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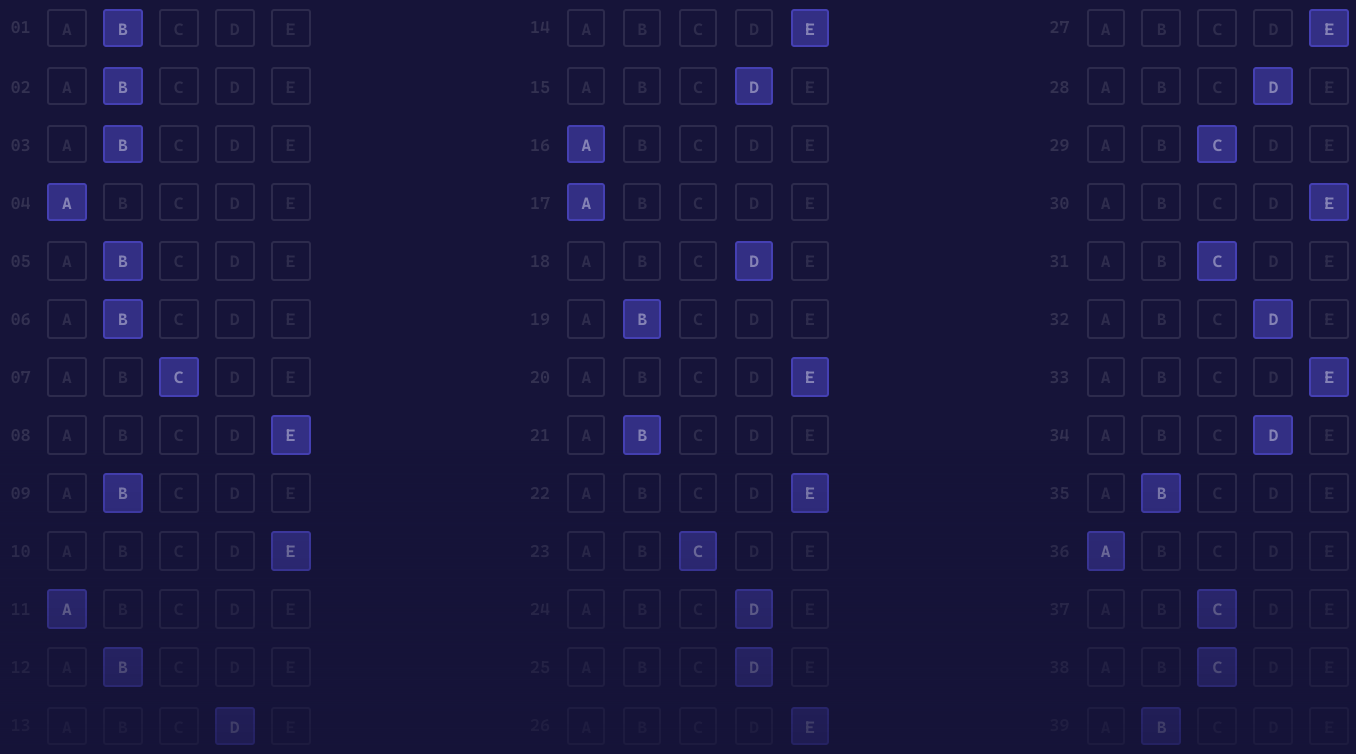

PRACTICE QUESTIONS

American Board Of Gastroenterology Nurses (ABCGN)

CGRN

Certified Gastroenterology Registered Nurse

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Board Of Gastroenterology Nurses (ABCGN) `CGRN`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CGRN`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A patient is scheduled for an esophagogastroduodenoscopy (EGD) with moderate sedation. Which pre-procedure nursing action is most important to verify before the procedure begins?

A **Confirm that the patient has signed an informed consent form and that it is in the medical record**

B Ensure the patient has bathed with antiseptic soap the morning of the procedure

C Verify that the patient has had a full liquid breakfast at least four hours prior

D Confirm that the patient has been administered a prophylactic oral antibiotic

ANSWER A

WHY Informed consent is a legal and ethical prerequisite for any invasive procedure, including EGD with sedation. The nurse must confirm the consent is signed, on file, and that the patient understands the procedure, risks, benefits, and alternatives. Bathing with antiseptic soap, a full liquid breakfast, and prophylactic oral antibiotics are not standard pre-EGD requirements.

QUESTION 2 SINGLE CHOICE

A patient with Crohn's disease develops a perianal fistula. Which clinical finding should the nurse report to the provider immediately?

A Mild perianal skin erythema that is relieved with cleansing

B **Temperature of 101.8°F (38.8°C) with purulent drainage from the fistula site**

C Occasional cramping abdominal pain that is relieved with antispasmodics

D Stool that is semi-formed and passed without urgency

ANSWER B

WHY Fever with purulent drainage indicates infection or abscess formation at the fistula site, a complication that requires prompt provider evaluation and likely antibiotic therapy or surgical drainage. Mild erythema, occasional cramping, and normal stool consistency are findings that can be managed with routine nursing interventions.

QUESTION 3 SINGLE CHOICE

Immediately following a colonoscopy with polypectomy, the patient reports severe abdominal pain and distention, and the nurse notes tachycardia and hypotension. What is the most likely complication?

A Post-polypectomy electrocoagulation syndrome

B Perforation of the colon with peritonitis

C Sedation-related respiratory depression

D Irrigation-related electrolyte imbalance

ANSWER B

WHY Severe abdominal pain, distention, tachycardia, and hypotension following colonoscopy with polypectomy are classic signs of bowel perforation, a serious complication requiring immediate provider notification and possible surgical intervention. Post-polypectomy syndrome typically presents with localized pain and low-grade fever without hemodynamic instability. Sedation-related respiratory depression would primarily present with decreased respiratory effort and altered mental status, not abdominal findings.

QUESTION 4 SINGLE CHOICE

A patient with ulcerative colitis is started on oral sulfasalazine. Which instruction should the nurse include in patient teaching?

A Take the medication on an empty stomach to maximize absorption

B Expect darkening of the urine and tears while on this medication

C Discontinue the medication if any gastrointestinal side effects occur

D Take the medication with a calcium antacid to reduce gastric irritation

ANSWER B

WHY Sulfasalazine and its metabolites cause harmless yellow-orange discoloration of urine and may stain soft contact lenses and tears. Patients should be reassured that this is an expected, benign effect. Sulfasalazine is typically taken with meals to reduce GI upset, not on an empty stomach. Mild GI effects are common and usually managed with dose adjustment rather than discontinuation. Calcium antacids can interfere with absorption of sulfasalazine.

QUESTION 5 SINGLE CHOICE

A patient with active Clostridioides difficile (C. difficile) infection is being placed on contact precautions. Which personal protective equipment (PPE) is required for the nurse when entering the patient's room?

A Surgical mask only

B Gown and gloves

C Gown, gloves, and N95 respirator

D Gloves and eye protection only

ANSWER B

WHY Contact precautions for C. difficile require a gown and gloves for all patient and patient-environment contact. C. difficile is transmitted via spores that are not inactivated by alcohol-based hand rubs, so meticulous handwashing with soap and water is also required. Standard precautions alone with surgical mask are insufficient. An N95 respirator is not needed because C. difficile is not transmitted by airborne route. Eye protection is only needed if splashing is anticipated.

QUESTION 6 SINGLE CHOICE

Following an upper endoscopy with biopsy, the nurse should withhold oral fluids until the patient's gag reflex returns. What is the primary rationale for this intervention?

A To prevent aspiration due to impaired airway protection

B To reduce the risk of post-procedure hemorrhage

C To minimize nausea and vomiting from anesthesia

D To allow the biopsy site to begin clotting

ANSWER A

WHY Topical anesthesia and sedation used during EGD suppress the gag reflex, impairing the patient's ability to protect their airway. Allowing oral intake before the gag reflex returns puts the patient at significant risk for aspiration. Bleeding risk from biopsy is managed through hemostasis at the time of procedure and monitoring, not by withholding fluids. Nausea is managed with antiemetics. Biopsy-site clotting occurs within minutes and is not dependent on oral intake status.

QUESTION 7 SINGLE CHOICE

A patient with cirrhosis is noted to have ascites. The provider orders spironolactone. What is the primary therapeutic purpose of this medication in this patient?

A To reduce portal hypertension through vasoconstriction

B To promote potassium excretion and reduce fluid retention

C To act as a potassium-sparing diuretic to reduce ascites

D To increase albumin production by the liver

ANSWER C

WHY Spironolactone is a potassium-sparing aldosterone antagonist that is the cornerstone of medical therapy for cirrhotic ascites. It counters the hyperaldosteronism seen in cirrhosis and promotes diuresis without depleting potassium, which is critical because cirrhotic patients are prone to hypokalemia. It does not cause potassium excretion (that would be a potassium-wasting diuretic). It does not reduce portal pressure directly and does not increase albumin production.

QUESTION 8 SINGLE CHOICE

A patient with a new diagnosis of celiac disease is being discharged. Which dietary instruction should the nurse emphasize as most important?

A Limit dairy products because they worsen intestinal inflammation

B Avoid all foods containing wheat, barley, and rye

C Restrict fluid intake to reduce diarrhea

D Consume a high-fiber diet to promote bowel regularity

ANSWER B

WHY Celiac disease is an autoimmune disorder triggered by gluten, the protein found in wheat, barley, and rye. Strict lifelong avoidance of these grains is the only effective treatment and is essential to prevent ongoing mucosal damage, malabsorption, and complications such as lymphoma. Dairy restriction is only needed if secondary lactose intolerance develops. Fluid restriction is not indicated. A high-fiber diet does not address the underlying gluten-induced injury.

QUESTION 9 SINGLE CHOICE

A patient with chronic liver disease is being evaluated for portal hypertension. Which assessment finding would the nurse expect to identify?

A Spider angiomas and palmar erythema

B Hypoalbuminemia and ascites

C Jaundice and scleral icterus

D Peripheral neuropathy and weakness

ANSWER B

WHY Portal hypertension directly causes the development of ascites (due to increased hydrostatic pressure in the portal system) and hypoalbuminemia (due to impaired hepatic synthetic function). Spider angiomas and palmar erythema are signs of liver disease but not specific to portal hypertension. Jaundice results from impaired bilirubin metabolism but is not a direct manifestation of portal hypertension. Peripheral neuropathy may occur with advanced liver disease but is not a primary sign of portal hypertension.