

01	A	B	C	D	E
02	A	B	C	D	E
03	A	B	C	D	E
04	A	B	C	D	E
05	A	B	C	D	E
06	A	B	C	D	E
07	A	B	C	D	E
08	A	B	C	D	E
09	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E

14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E
21	A	B	C	D	E
22	A	B	C	D	E
23	A	B	C	D	E
24	A	B	C	D	E
25	A	B	C	D	E
26	A	B	C	D	E

27	A	B	C	D	E
28	A	B	C	D	E
29	A	B	C	D	E
30	A	B	C	D	E
31	A	B	C	D	E
32	A	B	C	D	E
33	A	B	C	D	E
34	A	B	C	D	E
35	A	B	C	D	E
36	A	B	C	D	E
37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

National Board of Nutrition Support Certification (NBNSC)

NSC

Certification Examination for Nutrition Support Clinicians

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for National Board of Nutrition Support Certification (NBNSC) NSC , 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, NSC
- 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 has a history compatible with moderate protein-energy malnutrition. Which finding is most likely to be present?

- ☐ A A body mass index within the normal range and no loss of lean mass
- ☒ B A substantial reduction in body mass with evidence of muscle wasting
- ☐ C An elevated body mass index caused exclusively by increased lean mass
- ☐ D A normal body mass index with a documented history of excessive intake

ANSWER B

WHY Moderate protein-energy malnutrition is associated with clinically significant loss of body mass and depletion of somatic and/or visceral protein stores, often including muscle wasting. A normal BMI does not exclude prior weight loss or loss of function, but option B is the most characteristic finding.

QUESTION 2

TRUE FALSE

Enteral nutrition is generally preferred over parenteral nutrition when the gastrointestinal tract is functional and can be used safely.

- ☒ A True
- ☐ B False

ANSWER A

WHY True. Enteral nutrition supports use of the gastrointestinal tract and is generally preferred when the gut is functional, accessible, and clinically safe because it is associated with fewer complications and may help maintain intestinal integrity.

QUESTION 3

SINGLE CHOICE

Which change is most characteristic of refeeding syndrome?

- ☒ **A** An acute decrease in serum phosphorus, potassium, and magnesium after initiating nutrition support
- ☐ **B** A gradual increase in serum phosphorus and potassium accompanied by constipation
- ☐ **C** An isolated elevation in serum sodium with unchanged volume status
- ☐ **D** A chronic decrease in serum calcium caused by inadequate vitamin D intake

ANSWER A

WHY Refeeding syndrome can occur after nutrition is introduced in a malnourished or starved patient. Insulin-mediated intracellular shifts of phosphorus, potassium, and magnesium, along with sodium and fluid retention, can produce potentially severe hypophosphatemia, hypokalemia, and hypomagnesemia.

QUESTION 4

MULTIPLE CHOICE

Which findings are recognized complications of parenteral nutrition? (Choose two.)

- ☒ **A** Catheter-related bloodstream infection
- ☒ **B** Cholestasis associated with prolonged parenteral nutrition
- ☐ **C** Improved gastrointestinal motility from bypassing the gut
- ☐ **D** Universal normalization of liver tests after the first day of therapy

ANSWER A - B

WHY Catheter-related bloodstream infection and parenteral nutrition-associated cholestasis or liver disease are recognized complications. Bypassing the gut does not universally improve motility, and liver-test abnormalities do not reliably normalize after one day.

QUESTION 5

SINGLE CHOICE

A patient has a functioning gastrointestinal tract but is unable to meet nutritional needs orally. Which route is generally the preferred initial choice?

- ☒ **A** Enteral nutrition through an appropriate feeding access
- ☐ **B** Peripheral parenteral nutrition regardless of estimated energy needs
- ☐ **C** Central parenteral nutrition for every patient
- ☐ **D** No nutrition intervention until the patient can consume all needs by mouth

ANSWER A

WHY When the gastrointestinal tract is functional, enteral nutrition is generally preferred because it uses the gut and is associated with fewer complications than parenteral nutrition. Parenteral nutrition is reserved for situations in which enteral feeding is not feasible or adequate.

QUESTION 6

SINGLE CHOICE

For a patient receiving enteral nutrition who has significant fluid restriction, which formulation characteristic is most appropriate?

- ☒ **A** A more energy-dense formula that provides more calories per milliliter
- ☐ **B** A formula with less energy per milliliter and increased free water
- ☐ **C** A formula that is automatically appropriate without considering electrolyte content
- ☐ **D** A formula with no water because all enteral formulas contain identical free water

ANSWER A

WHY Energy-dense enteral formulas provide more calories per milliliter and generally require less fluid to deliver a prescribed energy intake, making them useful when fluid intake must be restricted. The clinician must still account for the formula's specific nutrient, electrolyte, and free-water content.

QUESTION 7

MULTIPLE CHOICE

Which parameters are commonly monitored during nutrition support to assess tolerance and metabolic status? (Choose two.)

- ☒ **A** Serum electrolytes, including phosphorus, potassium, and magnesium
- ☒ **B** Clinical evidence of gastrointestinal tolerance, such as stool output and distention
- ☐ **C** The patient's astrological sign
- ☐ **D** The manufacturer of the feeding pump

ANSWER A • B

WHY Electrolytes and gastrointestinal tolerance are important monitoring domains during nutrition support. Astrological signs and device manufacturer do not provide clinically useful information about metabolic tolerance or response.

QUESTION 8

SINGLE CHOICE

Which laboratory finding is most consistent with prerenal azotemia from volume depletion?

- ☒ **A** An elevated blood urea nitrogen-to-creatinine ratio with concentrated urine
- ☐ **B** A low blood urea nitrogen-to-creatinine ratio with dilute urine
- ☐ **C** An isolated increase in serum bicarbonate with normal volume status
- ☐ **D** A low serum creatinine caused by increased muscle mass

ANSWER A

WHY Volume depletion commonly increases urea reabsorption and raises the blood urea nitrogen-to-creatinine ratio. The kidneys also tend to conserve water, producing concentrated urine. The other choices do not describe this pattern.

QUESTION 9

SINGLE CHOICE

Which nutrient deficiency is classically associated with impaired wound healing, impaired collagen synthesis, and petechiae or bleeding tendencies?

- ☒ **A** Vitamin C deficiency
- ☐ **B** Vitamin B12 deficiency
- ☐ **C** Thiamine deficiency
- ☐ **D** Vitamin K deficiency as the only possible explanation

ANSWER A

WHY Vitamin C is required for collagen synthesis and connective-tissue integrity. Deficiency can cause poor wound healing, gingival changes, petechiae, and other bleeding manifestations. Vitamin K deficiency can also impair coagulation, but vitamin C deficiency is the classic cause of the combined collagen-related findings described.