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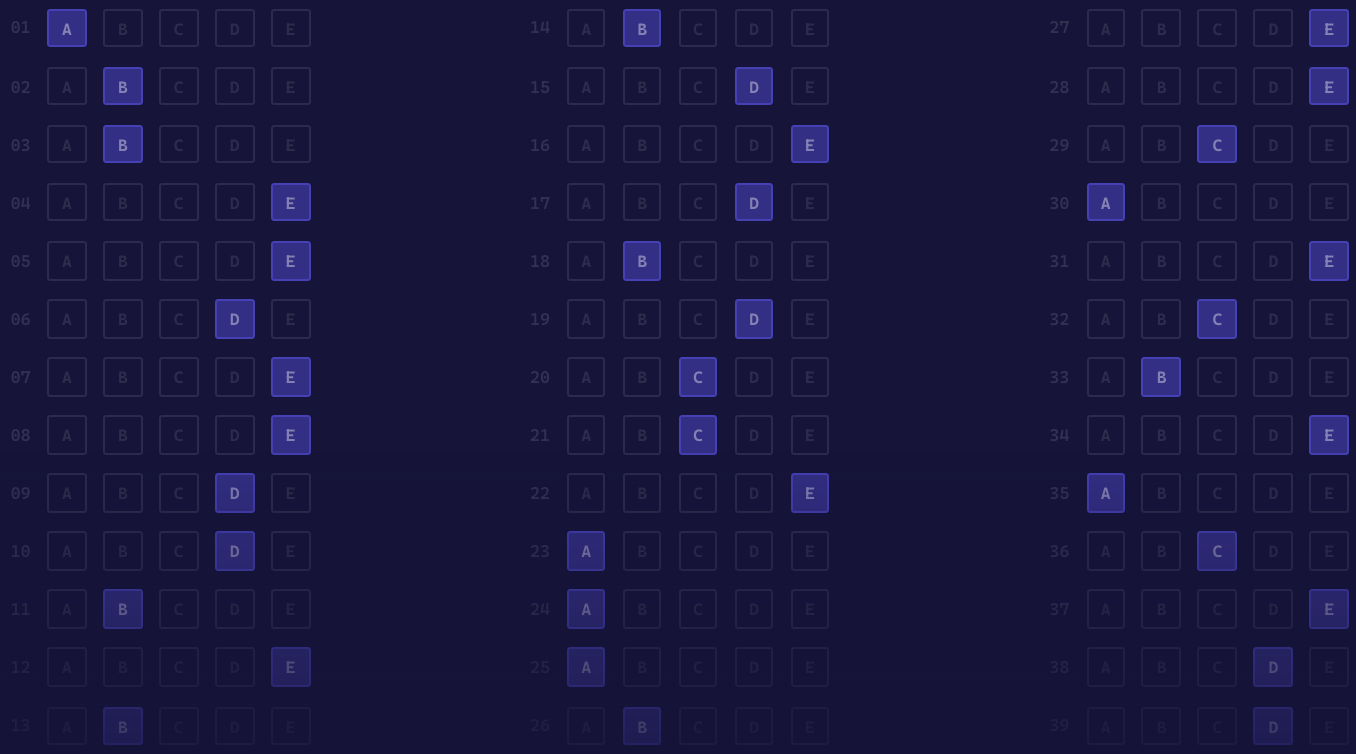

PRACTICE QUESTIONS

Commission on Dietetic Registration (CDR)

AP

Commission on Dietetic Registration's Advanced Practice Certification in Clinical Nutrition Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Commission on Dietetic Registration (CDR) `AP`, 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, `AP`
- the question number
- the email address on your order

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

QUESTION 1 MULTIPLE CHOICE

Which two conditions are contraindications for using a fiber-containing enteral formula? (Choose two.)

A **Short bowel syndrome**

B Constipation

C Diarrhea

D **Bowel obstruction**

E Diverticulitis

ANSWER **A** · **D**

WHY Fiber is contraindicated in bowel obstruction because it can increase the risk of impaction. In short bowel syndrome, fiber may worsen obstruction or cause bezoar formation. Constipation and diarrhea are common indications for fiber, and diverticulitis is not a contraindication unless an acute flare with obstruction is present.

QUESTION 2 MULTIPLE CHOICE

Which two metabolic alterations are characteristic of the ebb phase of the stress response? (Choose two.)

A **Hyperglycemia**

B Hyperinsulinemia

C Protein catabolism

D **Hypometabolism**

E Increased lipolysis

ANSWER **A** · **D**

WHY The ebb phase of the stress response is the early hypometabolic phase characterized by hypometabolism, hyperglycemia, and insulin resistance. Hyperinsulinemia and protein catabolism are more typical of the flow phase. Increased lipolysis is also a flow phase feature.

QUESTION 3 SINGLE CHOICE

A patient with short bowel syndrome on parenteral nutrition develops hepatosteatosis. Which nutrient excess is most likely contributing?

A **Carbohydrate**

B Protein

C Fat

D Sodium

ANSWER **A**

WHY Excess carbohydrate calories (dextrose) in parenteral nutrition are the most common cause of hepatosteatosis in patients with short bowel syndrome. High carbohydrate loads stimulate hepatic de novo lipogenesis. Protein, fat, and sodium are less directly associated with steatosis.

QUESTION 4 SINGLE CHOICE

In a patient with acute kidney injury requiring continuous renal replacement therapy, which amino acid should be supplemented to minimize catabolism?

A **Glutamine**

B Arginine

C Leucine

D Tryptophan

ANSWER **A**

WHY In patients requiring continuous renal replacement therapy (CRRT), glutamine is often supplemented in parenteral nutrition to help reduce muscle catabolism and preserve gut integrity. Arginine, leucine, and tryptophan are not specifically recommended for this purpose in CRRT.

QUESTION 5 SINGLE CHOICE

A patient with type 2 diabetes on metformin and insulin is started on a high-protein, low-carbohydrate enteral formula. Which potential complication should be monitored?

A Hyperkalemia

B Hypertriglyceridemia

C Ketoacidosis

D Hypercalcemia

ANSWER C

WHY A very low carbohydrate enteral formula can precipitate ketoacidosis in patients with type 2 diabetes on insulin, as inadequate carbohydrate intake may lead to increased ketone production. Hyperkalemia, hypertriglyceridemia, and hypercalcemia are not typical complications of high-protein formulas.

QUESTION 6 SINGLE CHOICE

Which laboratory value is most indicative of protein malnutrition in a patient with cirrhosis?

A Prealbumin

B Albumin

C Transferrin

D C-reactive protein

ANSWER B

WHY In cirrhosis, albumin is a key marker of protein status, though it is also affected by liver synthetic function. Low albumin correlates with poor prognosis and protein malnutrition. Prealbumin is more sensitive to acute changes but is also influenced by inflammation. Transferrin and CRP are not primary markers of protein malnutrition.

QUESTION 7 SINGLE CHOICE

A critically ill patient with traumatic brain injury has a gastric residual volume of 300 mL after 4 hours of enteral feeding. What is the most appropriate action?

A **Continue feeding at same rate**

B Increase the rate

C Decrease the rate

D Hold feeding and recheck in 4 hours

ANSWER **A**

WHY Current critical care nutrition guidelines (e.g., ASPEN/SCCM) recommend that enteral feeding should not be routinely held for gastric residual volumes below 500 mL unless there are other signs of intolerance. A GRV of 300 mL is not an indication to stop or decrease the rate.

QUESTION 8 SINGLE CHOICE

Which vitamin deficiency is most commonly associated with gastric bypass surgery?

A Vitamin A

B **Vitamin B12**

C Vitamin C

D Vitamin D

ANSWER **B**

WHY Roux-en-Y gastric bypass reduces gastric acid secretion and intrinsic factor, leading to impaired absorption of vitamin B12. B12 deficiency is very common and requires lifelong supplementation. Vitamin A, C, and D deficiencies are less common postoperatively, though vitamin D deficiency may occur if there is fat malabsorption.

QUESTION 9 SINGLE CHOICE

A patient with chronic pancreatitis is started on a low-fat diet. Which additional nutrient supplement is most important?

A **Fat-soluble vitamins**

B Vitamin C

C Folic acid

D Iron

ANSWER **A**

WHY Chronic pancreatitis leads to exocrine insufficiency and steatorrhea, causing malabsorption of fat-soluble vitamins (A, D, E, K). Supplementation of these vitamins is critical. Vitamin C, folic acid, and iron are water-soluble or mineral and are not specifically malabsorbed in pancreatic insufficiency.