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Question: 956

A 40-year-old female patient with a history of small intestinal bacterial overgrowth (SIBO) presents with bloating and diarrhea. A hydrogen breath test is positive, and the gastroenterologist prescribes rifaximin 550 mg three times daily for 14 days. According to established standards for administering rifaximin, which patient education point is critical to ensure adherence and minimize side effects?

- A. Take rifaximin at bedtime to reduce GI upset
- B. Avoid rifaximin if allergic to penicillin
- C. Take rifaximin with food to enhance absorption
- D. Stop rifaximin if stools become bloody

Answer: C

Explanation: Rifaximin, a non-absorbable antibiotic used for SIBO, is best taken with food to enhance patient tolerance and reduce mild GI side effects like nausea. Established standards emphasize this to improve adherence. Rifaximin has no cross-reactivity with penicillin, and bedtime dosing is not necessary. Bloody stools are not a typical side effect of rifaximin, and stopping it prematurely without medical advice is not recommended.

Question: 957

What is the primary treatment for a bleeding esophageal varices?

- A. Endoscopic band ligation
- B. Hemodialysis
- C. Antibiotics
- D. Oxygen therapy

Answer: A

Explanation: Endoscopic band ligation is the primary treatment for bleeding esophageal varices. It involves placing rubber bands around the varices to stop the bleeding and prevent further complications.

Question: 958

A gastroenterology nurse is reviewing the reprocessing protocol for a single-use biopsy forceps used during an esophagogastroduodenoscopy (EGD). The manufacturer's instructions for use (IFU) state that the device is not intended for reuse. However, the facility's policy allows reprocessing of single-use devices under specific conditions. According to the FDA and SGNA guidelines (2023), what is the

primary reason single-use devices should not be reprocessed?

- A. Manufacturer's warranty voidance upon reprocessing
- B. Lack of cost-effectiveness compared to reusable devices
- C. Inability to validate cleaning efficacy due to complex device design
- D. Requirement for sterilization rather than high-level disinfection

Answer: C

Explanation: The FDA and SGNA guidelines (2023) prohibit reprocessing single-use devices primarily because their complex designs (e.g., lumens, hinges) make it difficult to validate cleaning efficacy, increasing the risk of residual bioburden and infection transmission. Unlike reusable devices, single-use devices are not designed or tested for repeated cleaning and disinfection cycles. Cost-effectiveness, warranty issues, or sterilization requirements are secondary concerns and not the primary reason for the prohibition.

Question: 959

Which of the following is the primary treatment for chronic hepatitis B infection?

- A. Corticosteroids
- B. Antiviral therapy (e.g., tenofovir, entecavir)
- C. Liver transplantation
- D. Interferon therapy

Answer: B

Explanation: Antiviral therapy, such as tenofovir or entecavir, is the primary treatment for chronic hepatitis B infection. These antiviral medications can suppress the replication of the hepatitis B virus, reducing the risk of liver damage and potentially achieving viral clearance.

Question: 960

A patient with suspected celiac disease undergoes serologic testing. Which of the following antibodies is commonly measured in the diagnosis of celiac disease?

- A. Anti-smooth muscle antibodies (ASMA)
- B. Anti-nuclear antibodies (ANA)
- C. Anti-tissue transglutaminase (anti-tTG) antibodies
- D. Anti-mitochondrial antibodies (AMA)

Answer: C

Explanation: The measurement of anti-tissue transglutaminase (anti-tTG) antibodies is commonly used in the diagnosis of celiac disease. These antibodies are typically present in individuals with celiac disease as a result of the immune response to gluten. Elevated levels of anti-tTG antibodies indicate an increased likelihood of celiac disease and can help guide further diagnostic evaluations.

Question: 961

A 65-year-old patient with a history of gastric bypass surgery presents for a double-balloon enteroscopy to evaluate iron deficiency anemia. The nurse sets up the enteroscopy system with a 200 cm working length scope and a 2.8 mm accessory channel. The overtube is inflated to 30 mmHg to stabilize the small bowel. During the procedure, the gastroenterologist identifies a 1 cm ulcer in the jejunum. Post-procedure, the patient's hemoglobin is 7.5 g/dL, and vital signs are stable. What is the most appropriate nursing action?

- A. Monitor the patient for 2 hours and educate on ulcer management
- B. Initiate a proton pump inhibitor infusion
- C. Administer 1 unit of packed red blood cells
- D. Schedule a repeat enteroscopy in 1 week

Answer: A

Explanation: The jejunal ulcer likely contributes to the patient's anemia, but stable vital signs and a hemoglobin of 7.5 g/dL do not necessitate immediate transfusion in the absence of hemodynamic instability. Monitoring for 2 hours ensures no immediate complications (e.g., bleeding, perforation), and educating on ulcer management (e.g., avoiding NSAIDs, adhering to PPI therapy) is critical. A PPI infusion is not indicated for a small bowel ulcer unless active bleeding is confirmed. A repeat enteroscopy is unnecessary without evidence of ongoing bleeding.

Question: 962

A client with chronic pancreatitis is at risk for malabsorption and nutrient deficiencies due to impaired pancreatic function. The nurse provides dietary recommendations to the client to optimize nutrient absorption. Which of the following interventions should the nurse include?

- A. Limit fat intake to minimize pancreatic stimulation.
- B. Increase fiber intake to promote bowel regularity.
- C. Consume small, frequent meals throughout the day.
- D. Avoid alcohol and caffeinated beverages.

Answer: C

Explanation: Consuming small, frequent meals throughout the day can help optimize nutrient absorption in clients with chronic pancreatitis. This approach reduces the workload on the pancreas and allows for better digestion and absorption of nutrients. Limiting fat intake, increasing fiber intake, and avoiding alcohol and caffeinated beverages are also important recommendations for managing chronic pancreatitis, but they do not directly address nutrient absorption.

Question: 963

A 50-year-old male presents with recurrent episodes of upper abdominal pain that occurs 1-3 hours after meals. He reports relief of symptoms after taking antacids. Which of the following is the MOST likely diagnosis?

- A. Duodenal ulcer
- B. Gastroesophageal reflux disease (GERD)
- C. Gastric ulcer
- D. Pancreatitis

Answer: A

Explanation: The most likely diagnosis for the patient's presentation is a duodenal ulcer. The recurrent episodes of upper abdominal pain that occur 1-3 hours after meals, along with relief of symptoms after taking antacids, are characteristic of duodenal ulcers. Duodenal ulcers are commonly caused by *Helicobacter pylori* infection or the use of nonsteroidal anti-inflammatory drugs (NSAIDs). Treatment options for duodenal ulcers include acid-suppressing medications, antibiotics to eradicate *H. pylori*, and avoidance of NSAIDs.

Question: 964

A 53-year-old patient with Crohn's disease on vedolizumab 300 mg every 8 weeks presents with a perianal fistula. Labs show CRP 30 mg/L and normal white blood cell count. The gastroenterologist plans to add a medication. Which pharmacologic option is most appropriate to manage the fistula while minimizing complications?

- A. Adalimumab 40 mg every other week
- B. Ciprofloxacin 500 mg twice daily
- C. Mercaptopurine 1.5 mg/kg daily
- D. Prednisone 40 mg daily

Answer: A

Explanation: Perianal fistulas in Crohn's disease respond well to anti-TNF agents like adalimumab, which targets inflammation and promotes fistula closure. Vedolizumab, a gut-specific integrin inhibitor, is less effective for fistulizing disease. Ciprofloxacin is an adjunct for infection but not primary therapy. Mercaptopurine is slower-acting and less effective for fistulas. Prednisone is not recommended for fistulizing disease due to lack of efficacy. Adalimumab complements vedolizumab with minimal interaction.

Question: 965

A 53-year-old male patient with hepatitis B undergoes a liver biopsy. His lab values show an ALT of 150 U/L, AST of 120 U/L, and platelet count of 90,000/mm³. He expresses spiritual concerns about his chronic illness. Which action ensures proper specimen preparation for transport?

- A. Label the specimen with only the date and time
- B. Transport the specimen without a biohazard bag
- C. Store the specimen at room temperature for 24 hours
- D. Place the specimen in a biohazard bag with a requisition form

Answer: D

Explanation: Placing the specimen in a biohazard bag with a requisition form ensures safe and accurate transport, complying with regulatory standards. Labeling with only date and time is insufficient, storing at room temperature risks degradation, and transporting without a biohazard bag violates safety protocols.

Question: 966

A patient with suspected small bowel obstruction undergoes an abdominal X-ray. Which of the following findings would be consistent with a small bowel obstruction?

- A. Dilated loops of the large bowel
- B. Air-fluid levels in the large bowel
- C. Absence of gas throughout the abdomen
- D. Presence of a calcified gallstone

Answer: A

Explanation: In a small bowel obstruction, the small bowel is typically dilated proximal to the site of obstruction. Therefore, on an abdominal X-ray, the presence of dilated loops of the large bowel would be consistent with a small bowel obstruction. Other findings, such as air-fluid levels in the large bowel or absence of gas throughout the abdomen, may suggest different conditions or normal variations.

Question: 967

Which of the following is the primary treatment for mild to moderate Crohn's disease?

- A. Immunomodulators (e.g., azathioprine, 6-mercaptopurine)
- B. Corticosteroids
- C. Biologic agents (e.g., anti-TNF therapy)
- D. Antibiotics

Answer: A

Explanation: Immunomodulators, such as azathioprine or 6-mercaptopurine, are the primary treatment for mild to moderate Crohn's disease. These medications help suppress the overactive immune response and inflammation associated with Crohn's disease, inducing and maintaining remission in patients with mild to moderate disease activity.

Question: 968

A 64-year-old male with a history of hypertension and smoking undergoes a screening colonoscopy. During the procedure, the gastroenterologist removes a 1.5 cm sessile polyp. Histopathology reveals a villous adenoma with low-grade dysplasia. Which surveillance interval is most appropriate according to ASGE guidelines?

- A. Repeat colonoscopy in 1 year
- B. Repeat colonoscopy in 3 years
- C. Repeat colonoscopy in 5 years
- D. No further surveillance needed

Answer: B

Explanation: ASGE guidelines recommend a 3-year surveillance interval for a villous adenoma with low-grade dysplasia, as it is a high-risk adenoma due to size (>1 cm) and histology. A 1-year interval is for multiple high-risk adenomas, 5 years for low-risk adenomas, and surveillance is always required for adenomatous polyps.

Question: 969

Which of the following is the MOST appropriate nursing intervention for a patient who has just undergone a colonoscopy with polypectomy (removal of polyps)?

- A. Encourage oral hydration and clear liquid intake
- B. Administer laxatives to promote bowel evacuation
- C. Restrict oral intake until the next day
- D. Monitor for signs of bleeding or perforation

Answer: D

Explanation: After a colonoscopy with polypectomy, the most appropriate nursing intervention is to monitor for signs of bleeding or perforation. Polypectomy carries a risk of complications, such as bleeding from the polypectomy site or, less commonly, perforation of the colon. Nurses should closely observe for symptoms like abdominal pain, fever, rectal bleeding, or signs of peritonitis, which may indicate a complication requiring prompt medical attention.

Question: 970

A 42-year-old female patient with a history of autoimmune hepatitis presents with fatigue and jaundice. Laboratory results show AST 200 U/L (normal: 10–40 U/L), ALT 250 U/L (normal: 7–56 U/L), and IgG 2200 mg/dL (normal: 700–1600 mg/dL). The gastroenterologist prescribes prednisone 40 mg daily. According to established standards for administering corticosteroids, which vaccination should the nurse ensure is up-to-date before initiating therapy to prevent opportunistic infections?

- A. Influenza vaccine, to prevent seasonal flu
- B. Hepatitis B vaccine, to prevent viral reactivation
- C. Pneumococcal vaccine, to prevent *Streptococcus pneumoniae* infection
- D. Tetanus vaccine, to prevent wound infections

Answer: C

Explanation: Prednisone, used for autoimmune hepatitis (evidenced by elevated AST, ALT, and IgG), causes immunosuppression, increasing the risk of opportunistic infections like *Streptococcus pneumoniae*. Established standards recommend ensuring pneumococcal vaccination is up-to-date before initiating high-dose corticosteroids. Hepatitis B vaccination is relevant but less critical unless serology indicates risk. Influenza and tetanus vaccines are less urgent in this context.

Question: 971

A 65-year-old male with a history of hepatitis C cirrhosis undergoes a paracentesis for refractory ascites. Post-procedure, the nurse notes a blood pressure of 90/55 mmHg and a heart rate of 115 bpm. The puncture site shows continuous oozing. Which laboratory value should the nurse prioritize checking to guide intervention?

- A. Serum albumin
- B. Serum creatinine
- C. International normalized ratio (INR)
- D. Total bilirubin

Answer: C

Explanation: Hypotension, tachycardia, and oozing suggest post-paracentesis bleeding, a complication in cirrhosis due to coagulopathy. Checking the INR is critical to assess coagulation status and guide interventions like fresh frozen plasma or vitamin K. Albumin is relevant for volume expansion, but coagulopathy is the priority. Creatinine and bilirubin do not directly address bleeding.

Question: 972

A nurse is caring for a client with celiac disease. Which of the following foods should the nurse instruct the client to avoid?

- A. Whole wheat bread
- B. Fresh fruits and vegetables
- C. Rice and corn-based products
- D. Lean meats and poultry

Answer: A

Explanation: The nurse should instruct the client with celiac disease to avoid whole wheat bread. Celiac disease is an autoimmune disorder characterized by an intolerance to gluten, a protein found in wheat, barley, and rye. Whole wheat bread contains gluten and can trigger adverse reactions and damage to the small intestine in individuals with celiac disease. Instead, the client should opt for gluten-free alternatives such as rice, corn, or gluten-free bread made from alternative grains or flours.

Question: 973

A patient with suspected acute appendicitis is undergoing diagnostic evaluation. Which of the following physical examination findings is most suggestive of acute appendicitis?

- A. McBurney's point tenderness
- B. Rebound tenderness in the right lower quadrant
- C. Rovsing's sign
- D. Psoas sign

Answer: A

Explanation: McBurney's point tenderness is most suggestive of acute appendicitis. McBurney's point is located in the right lower quadrant of the abdomen, approximately two-thirds of the distance between the umbilicus and the anterior superior iliac spine. Tenderness at this site is a classic physical examination finding in acute appendicitis.

Question: 974

A patient with a gastric ulcer is prescribed amoxicillin, clarithromycin, and omeprazole for *Helicobacter pylori* eradication. On day 5, the patient develops a fever, rash, and eosinophilia (eosinophils 8%). What is the most likely adverse reaction, and what should the nurse do?

- A. Suspect drug reaction with eosinophilia and systemic symptoms (DRESS) and stop antibiotics
- B. Continue the regimen and monitor for resolution
- C. Administer diphenhydramine for allergic reaction
- D. Switch to metronidazole-based therapy

Answer: A

Explanation: Fever, rash, and eosinophilia during antibiotic therapy suggest DRESS, a severe hypersensitivity reaction. Immediate cessation of the offending antibiotics (amoxicillin and clarithromycin) is critical to prevent progression. Continuing the regimen, administering diphenhydramine, or switching antibiotics without stopping the current drugs could worsen the reaction.

Question: 975

A 38-year-old male patient with ulcerative colitis is scheduled for a flexible sigmoidoscopy. His lab results show a potassium level of 3.2 mEq/L, hemoglobin of 9.8 g/dL, and an erythrocyte sedimentation rate (ESR) of 40 mm/hr. He expresses psychological distress due to sexual dysfunction related to his condition. During the procedure, the nurse observes bright red blood in the scope's field. What is the most appropriate nursing action to mitigate this complication while considering his physiological and psychological needs?

- A. Notify the gastroenterologist and prepare for possible transfusion
- B. Apply endoscopic hemostatic clips to control bleeding
- C. Administer a potassium bolus to correct hypokalemia immediately
- D. Provide reassurance and pause the procedure for reassessment

Answer: A

Explanation: Bright red blood during sigmoidoscopy indicates active bleeding, a potential complication in ulcerative colitis. Notifying the gastroenterologist and preparing for transfusion addresses the physiological risk while monitoring hemoglobin. Administering potassium is unrelated to bleeding,

applying clips is a physician's role, and reassurance alone doesn't address the urgent complication.

Question: 976

A patient presents with recurrent episodes of abdominal pain, bloating, and diarrhea, which are relieved by defecation. Which of the following is the most likely diagnosis?

- A. Diverticulitis
- B. Irritable bowel syndrome (IBS)
- C. Ulcerative colitis
- D. Celiac disease

Answer: B

Explanation: The most likely diagnosis for a patient with recurrent episodes of abdominal pain, bloating, and diarrhea that are relieved by defecation is irritable bowel syndrome (IBS). IBS is a functional gastrointestinal disorder characterized by abdominal pain or discomfort and altered bowel habits without evidence of structural or biochemical abnormalities.

Question: 977

What is the primary treatment for gastroesophageal reflux disease (GERD)?

- A. Dietary modifications
- B. Surgical intervention
- C. Medications (e.g., proton pump inhibitors)
- D. Physical therapy

Answer: C

Explanation: Medications, such as proton pump inhibitors (PPIs), are the primary treatment for gastroesophageal reflux disease (GERD). These medications reduce the production of stomach acid and help alleviate symptoms.

Question: 978

A gastroenterology nurse is preparing a patient for a magnetic resonance cholangiopancreatography (MRCP) to evaluate biliary obstruction. The patient's labs show total bilirubin of 3.5 mg/dL, alkaline

phosphatase of 300 U/L, and AST of 50 U/L. The MRI system is set to a 3 Tesla field strength, and the nurse ensures the patient has no contraindications (e.g., pacemaker). The MRCP reveals a 1 cm stone in the common bile duct. What is the most appropriate nursing action post-procedure?

- A. Administer 1 g of ceftriaxone intravenously
- B. Prepare the patient for endoscopic retrograde cholangiopancreatography (ERCP)
- C. Educate the patient on a low-fat diet and hydration
- D. Reassure the patient that the stone will pass spontaneously

Answer: B

Explanation: A 1 cm common bile duct stone is unlikely to pass spontaneously and may cause complications like cholangitis or pancreatitis. Preparing the patient for ERCP, the standard procedure for stone removal, is the priority. A low-fat diet and hydration are supportive but not definitive treatments. Antibiotics are indicated only if infection (e.g., cholangitis) is suspected, which is not supported by the scenario. Reassurance is inappropriate given the stone's size and potential complications.

Question: 979

A patient with suspected gallbladder disease undergoes an abdominal ultrasound. Which of the following findings on ultrasound is most consistent with acute cholecystitis?

- A. Presence of gallstones within the gallbladder
- B. Thickening of the gallbladder wall
- C. Dilated common bile duct
- D. Enlarged liver with multiple cysts

Answer: B

Explanation: Thickening of the gallbladder wall is most consistent with acute cholecystitis on abdominal ultrasound. Acute cholecystitis is characterized by inflammation of the gallbladder, which can lead to wall thickening. Other findings associated with acute cholecystitis may include gallstones and pericholecystic fluid collection.

Question: 980

A 52-year-old patient with cirrhosis is undergoing an esophagogastroduodenoscopy (EGD) in the gastroenterology unit. The nurse is reviewing the patient's laboratory results, which show: platelet count 90,000/ μ L, INR 1.8, and hemoglobin 10.2 g/dL. The patient has a history of variceal bleeding and is anxious about the procedure, asking if their health information will be shared with their employer. The nurse must address the patient's concerns about privacy while ensuring ethical care. According to HIPAA and ethical standards, what is the most appropriate response to the patient's concern about employer

disclosure?

- A. Assure the patient that their health information is protected under HIPAA and will not be shared without consent
- B. Explain that employers may access health records for insurance purposes but only with patient authorization
- C. Inform the patient that HIPAA allows limited disclosure to employers for workplace safety reasons
- D. Tell the patient that health information may be shared with employers if it affects their work capacity

Answer: A

Explanation: HIPAA strictly prohibits the disclosure of protected health information to employers without the patient's explicit consent, except in rare cases like workers' compensation claims, which do not apply here. The nurse must reassure the patient that their information is confidential and protected under federal law. Suggesting that employers may access records for insurance or safety reasons is inaccurate and could undermine trust. Ethical standards in nursing emphasize patient autonomy and confidentiality, making a clear assurance of privacy the correct response.

Question: 981

A 47-year-old male patient with Crohn's disease is undergoing an ileoscopy to assess disease activity. He is on infliximab 5 mg/kg IV every 8 weeks and reports sexual dysfunction as a psychological concern affecting his quality of life. Pre-procedure vital signs are BP 128/82 mmHg, HR 78 bpm, and SpO₂ 99% on room air. The patient receives midazolam 2 mg IV. What is the most appropriate intervention to address his psychological and sexual wellness?

- A. Administer additional midazolam 1 mg IV to reduce anxiety
- B. Discuss sexual dysfunction with the gastroenterologist for referral
- C. Proceed with the procedure, as sexual concerns are unrelated
- D. Recommend immediate psychological counseling before the procedure

Answer: B

Explanation: Sexual dysfunction in Crohn's disease can be a significant psychological and social concern, impacting wellness. Discussing the issue with the gastroenterologist for a referral (e.g., to urology or counseling) addresses the patient's needs holistically. Additional midazolam does not address the underlying concern, proceeding ignores the issue, and immediate counseling is impractical before the procedure. A referral ensures follow-up care.



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