Test Questions

- 1. What effect does a low fiber diet have in patients with active inflammatory bowel disease (IBD)?
 - a. Low fiber diet has little discernable effect.
 - b. Low fiber diet results in symptom improvement over time.
 - c. Low fiber diet reduces inflammation through changes in the microbiome.
 - d. Low fiber diet increases risks of malnutrition and micronutrient deficiencies.
- 2. Which diet is recommended for the daily management of patients with active inflammatory bowel disease?
 - a. Low fiber diet
 - b. High fiber diet
 - c. Texture-modified diet
 - d. Texture-restricted diet
- According to the latest clinical practice update on nutrition therapy in IBD, a texture-modified diet that reduces indigestible fiber from fruits and vegetables and includes soluble fiber is recommended for the patient hospitalized for an exacerbation of IBD with
 - a. intestinal strictures.
 - b. inflamed Crohn's disease.
 - c. Crohn's disease with an abscess.
 - d. a high output fistula (>500 ml/day).
- 4. Emergency nutritional management for a critically ill patient, status post Roux-en-Y gastric bypass 5 years ago, who presents with coma and severe malnutrition-related hyperammonemia should include
 - a. aggressive enteral feeding with glutamine-rich formula.
 - b. stopping tube feedings and all protein supplements.
 - c. parenteral nutrition with limited protein.
 - d. Intensive macronutrient repletion.
- 5. Which type of catheter lock has a favorable safety profile and has demonstrated a cost benefit due to a reduction in catheter related bloodstream infections in home parenteral and enteral nutrition patients?
 - a. Taurolidine-citrate-heparin locks
 - b. Nitric oxide locks
 - c. Antibiotic locks
 - d. Ethanol locks

Test Questions Continued

- What is the most reliable test for assessing exocrine pancreatic insufficiency (EPI) in children?
 a. Fecal fat test
 - b. Fecal elastase test
 - c. Dreiling tube test / Lundh meal test
 - d. Endoscopic pancreatic function texting (ePFT)
- 7. What are the recommendations for annual micronutrient monitoring for patients who have undergone bariatric surgery more than two years ago?
 - a. Iron, folate, Vitamin B12, Vitamin D for all patients
 - b. Iron, folate, Vitamin A, Vitamin B12, Vitamin D, zinc and copper for all patients
 - c. Iron and folate for all patients; consider Vitamin B12, zinc, and copper for at-risk patients.
 - d. Routine monitoring no longer necessary beyond 12 months except for at-risk patients.



