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NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) Sample Questions (Q63-Q68):

NEW QUESTION # 63

When pureeing food, what happens to the volume of fruits and vegetables?

- A. Increases.
- B. Doubles.
- C. Stays the same.
- **D. Decreases.**

Answer: D

Explanation:

When pureeing fruits and vegetables, the volume of the produce decreases. This occurs because the process of pureeing breaks down the fibrous structures and cells within the fruits and vegetables, releasing trapped air and reducing the overall space they occupy. Additionally, during pureeing, any excess water contained within the produce may also be released, which contributes to a reduction in volume.

The result of pureeing is a more compact, smoother texture that appears to occupy less space than the original whole fruits or vegetables. Despite this decrease in volume, the nutritional content of the fruits and vegetables remains, making the puree more nutrient-dense per spoonful compared to the raw, whole form. This is beneficial for creating concentrated flavors and nutrients in meals, especially in dishes where space and texture are considerations, such as smoothies or soups.

It's important to note that this characteristic of decreasing volume is specific to fruits and vegetables. In contrast, when meats are pureed, the volume can actually increase. This is because meats generally require the addition of liquids, such as water or broth, to facilitate the pureeing process and achieve a palatable texture. This addition of liquid increases the overall volume of the pureed meat compared to its original form.

NEW QUESTION # 64

The initial screening of a client should include which of the following?

- A. alcohol use or abuse
- **B. all of the above**
- C. physical ability to obtain and consume foods
- D. diet history

Answer: B

Explanation:

The initial screening of a client in a healthcare setting, particularly when it pertains to nutritional assessment, is a comprehensive process that aims to gather as much relevant information as possible to form a complete picture of the client's health status. In this context, the correct answer to the question regarding what should be included in the initial screening is "all of the above." This choice indicates that every option listed, not just one, is important for a thorough initial assessment. Here's an expanded explanation of each aspect considered in the initial screening:

****Physical Ability to Obtain and Consume Foods****: This involves evaluating whether the client has any physical limitations that might affect their ability to shop for, prepare, or consume meals. Challenges such as mobility issues, manual dexterity, or oral health problems that can impact chewing or swallowing are pertinent. This assessment helps in tailoring nutritional advice and interventions that are realistic and achievable for the client.

****Diet History****: This component of the screening process involves understanding the client's typical intake of foods and beverages. It includes details about dietary patterns, preferences, and any special diets they are following, such as vegetarian, vegan, or gluten-free diets. This information is crucial for identifying nutrient deficiencies or excesses, understanding cultural food practices, and providing a basis for dietary recommendations.

****Alcohol Use or Abuse****: Alcohol consumption can significantly affect nutritional status and health. Screening for alcohol use helps to identify if the client's drinking patterns are within safe limits or if they potentially interfere with nutrition and health. Excessive alcohol intake can lead to malnutrition, liver disease, and other serious health issues, making it an important factor to consider in a nutritional assessment.

****Additional Factors****: Beyond the specific options listed in the question, a comprehensive initial screening should also consider other important factors such as: - ****Food Tolerance or Intolerance****: Identifying any foods that the client cannot tolerate, either due to allergies or sensitivities, which is crucial for planning a safe and effective diet. - ****Current Height, Weight, and Weight History****: These measurements provide insight into the client's general health and nutritional status, indicating potential issues like undernutrition or obesity. - ****Current Diagnosis****: Knowing any existing medical conditions (e.g., diabetes, hypertension) is essential as these can significantly influence dietary requirements and restrictions. - ****Polypharmacy****: Checking for multiple medication use is vital since many drugs can interact with nutrients affecting their absorption, metabolism, or excretion. - ****Potential Food or Nutrient Interactions****: Understanding how the client's food intake could interact with their medications or conditions to either exacerbate

issues or perhaps help in managing a condition.

In summary, the initial screening of a client is a multi-faceted process that encompasses a broad range of factors, each contributing valuable information that aids in forming a holistic nutritional care plan. The choice of "all of the above" reflects the necessity of a comprehensive approach to accurately assess and address the diverse needs of each client.

NEW QUESTION # 65

The guideline for fat intake for 2-3 year olds is:

- A. 30-35%
- B. 50%
- C. 20-25%
- D. 35-40%

Answer: A

Explanation:

The correct guideline for fat intake for children aged 2-3 years old is 30-35% of their total daily caloric intake. This recommendation is part of a dietary approach that supports the developmental needs of toddlers, who require a certain amount of fat for healthy growth, brain development, and overall well-being.

Up until the age of 2, whole milk is recommended because it provides the essential fats necessary for rapid brain development that occurs during this stage of life. However, once children reach the age of 2, the dietary focus shifts slightly. At this point, it is advised to switch from whole milk to low-fat or fat-free milk. This change helps to moderate fat intake, ensuring it does not exceed the necessary amount which could otherwise lead to health issues such as obesity.

The 30-35% fat intake guideline for 2-3 year olds is set to provide a balanced amount of fats that are crucial for their continued development. This range is carefully calculated to supply adequate energy and essential fatty acids, which are vital for cognitive development and the absorption of fat-soluble vitamins (A, D, E, and K).

As children grow older, from the age of 4 to 18, the recommended fat intake slightly adjusts to 25-35% of total calories. This adjustment reflects the changing nutritional needs as children grow and become more active, requiring different caloric distributions for optimal health. Additionally, it is recommended that no more than 7% of their daily caloric intake should come from saturated fats. This helps in preventing the development of cardiovascular diseases and maintaining healthy cholesterol levels.

It is important for caregivers and parents to monitor and adjust the diet according to these guidelines to promote healthy eating habits from a young age. Such practices help in setting a foundation for a healthy lifestyle as the child grows into adulthood.

NEW QUESTION # 66

Which of the following is an example of an appropriate goal for a person trying to avoid weight gain from certain medications?

- A. Do not gain any weight.
- B. Increase the amount of fruits, vegetables, and whole grains in their daily diet.
- C. Maintain a specific body weight (i.e. 160 pounds).
- D. Develop a healthy body image.

Answer: B

Explanation:

In addressing the question of which goal is appropriate for someone aiming to avoid weight gain while on certain medications, it is crucial to consider goals that are both practical and conducive to long-term health improvements. One effective approach is to focus on modifying dietary habits, which includes increasing the intake of fruits, vegetables, and whole grains. This goal not only promotes healthier eating patterns but also contributes to better overall health management.

Increased consumption of fruits, vegetables, and whole grains is advantageous for several reasons. These food groups are high in dietary fiber, vitamins, and minerals, while generally being lower in calories and fat compared to more processed foods. The fiber content is particularly important as it helps to promote a feeling of fullness, which can prevent overeating—a key factor in maintaining weight. Additionally, these foods have a low energy density, which means they provide fewer calories compared to their weight, allowing one to eat satisfying portions without consuming too many calories.

Setting a goal to maintain a specific body weight, such as 160 pounds, or to not gain any weight, can be problematic. These goals are outcome-oriented and can lead to frustration and disappointment if not met. They do not account for the natural fluctuations in body weight that can occur due to factors like fluid balance and hormonal changes. Moreover, such goals do not necessarily encourage the adoption of healthy eating behaviors or improvements in overall health.

Developing a healthy body image is another important goal, but it is more psychological in nature and does not directly address the dietary behaviors that can help in managing weight gain associated with medication use. While it is a valuable goal, it may be more

effective when pursued in conjunction with specific dietary changes, rather than as a standalone objective.

Therefore, the goal of increasing the intake of fruits, vegetables, and whole grains is not only behavior-oriented but also directly supports the physical health changes needed to counteract potential weight gain from medications. This goal emphasizes positive action and focuses on the process of making healthier food choices on a daily basis, which is more controllable and sustainable over the long term.

NEW QUESTION # 67

The cells that form bone are known as which of the following?

- A. osteocytes
- **B. osteoblasts**
- C. osteoclasts
- D. osteoprogenitors

Answer: B

Explanation:

The cells primarily responsible for the formation of bone are known as osteoblasts. Osteoblasts originate from osteoprogenitor cells, which are a type of stem cell that can differentiate into various cell types involved in bone formation and repair. These osteoblasts are critical during both the initial formation of bone and the remodeling process that occurs throughout an individual's life.

Upon being signaled, osteoblasts begin the process of laying down new bone. They produce and secrete collagen, which forms the organic matrix of bone, and then help in the mineralization of this matrix to harden and form the rigid structure of the bone. Once their bone-forming function is completed, some osteoblasts transform into osteocytes, which are the mature bone cells embedded within the bone matrix. These osteocytes play a vital role in maintaining the mineral balance of the bone and help in the communication with other bone cells to regulate bone remodeling and repair.

In contrast to osteoblasts, osteoclasts are the cells responsible for bone resorption, which is the process of breaking down bone tissue. This action is crucial for the ongoing maintenance, repair, and remodeling of bones. Osteoclasts help in managing the bone's structure and function by removing old or damaged bone, making space for new bone formed by osteoblasts.

Thus, while osteoprogenitors are the precursor cells that give rise to osteoblasts, and osteocytes are the mature form of osteoblasts embedded in the bone matrix, it is the osteoblasts that are directly involved in the formation of bone. Therefore, in the context of the question about which cells form bone, the correct answer is osteoblasts.

NEW QUESTION # 68

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