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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

PSCNL

The SAUDI CLINICAL NUTRITION LICENSURE Practice Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) PSCNL , 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, PSCNL
- the question number
- the email address on your order

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

QUESTION 1

MULTIPLE CHOICE

A 45-year-old man is admitted with a 3-month history of weight loss, chronic diarrhea, and bilateral lower extremity edema. Which combination of assessments would provide the most comprehensive evaluation of his protein-energy status? (Choose two.)

- ☒ **A** Serum albumin and serum prealbumin (transthyretin)
- ☒ **B** Triceps skinfold thickness and mid-upper arm muscle circumference
- ☐ **C** Fasting plasma glucose and HbA1c
- ☐ **D** Serum ferritin and transferrin saturation
- ☐ **E** Resting energy expenditure by indirect calorimetry

ANSWER A - B

WHY Serum albumin and prealbumin are biochemical markers of visceral protein status, while triceps skinfold and mid-arm muscle circumference are anthropometric indicators of body fat and somatic protein stores. Together, biochemical and anthropometric data give a comprehensive picture of protein-energy status. Fasting glucose/HbA1c assess glycemic control, ferritin/transferrin assess iron status, and indirect calorimetry measures energy expenditure rather than protein stores.

QUESTION 2

MULTIPLE CHOICE

Which of the following dietary modifications are evidence-based recommendations for the management of hypertension according to current clinical practice guidelines? (Choose two.)

- ☒ **A** Reduce sodium intake to less than 2,300 mg/day (ideally 1,500 mg/day)
- ☒ **B** Adopt a potassium-rich diet such as the DASH dietary pattern
- ☐ **C** Increase saturated fat intake to more than 15% of total calories
- ☐ **D** Restrict total fat to less than 5% of total calories
- ☐ **E** Encourage high-sodium processed foods

ANSWER **A • B**

WHY Current hypertension guidelines (e.g., AHA/ACC and DASH-aligned recommendations) endorse sodium reduction (<2,300 mg/day, ideally ~1,500 mg/day) and a potassium-rich dietary pattern rich in fruits, vegetables, and low-fat dairy. Increasing saturated fat, severe total fat restriction, or encouraging high-sodium processed foods contradict the evidence-based guidelines.

QUESTION 3 SINGLE CHOICE

A critically ill ICU patient with a functioning gastrointestinal tract but who cannot swallow safely due to a recent stroke is being evaluated for nutrition support. What is the most appropriate route of nutrition administration?

- ☐ A Total parenteral nutrition via central venous catheter
- ☐ B Peripheral parenteral nutrition only
- ☒ C Enteral nutrition via nasogastric or nasoduodenal tube
- ☐ D Clear liquid oral diet
- ☐ E No nutrition support for the first 14 days

ANSWER C

WHY When the gastrointestinal tract is functional but oral intake is not safe, enteral nutrition delivered via a feeding tube (nasogastric or nasoduodenal) is the preferred route. It maintains gut integrity, has lower risk of infection than parenteral nutrition, and avoids the dysphagia-related aspiration risk of oral feeding. TPN is reserved for patients with a non-functioning GI tract.

QUESTION 4 SINGLE CHOICE

A 30-year-old woman presents with night blindness, dry conjunctiva, and Bitot's spots. Which vitamin deficiency is the most likely cause?

- ☒ A Vitamin A deficiency
- ☐ B Vitamin C deficiency
- ☐ C Vitamin D deficiency
- ☐ D Vitamin K deficiency
- ☐ E Vitamin B12 deficiency

ANSWER A

WHY Night blindness, xerophthalmia (dry conjunctiva), and Bitot's spots are classic clinical signs of vitamin A deficiency. Vitamin C deficiency causes scurvy, vitamin D deficiency causes rickets/osteomalacia, vitamin K deficiency causes bleeding, and B12 deficiency causes megaloblastic anemia and neuropathy.

QUESTION 5

SINGLE CHOICE

A patient with chronic kidney disease stage 5 on hemodialysis requires nutrition counseling. Which dietary modification is most appropriate?

- ☐ A High-potassium, high-phosphorus diet with unrestricted fluids
- ☐ B Low-protein, high-sodium, high-fluid intake
- ☒ C Controlled protein intake (approximately 1.0-1.2 g/kg ideal body weight/day), restricted potassium, phosphorus, and sodium with fluid restriction
- ☐ D Very low-protein diet (<0.3 g/kg/day) with no supplementation
- ☐ E High-protein, high-potassium diet with free water intake

ANSWER C

WHY Hemodialysis patients typically require controlled but adequate protein (1.0-1.2 g/kg/day to compensate for dialytic losses) along with restriction of potassium, phosphorus, sodium, and fluids to prevent hyperkalemia, hyperphosphatemia, hypertension, and fluid overload. A very low-protein diet is reserved for pre-dialysis CKD stages with ketoanalogue supplementation, not for dialysis patients.

QUESTION 6

SINGLE CHOICE

According to current recommendations, exclusive breastfeeding is recommended for healthy full-term infants for approximately how long?

- ☐ A 1 month
- ☐ B 2 months
- ☒ C 6 months
- ☐ D 12 months
- ☐ E 24 months

ANSWER C

WHY The American Academy of Pediatrics, WHO, and UNICEF recommend exclusive breastfeeding for approximately 6 months (around 4-6 months when iron stores may warrant complementary feeding), with continued breastfeeding alongside complementary foods for up to 2 years or beyond. The first 6 months is the widely accepted duration for exclusive breastfeeding in healthy full-term infants.

QUESTION 7

SINGLE CHOICE

Which type of epidemiological study design would best establish a temporal relationship and provide stronger evidence for a causal link between a dietary factor and a disease outcome?

- ☐ A Cross-sectional survey
- ☐ B Case-control study
- ☒ C Cohort study (prospective)
- ☐ D Ecologic study
- ☐ E Case report

ANSWER C

WHY A prospective cohort study follows exposed and unexposed individuals forward in time to assess the development of disease outcomes, establishing temporal sequence and providing stronger evidence for causality than cross-sectional, case-control, or ecologic designs. Case reports describe single observations and cannot establish causality.

QUESTION 8

SINGLE CHOICE

Long-term therapy with phenytoin is most strongly associated with deficiency of which nutrient?

- ☐ A Vitamin C
- ☒ B Vitamin D and folate
- ☐ C Vitamin B12 only
- ☐ D Vitamin K only
- ☐ E Selenium

ANSWER B

WHY Phenytoin is a known hepatic enzyme inducer that increases the catabolism of vitamin D and can cause folate deficiency, leading to osteopenia/osteomalacia and megaloblastic anemia, respectively. Long-term phenytoin therapy warrants monitoring and supplementation of these nutrients.

QUESTION 9

SINGLE CHOICE

A 28-year-old pregnant woman asks about food safety. Which food should be advised against during pregnancy due to risk of *Listeria monocytogenes* infection?

- ☐ A Pasteurized milk
- ☐ B Cooked poultry
- ☒ C Soft cheeses made from unpasteurized milk
- ☐ D Well-washed raw vegetables
- ☐ E Fully cooked fish

ANSWER C

WHY Soft cheeses (e.g., brie, camembert, queso fresco) made from unpasteurized milk can harbor *Listeria monocytogenes*, which poses serious risk to pregnant women (miscarriage, stillbirth, neonatal sepsis). Pasteurized milk, properly cooked poultry, thoroughly washed produce, and fully cooked fish are generally considered safe.