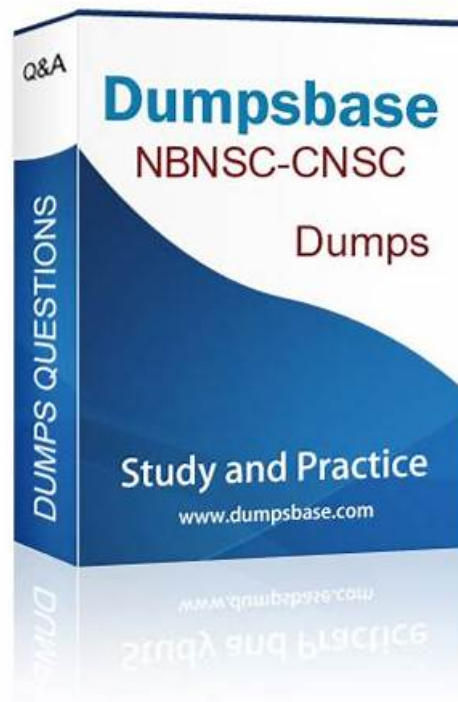


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NUTRITION NBNSC-CNSC Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Nutrition Assessment	31%	- Anthropometric, biochemical, clinical and dietary assessment - Assessment of disease impact on nutrition status - Determination of nutrition requirements and goals - Patient screening and risk identification
Topic 2: Professional Practice	7%	- Ethics, scope of practice and interprofessional collaboration - Legal and professional responsibilities - Education, counseling and patient advocacy
Topic 3: Process Management	5%	- Guidelines, protocols and quality improvement - Safety, compliance and regulatory standards - Documentation, ordering and inventory management
Topic 4: Clinical Management	57%	- Management of complications and metabolic disorders - Parenteral nutrition: access, formulation, compounding, administration - Enteral nutrition: selection, access, formulation, administration - Monitoring, evaluation and adjustment of nutrition therapy - Transition between nutrition support modalities

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NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) NBNSC-CNSC Prüfungsfragen mit Lösungen (Q19-Q24):

19. Frage

The innermost lining of the heart is which of the following?

- A. endocardium
- B. pericardium
- C. myocardium
- D. apex

Antwort: A

Begründung:

The correct answer to the question about the innermost lining of the heart is the **endocardium**. The endocardium is a thin layer of endothelial tissue that lines the interior of the heart chambers and heart valves. Its main function is to provide a smooth and protective lining of the cardiac chambers and valves, ensuring that blood flows smoothly within the heart without clotting. In contrast, the other options mentioned refer to different parts of the heart's structure. The **myocardium** is the middle layer of the heart wall and consists of cardiac muscle tissue. It is responsible for the pumping action of the heart as it contracts and relaxes to circulate blood throughout the body. The **pericardium** is the fibrous sac that surrounds the heart and helps to protect it, maintaining its position in the thorax and providing a lubricated surface for the heart to move against. Lastly, the **apex** refers to the tip of the heart, which points downward and to the left, and is not directly related to the structural layers of the heart. Thus, when considering the innermost lining of the heart, the endocardium is the accurate answer, distinguishing it from the myocardium, pericardium, and the apex, which have different roles in the anatomy and function of the heart.

20. Frage

All of the following are specimen types used in laboratory assessments except:

- A. plasma
- B. nutritional status
- C. erythrocytes
- D. serum

Antwort: B

Begründung:

In the context of laboratory assessments, various biological specimens are utilized to conduct tests that help in diagnosing, monitoring, and managing diseases. Common specimens include serum, plasma, and erythrocytes (red blood cells). Each of these plays a specific role in medical testing:

Serum is the liquid fraction of blood that is collected after the blood has been allowed to clot and the clot has been removed. It is used for a wide range of tests, including blood glucose, cholesterol levels, and many other biochemical analyses.

Plasma, on the other hand, is the liquid component of blood in which the blood cells are suspended. It is obtained by centrifuging the blood without letting it clot. Plasma is used for tests such as coagulation studies and certain protein measurements.

Erythrocytes, or red blood cells, are often analyzed to assess their shape, size, and number, which are critical in diagnosing conditions like anemia or polycythemia.

While serum, plasma, and erythrocytes are all specific types of specimens directly linked to blood, "nutritional status" is not a specimen type but rather a broad term referring to the assessment of nutrients in the body. Nutritional status can be evaluated through various means including dietary surveys, anthropometric measurements (like body weight and height), and biochemical

markers in blood or other fluids. However, unlike serum, plasma, or erythrocytes, nutritional status itself is not a tangible specimen that can be directly analyzed in a lab.

Therefore, when considering the types of specimens used in laboratory assessments, "nutritional status" stands out as the exception. It is a result derived from analyzing different specimens, not a specimen itself. This distinction is crucial for understanding the types of materials actually handled and analyzed in a laboratory setting.

21. Frage

The body requires energy to process food through digestion, absorption, transportation, metabolism and storage. This requirement represents _____% of daily energy (calorie) intake.

- A. 0
- B. 1
- C. 2
- D. 3

Antwort: A

Begründung:

The body expends a portion of its daily energy intake on the process of digesting, absorbing, transporting, metabolizing, and storing the food we consume. This energy expenditure is known as the Thermic Effect of Food (TEF), also sometimes referred to as dietary-induced thermogenesis.

TEF represents the increase in metabolic rate after ingestion of a meal, and it varies depending on the composition of the meal; for instance, proteins usually have a higher thermic effect compared to carbohydrates and fats. On average, the TEF accounts for approximately 10% of the total daily energy expenditure. This means that if an individual consumes 2000 calories in a day, about 200 of those calories will be utilized simply for processing the food eaten.

To calculate the total daily energy needs, one must consider not only the basal metabolic rate (BMR), which is the energy expended at rest to maintain vital body functions, but also the energy used in physical activity and the TEF. The formula to adjust BMR for TEF involves multiplying the BMR by 0.10 - reflecting the 10% average TEF - and then adding this value back to the BMR before incorporating activity levels. This adjusted figure provides a more accurate estimation of total daily energy needs, ensuring that dietary recommendations meet the individual's true energy requirements.

Understanding this component of energy expenditure is crucial for devising precise dietary plans, particularly for weight management strategies. By accounting for the energy used in food processing, individuals can better gauge their net caloric intake and make informed decisions about their eating habits and activity levels.

22. Frage

The Nutrition Care Process and Model provides a method to address all of the following except:

- A. make decisions about nutrition interventions
- B. not make decision about nutrition interventions
- C. aids thinking and decision making
- D. practice-related problems

Antwort: B

Begründung:

The Nutrition Care Process and Model (NCPM) is designed as a systematic approach used by registered dietitians (RDs) and nutrition professionals to provide high-quality, individualized nutrition care. It involves several key steps: assessment, diagnosis, intervention, and monitoring/evaluation. This structured method allows RDs to critically think through client or patient situations, identify nutrition-related problems, and develop effective interventions.

The question asks which of the following the NCPM does not address. The options provided are: 1. Practice-related problems 2. Make decisions about nutrition interventions 3. Not make decisions about nutrition interventions 4. Aids thinking and decision making. The NCPM is explicitly designed to address practice-related problems by allowing RDs to assess and diagnose nutrition-related issues based on collected data. It also aids in thinking and decision-making by providing a structured framework to guide these processes effectively. Thus, the correct answer to the question would be that the NCPM does not provide a method to "not make decisions about nutrition interventions." This is because the entire model is centered around making informed decisions to manage and treat nutrition-related issues.

Essentially, the NCPM equips nutrition professionals with the tools to actively make decisions regarding interventions based on individual assessments. The option "not make decisions about nutrition interventions" contradicts the fundamental purpose of the NCPM, which is to enable decision-making to optimize patient care. This highlights the role of the NCPM in facilitating proactive,

rather than passive, management in nutrition care.

23. Frage

Mealtime should be pleasant and food should not be forced on the child. Forcing a child to eat can cause all of the following except:

- A. bulimia
- B. chronic overeating
- C. a healthy appetite
- D. anorexia nervosa

Antwort: C

Begründung:

The question you've asked focuses on the negative outcomes that can arise when a child is forced to eat, rather than allowing them to choose how much to eat based on their own hunger cues. The correct approach to mealtime, as suggested, should involve creating a pleasant atmosphere where nutritious food is provided, and the child is given the autonomy to decide whether and how much to eat. Forcing a child to eat can have several adverse effects, but not all the options listed in the question are correct. Let's expand on each option provided to understand which one does not fit as a consequence of forcing a child to eat:

****Anorexia Nervosa:**** This is an eating disorder characterized by an obsessive fear of gaining weight and a refusal to maintain a healthy body weight. Forcing a child to eat can contribute to the development of unhealthy relationships with food, including disorders like anorexia. This can occur as children might begin to associate eating with stress or punishment, potentially leading them to avoid eating to regain a sense of control.

****A Healthy Appetite:**** This option is the correct answer to "all of the following except." A healthy appetite is a natural, positive response to hunger that should be encouraged. It involves eating when hungry and stopping when full. Forcing a child to eat disrupts this natural cueing system, potentially leading them to override feelings of fullness or to eat when they are not hungry, which is not indicative of a healthy appetite. Thus, forcing food does not promote a healthy appetite; instead, it likely hampers it.

****Bulimia:**** Bulimia nervosa is another serious eating disorder marked by periods of binge eating followed by purging to avoid weight gain. Like anorexia, bulimia can also stem from unhealthy relationships with food developed during childhood. Forcing a child to eat can instill feelings of powerlessness about food choices, which might later manifest as binge eating (a lack of control) followed by purging as a regain of that control.

****Chronic Overeating:**** Chronic overeating can develop when individuals habitually eat more than their bodies require, often not in response to true hunger cues. This behavior can be fostered from a young age if children are pushed to eat beyond satiety, leading them to ignore their internal cues and continue eating despite being full. Over time, this can evolve into habitual overeating, significantly impacting health and wellbeing. In summary, the only outcome from the list that is not a likely consequence of forcing a child to eat is "a healthy appetite." All other options listed can potentially be negative consequences of such behavior.

24. Frage

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