500 to 1000 mL of warm tap water.**
 - B. Suspend the irrigant 36 inches above the stoma.
 - C. Insert the irrigation cone $\frac{1}{2}$ inch into the stoma.
 - D. If cramping occurs, open the irrigation clamp farther.

The correct choice emphasizes using 500 to 1000 mL of warm tap water for colostomy irrigation, which is an essential part of the process. This volume of water is typically recommended to effectively stimulate the bowel and promote a good flush of the colostomy, which helps in the regulation of bowel movements and may assist in training the bowel to perform more consistently. Using warm tap water is crucial as it mimics the natural body temperature, making the process more comfortable for the client. Cold water could potentially cause cramping and discomfort, while excessively hot water might be harmful. Therefore, understanding the appropriate volume and temperature of the irrigant is vital for effective and safe colostomy irrigation. It's important to note that while the other options may include elements related to safety and technique, they do not provide the essential details regarding the volume and temperature of the irrigation fluid used, which is fundamental for the learning client's understanding of the irrigation process.

7. What action should the nurse take if a client begins to cough and gag while inserting a nasogastric tube?
- A. Continue to slowly advance the tube to the desired distance
 - B. Pull the tube back slightly**
 - C. Instruct the client to breathe slowly
 - D. Assist the client to take sips of water

When a client coughs and gags during the insertion of a nasogastric tube, the most appropriate action is to pull the tube back slightly. This reaction is crucial because coughing and gagging can indicate that the tube is not in the correct position, potentially entering the trachea instead of the esophagus. Pulling the tube back will help ensure that the tube is correctly positioned and not inadvertently placed in the airway, which could lead to serious complications such as aspiration or respiratory distress. It is important for the nurse to constantly monitor the client's response during this procedure and make adjustments as necessary to maintain safety and comfort. While instructing the client to breathe slowly or assisting them with sips of water may support comfort, these actions do not directly address the potential misplacement of the tube and do not provide immediate resolution to the client's coughing and gagging. Similarly, continuing to advance the tube despite these symptoms would be inappropriate and could escalate the risk of complications.

8. What is the appropriate position for a client receiving bolus feedings via a nasogastric tube who requests to sleep?
- A. Head of bed flat, with the client supine for 60 minutes
 - B. Head of bed elevated 30 to 45 degrees, with the client in the right lateral position for 60 minutes**
 - C. Head of bed flat, with the client in the supine position for at least 30 minutes
 - D. Head of bed in a semi Fowler's position, with the client in the left lateral position for 60 minutes

For a client receiving bolus feedings via a nasogastric tube, it's crucial to position them properly to reduce the risk of aspiration and promote comfort during feeding. Elevating the head of the bed to 30 to 45 degrees helps to facilitate gravity in keeping the feeding in the stomach, preventing reflux, and minimizing the risk of aspiration should the client accidentally vomit or reflux. Additionally, positioning the client in the right lateral position, while it may not be the most common position for feedings compared to the left lateral position, is still beneficial in ensuring that the feeding is effectively channeled into the stomach without causing obstruction. Maintaining this position for 60 minutes after feeding is important for optimizing digestion and reducing complications associated with bolus feedings. The combination of head elevation and lateral positioning assists in promoting gastric emptying and minimizing the risk of aspiration, making this approach appropriately considered for a client wishing to rest or sleep after their feeding.

9. What nursing action is focused on the consequence of low albumin levels in a client with liver disease?

- A. Evaluating for asterixis**
- B. Inspecting for petechiae**
- C. Palpating for peripheral edema**
- D. Evaluating for decreased level of consciousness**

In the context of liver disease, low albumin levels can lead to decreased oncotic pressure in the vascular system, which often results in the accumulation of fluid in interstitial spaces, manifesting as peripheral edema. Evaluating for peripheral edema directly addresses one of the significant consequences of low serum albumin levels. This fluid imbalance can have critical implications, such as increasing the risk of complications related to the liver condition. The other options, while relevant to liver disease and its complications, do not specifically target the consequences of low albumin levels. Asterixis relates to hepatic encephalopathy, and inspecting for petechiae might indicate a different blood clotting issue rather than a direct consequence of low albumin. Evaluating for a decreased level of consciousness can also indicate hepatic encephalopathy but is not a direct consequence of low albumin itself, focusing more on neurological changes rather than fluid balance issues. Thus, the focus on peripheral edema directly correlates with the implications of low albumin levels in the setting of liver disease.

10. Which classes of medications might be prescribed to treat inflammatory bowel disease and induce remission?

- A. Antimicrobial**
- B. Laxatives**
- C. Antihistamines**
- D. Narcotics**

Antimicrobial medications are sometimes used in the context of inflammatory bowel disease (IBD), particularly when there is a superimposed infection or when there are complications associated with IBD, such as abscesses or fistulas. They can help manage any secondary infections that may arise in patients with IBD. While they don't directly induce remission, addressing infections can be a crucial supportive measure in the overall management of the disease. In contrast, laxatives are primarily used to treat constipation and would not be the appropriate choice for IBD, where the disease process often involves diarrhea or inflammation of the intestines. Antihistamines are typically used to relieve allergy symptoms and have limited utility in treating IBD. Narcotics can help manage pain associated with inflammatory bowel disease, but they may also slow down bowel motility, which is not ideal in a condition characterized by inflammation and diarrhea. Therefore, while antimicrobial medications may play a role in supportive care for IBD, especially if infections are a concern, they are not the primary means of inducing remission compared to other medication classes typically prescribed specifically for IBD, such as corticosteroids or immunosuppressants.

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://saundersgastrointestinal.examzify.com>

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