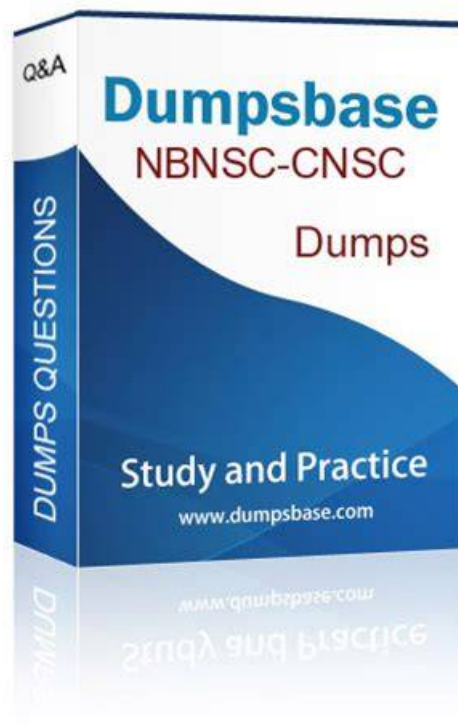


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NUTRITION NBNSC-CNSC Exam Syllabus Topics:

Section	Weight	Objectives
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Nutrition Assessment	18%	- Intake Assessment
		• 1. Dietary history • 2. Oral intake evaluation
		- Biochemical and Clinical Data
		• 1. Organ function tests • 2. Visceral protein markers • 3. Micronutrient levels
		- Estimation of Nutrient Requirements
		• 1. Protein requirements • 2. Fluid requirements • 3. Energy expenditure
		- Medical History and Physical Exam
		• 1. Assessment of nutritional status • 2. Identification of risk factors
		- Anthropometric Measurements
		• 1. Growth parameters (pediatrics) • 2. Weight changes • 3. Body composition
Clinical Practice	12%	- Special Populations
		• 1. Transplant patients • 2. Geriatrics • 3. Pediatrics • 4. Obesity
		- Disease-Specific Nutrition
		• 1. Hepatic disease • 2. Oncology • 3. Critical illness • 4. Pancreatitis • 5. Pulmonary disease • 6. Surgical patients • 7. Renal disease
		- Burns and Trauma
		• 1. Nutritional requirements • 2. Metabolic changes

Team and Program Management	12%	- Education and Training
		• 1. Patient education • 2. Staff training
		- Interdisciplinary Team
		• 1. Communication • 2. Roles and responsibilities
		- Ethical and Legal Considerations
Clinical Intervention	28%	• 1. Standards of practice • 2. Informed consent • 3. End-of-life nutrition
		- Quality Management
		• 1. Outcome measures • 2. Policies and procedures • 3. Performance improvement
		- Oral Nutrition Support
		• 1. Supplements • 2. Nutrition counseling • 3. Texture modifications
		- Parenteral Nutrition
		• 1. Indications • 2. Vascular access devices • 3. Monitoring • 4. Components (dextrose, amino acids, lipids) • 5. Preparation and compounding
		- Enteral Nutrition
		• 1. Access devices • 2. Pediatric considerations • 3. Indications and contraindications • 4. Formula selection • 5. Administration methods
		- Nutrition Focused Physical Exam (NFPE)
		• 1. Identification of deficiency signs

		- Drug-Nutrient Interactions • 1. Effects of nutrients on drugs • 2. Effects of drugs on nutrients - Complications • 1. Metabolic complications • 2. Mechanical complications • 3. GI complications • 4. Infectious complications - Monitoring of Nutrition Support • 1. Laboratory monitoring • 2. Adjustment of care plans • 3. Clinical monitoring - Physiology • 1. Endocrine regulation • 2. Gastrointestinal physiology • 3. Immunology - Biochemistry and Metabolism • 1. Micronutrient metabolism • 2. Acid-base balance • 3. Macronutrient metabolism • 4. Fluid and electrolyte balance - Biochemical assessment • 1. Nutrient deficiency/toxicity - Anatomy • 1. Vascular access anatomy • 2. GI tract anatomy
Clinical Monitoring and Management	18%	
Basic Science	12%	

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NUTRITION NBNSC Certified Nutrition Support Clinician (CCN) Sample Questions (Q95-Q100):

NEW QUESTION # 95

The diabetes diagnostic test that is an integrated measure of long-term mean glycemia is which of the following?

- A. hemoglobin A1C
- B. glycated serum protein

- C. random blood glucose test
- D. fasting plasma glucose

Answer: A

Explanation:

The correct answer to the question regarding the diabetes diagnostic test that serves as an integrated measure of long-term mean glycemia is "hemoglobin A1C." Hemoglobin A1C, also known as HbA1c, is a form of hemoglobin that is chemically linked to glucose. This linkage occurs as a result of exposure of the hemoglobin in red blood cells to circulating glucose. As a result, the level of HbA1c in an individual's blood reflects the average blood glucose concentration over the previous two to three months, which is roughly the lifespan of a red blood cell.

HbA1c is widely recognized and utilized as a critical marker for the long-term management of diabetes mellitus. It provides a more consistent and comprehensive picture of blood glucose levels over time, compared to other tests that might only reflect glucose levels at a single point in time or over a short period. For non-diabetics, the normal range for HbA1c is typically between 4% and 6%. For individuals with diabetes, medical guidelines usually recommend maintaining an HbA1c level of less than 7% to effectively manage the condition and reduce the risk of developing diabetes-related complications such as neuropathy, nephropathy, and retinopathy. In contrast, other tests such as fasting plasma glucose (FPG) and random blood glucose tests offer snapshots of an individual's glucose level at specific times. Fasting plasma glucose specifically measures blood glucose after an overnight fast and does not provide information about glucose fluctuations during the day or after meals. Similarly, the random blood glucose test measures glucose at any given time, irrespective of meal times, and can vary significantly based on recent food intake and other factors.

Another test mentioned is the glycated serum protein test, which also reflects average glucose levels over a shorter period (typically one to three weeks) compared to HbA1c. While this test can be useful in certain situations, it is not as commonly used as HbA1c for monitoring long-term glucose control in individuals with diabetes.

In summary, hemoglobin A1C is considered the gold standard for assessing long-term glycemic control in individuals with diabetes. It helps in planning treatment strategies and adjusting medications to prevent or delay the onset of diabetes complications. This test's significance lies in its ability to provide a more accurate and cumulative view of glucose levels over an extended period, making it a vital tool in diabetes management.

NEW QUESTION # 96

In order to make a sandwich more nutritious, you can do all of the following except:

- A. use mayonnaise instead of mustard
- B. make a sandwich on whole-grain bread
- C. choose a vegetable or fruit side dish
- D. add lettuce, tomato and other vegetables to the sandwich

Answer: A

Explanation:

To make a sandwich more nutritious, several steps can be taken, but one option listed should be avoided. Here's an expansion on each point:

****Using whole-grain bread**:** Whole-grain breads are beneficial because they contain more fiber and nutrients compared to white breads. The grains are less processed, meaning they retain more of their natural vitamins, minerals, and fiber. This helps in digestion and provides a slower release of energy, keeping you fuller for longer.

****Adding lettuce, tomato, and other vegetables**:** Vegetables are low in calories but high in essential nutrients and fibers. Adding them to your sandwich not only enhances the flavor and texture but also boosts the intake of vitamins, minerals, and fiber. This makes the sandwich more balanced and healthy.

****Choosing a vegetable or fruit side dish**:** Instead of opting for chips or other processed snacks, pairing your sandwich with a side of vegetables or fruit can greatly increase the nutritional value of your meal. This addition ensures a higher intake of essential nutrients while maintaining lower levels of unhealthy fats and calories.

****Using mustard instead of mayonnaise**:** Mustard is generally lower in calories and fat compared to mayonnaise and can be equally flavorful. Mayonnaise is typically made with oil, egg yolks, and vinegar or lemon juice, which results in a high fat content. By choosing mustard, you reduce the overall fat and calorie content of the sandwich, making it healthier.

In summary, to make a sandwich more nutritious, opt for whole-grain bread, add plenty of vegetables, accompany it with a healthy side, and use condiments like mustard that are lower in fat. Using mayonnaise instead of mustard is the one step listed that does not contribute to making the sandwich more nutritious, as it increases the fat and calorie content.

NEW QUESTION # 97

200 international units is equivalent to which of the following?

- A. Can not be determined.
- B. 20 µg
- C. 5 µg
- D. 10 µg

Answer: A

Explanation:

5 µg: Can not be determined. International units (IU) are units of measurement commonly used for medications, vaccines, and vitamins. The volume or mass that constitutes one International Unit varies depending on the specific substance being measured due to differences in concentration or potency. Consequently, converting between international units and micrograms is not straightforward, as the conversion depends on the particular substance and its established IU definition by international agreement.

10 µg: Can not be determined. Like other measurements in international units, the conversion to micrograms cannot be universally applied across all substances. Each substance has a specific IU definition, which is internationally agreed upon based on its biological activity or effect. Therefore, without knowing the specific substance in question, it is impossible to accurately convert 200 IUs to micrograms.

20 µg: Can not be determined. International units measure the potency or effect of a substance rather than its mass directly. The relationship between IUs and micrograms varies by substance and is established through international standards specific to each substance. As such, without additional information about the substance in question, converting 200 IUs directly to micrograms is not feasible.

Can not be determined: Correct answer. The question does not provide enough information to determine the equivalent micrograms of 200 international units. The conversion from IUs to micrograms is specific to each substance and based on standardized biological activity or chemical potency. Without knowing which substance the 200 IUs refer to, it is impossible to perform a conversion to micrograms.

NEW QUESTION # 98

An individual has difficulty swallowing. What will make eating easier?

- A. Small slices of food.
- B. Pureed food.
- C. Taking small bites.
- D. A liquid diet.

Answer: B

Explanation:

An individual experiencing difficulty with swallowing, a condition known as dysphagia, can find eating a challenging and sometimes risky task. To accommodate this issue and ensure safe and sufficient nutrition, certain modifications to the texture and size of food can be immensely helpful. Here are some options that can make eating easier for such individuals:

****Small Slices of Food****: Cutting food into small, manageable pieces can significantly ease the swallowing process. This method reduces the effort required to chew food and minimizes the risk of choking. Small slices are particularly effective for those who can still chew but struggle with larger, bulkier bites. It's a simple modification that involves minimal preparation yet can make a substantial difference in the dining experience.

****Pureed Food****: Pureeing food is a common and effective solution for those with severe swallowing difficulties. Pureed food has a smooth, cohesive consistency that can easily pass through the throat without requiring significant chewing. However, it's crucial to ensure that the pureed food is neither too thick nor too runny. If it's too thick, it might be hard to swallow, and if too runny, it could lead to involuntary inhalation or aspiration, which can cause choking or lung complications. The ideal consistency should be similar to that of apple sauce, which holds its shape on a spoon but is soft enough to swallow with minimal effort.

****Taking Small Bites****: Regardless of the food's initial size or texture, taking small bites can also aid individuals with dysphagia. By controlling the amount of food placed in the mouth at one time, the swallowing process becomes less daunting, and the risk of choking is reduced. Combining small bites with thorough, careful chewing can further modify the food texture, making it easier to swallow.

****A Liquid Diet****: In some cases, especially when swallowing is severely impaired, a liquid diet might be recommended. This diet can include broths, soups, and specially formulated nutritional drinks that provide essential nutrients in a form that requires minimal swallowing effort. However, like pureed food, the viscosity of liquids should be carefully considered. Very thin liquids can be as challenging as overly thick ones. Sometimes, thickening agents are used to achieve an optimal consistency that provides ease of swallowing and reduces the risk of aspiration. By choosing appropriate food textures and sizes, individuals with dysphagia can enjoy a broader range of foods while maintaining safety and nutrition. Consulting with healthcare professionals such as speech therapists or dietitians who specialize in swallowing disorders can provide personalized advice and recommendations tailored to specific needs.

NEW QUESTION # 99

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

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

Answer: A

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 # 100

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