Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Abdominal and Gastrointestinal Emergencies - Abdominal and Gastrointestinal Emergencies - TBNK**

**Multiple Choice**

1. Which of the following behaviors does NOT place a person at risk for gastrointestinal disease?

A) Stress

B) Smoking

C) High-fiber diet

D) Salicylate ingestion

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

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Feedback: Anatomy and Physiology Review, page 1172

2. The portal vein transports venous blood from the gastrointestinal tract directly to the:

A) liver.

B) colon.

C) spleen.

D) gallbladder.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1174

Feedback: Anatomy and Physiology Review, page 1174

3. Peristalsis is defined as:

A) the churning of food.

B) rhythmic contraction.

C) turbulent blood flow.

D) passive regurgitation.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

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Feedback: Anatomy and Physiology Review, page 1174

4. The \_\_\_\_\_\_\_\_\_\_\_ controls the amount of food that moves back up the esophagus.

A) duodenum

B) cardiac sphincter

C) gastric mucosa

D) pyloric sphincter

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1186

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1186

5. Drinking alcohol with a fatty meal:

A) increases gastric reflux.

B) slows duodenal absorption.

C) increases gastric absorption.

D) rapidly increases blood alcohol levels.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1186

6. What is the parietal peritoneum?

A) The lining that covers the abdominal organs

B) The space behind the anterior abdomen

C) The inner lining of the large intestine

D) The bag that contains abdominal organs

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1173

Feedback: Anatomy and Physiology Review, page 1173

7. Bile is stored in the \_\_\_\_\_\_\_\_\_ and is released into the \_\_\_\_\_\_\_\_\_\_, where it helps to \_\_\_\_\_\_\_.

A) liver, gallbladder, break down fats

B) duodenum, gallbladder, digest food

C) gallbladder, duodenum, dissolve fats

D) liver, gallbladder, metabolize proteins

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1174

Feedback: Anatomy and Physiology Review, page 1174

8. The conversion of glycogen to glucose occurs in the:

A) blood.

B) liver.

C) spleen.

D) pancreas.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1174

Feedback: Anatomy and Physiology Review, page 1174

9. Which of the following is NOT a function of the liver?

A) Storage of bile

B) Drug detoxification

C) Storage of vitamins and minerals

D) Completion of red and white blood cell breakdown

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1174

Feedback: Anatomy and Physiology Review, page 1174

10. Most of the digestive process occurs in the:

A) liver.

B) pancreas.

C) jejunum.

D) small intestine.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1174

Feedback: Anatomy and Physiology Review, page 1174

11. If water is not reabsorbed in the colon:

A) diarrhea occurs.

B) constipation occurs.

C) the appendix may rupture.

D) waste material is solidified.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1175

Feedback: Anatomy and Physiology Review, page 1175

12. The exocrine function of the pancreas produces:

A) insulin.

B) glucagon.

C) enzymes.

D) somatostatin.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1173

Feedback: Anatomy and Physiology Review, page 1173

13. Filtering of blood and recycling of dead red blood cells are functions of the:

A) liver.

B) spleen.

C) pancreas.

D) kidneys.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1173

Feedback: Anatomy and Physiology Review, page 1173

14. Pain over the suprapubic region is MOST suggestive of injury to the:

A) urethra.

B) ureters.

C) bladder.

D) iliac arteries.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1173

Feedback: Anatomy and Physiology Review, page 1173

15. When forming your general impression of a patient with gastrointestinal distress, which of the following observations would provide the MOST information regarding what happened?

A) Resting blood pressure

B) Skin condition and temperature

C) The patient's facial expression

D) Body posture or position

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1175

Feedback: Patient Assessment, page 1175

16. A patient with an extremely advanced bowel obstruction may have the odor of \_\_\_\_\_\_\_\_ on his or her breath.

A) blood

B) chyme

C) acetone

D) stool

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1175

Feedback: Patient Assessment, page 1175

17. Hypotension during an episode of dehydration indicates that the body is:

A) decompensating due to an excessive loss of blood as well as water and key electrolytes.

B) shifting water from inside the cells to the interstitial space in an attempt to maintain perfusion.

C) compensating by releasing epinephrine and norepinephrine from the sympathetic nervous system.

D) no longer capable of effectively pulling fluid from the interstitial space and the cellular area.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Abdominal and Gastrointestinal Emergencies

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1182

Feedback: Pathophysiology, Assessment, and Management of Specific Abdominal and Gastrointestinal Emergencies, page 1182

18. Clinical signs of hypokalemia include:

A) muscle cramps and peaked T waves.

B) convulsions and absent P waves.

C) coma and severe peripheral edema.

D) weakness and flattened T waves.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Abdominal and Gastrointestinal Emergencies

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1182

Feedback: Pathophysiology, Assessment, and Management of Specific Abdominal and Gastrointestinal Emergencies, page 1182

19. Common signs and symptoms of acute gastroenteritis include all of the following, EXCEPT:

A) fever.

B) chest pain.

C) severe diarrhea.

D) abdominal pain.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Acute Infectious Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1196

Feedback: Pathophysiology, Assessment, and Management of Acute Infectious Conditions, page 1196

20. Which of the following conditions would be the LEAST likely to result in peritonitis?

A) Stomach rupture

B) Splenic laceration

C) Acute appendicitis

D) Bowel perforation

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Infectious Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1196

Feedback: Pathophysiology, Assessment, and Management of Acute Infectious Conditions, page 1196

21. In contrast to a patient with peritonitis, a patient with hepatitis would MOST likely initially experience:

A) hematochezia.

B) diffuse abdominal pain.

C) right upper quadrant pain.

D) referred pain to the left shoulder.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions, page 1189

22. Dunphy sign is observed when:

A) right upper quadrant pain is referred to the right shoulder.

B) coughing causes severe right lower quadrant pain.

C) the patient's abdominal pain radiates to the shoulder.

D) pressure on the abdominal wall is suddenly released.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1191

Feedback: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions, page 1191

23. Esophageal varices are a direct result of:

A) esophageal erosion.

B) alcohol consumption.

C) portal hypertension.

D) cirrhosis of the liver.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1183

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1183

24. Chronic use of nonsteroidal anti-inflammatory drugs would MOST likely result in:

A) diverticulitis.

B) esophageal varices.

C) acute gastroenteritis.

D) peptic ulcer disease.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1185

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1185

25. Common signs of bleeding in the upper gastrointestinal tract include all of the following, EXCEPT:

A) melena.

B) hematochezia.

C) hematemesis.

D) dark, tarry stools.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

Pages: 1183–1184

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, pages 1183–1184

26. An obese 52-year-old woman who presents with severe pain in the right upper quadrant of her abdomen and pain in her right shoulder is MOST likely experiencing:

A) cholecystitis.

B) acute hepatitis.

C) Crohn disease.

D) Mallory-Weiss syndrome.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1190

Feedback: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions, page 1190

27. The MOST likely cause of Crohn disease is:

A) autoantibody destruction of the intestinal wall.

B) precancerous lesions in the lower intestinal tract.

C) chronically high triglyceride levels in the blood.

D) infection of the gastrointestinal tract with *Helicobacter pylori*.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Chronic Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1194

Feedback: Pathophysiology, Assessment, and Management of Chronic Inflammatory Conditions, page 1194

28. Which of the following statements regarding Grey Turner sign is correct?

A) Grey Turner sign is characterized by bruising around the umbilicus.

B) The presence of Grey Turner sign should make you suspicious for hepatitis.

C) Grey Turner sign is the cessation of inspiration during abdominal palpation.

D) Grey Turner sign is characterized by flank bruising and indicates internal bleeding.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1193

Feedback: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions, page 1193

29. Intestinal adhesions would MOST likely result in:

A) diarrhea.

B) gastroenteritis.

C) bowel obstruction.

D) ulcerative colitis.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Pages: 1199–1200

Feedback: Pathophysiology, Assessment, and Management of Obstructive Conditions, pages 1199–1200

30. An incarcerated hernia is one that:

A) causes immediate bowel necrosis.

B) cannot be reduced and becomes trapped.

C) spontaneously returns to its normal location.

D) protrudes through an incision from a recent surgery.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1201

Feedback: Pathophysiology, Assessment, and Management of Obstructive Conditions, page 1201

31. Which of the following assessment findings or techniques would prove MOST useful when determining the extent of internal volume loss?

A) Resting blood pressure

B) Temperature of the skin

C) Duration of the illness

D) Orthostatic vital signs

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1179

Feedback: Patient Assessment, page 1179

32. During your examination of a patient's abdomen, you note the presence of striae. This finding is MOST indicative of:

A) pregnancy within the previous 24 to 36 months.

B) abdominal surgery within the previous 12 to 24 months.

C) a change in the size of the abdomen over a short period of time.

D) a significant decrease in weight over a long period of time.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1177

Feedback: Patient Assessment, page 1177

33. When auscultating bowel sounds, borborygmi is characterized by:

A) absent sounds after 2 minutes of auscultation.

B) quiet sounds, occurring at less than 1/sec.

C) soft gurgles or clicks occurring at 5–30/min.

D) loud gurgles occurring greater than 30/min.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Pages: 1177–1178

Feedback: Patient Assessment, page 1177–1178

34. In contrast to somatic pain, visceral pain:

A) is difficult to localize.

B) is more localized.

C) is usually felt deeply.

D) originates from peripheral nerves.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1179

Feedback: Patient Assessment, page 1179

35. Hepatic encephalopathy is a condition in which:

A) liver disease causes reduced brain function.

B) the liver is acutely inflamed from a virus.

C) acute hypoglycemia results from liver failure.

D) alcohol progressively destroys the liver tissue.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Acute Infectious Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1198

Feedback: Pathophysiology, Assessment, and Management of Acute Infectious Conditions, page 1198

36. Which of the following medications should be given with caution in patients who are taking blood thinners?

A) Fentanyl

B) Demerol

C) Toradol

D) Nubain

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1180

Feedback: Emergency Medical Care, page 1180

37. Irritation or injury to abdominal tissue, causing activation of peripheral nerve tracts, would MOST likely result in \_\_\_\_\_\_\_\_\_\_\_ pain.

A) visceral

B) somatic

C) rebound

D) parietal

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1179

Feedback: Patient Assessment, page 1179

38. A patient with pancreatitis would MOST likely present with pain that:

A) improves when the patient is supine with the legs extended.

B) radiates from the flank to the groin and external genitalia.

C) is localized to the epigastric area and may radiate to the back.

D) originates in the right or left flank and radiates to the chest.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1193

Feedback: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions, page 1193

39. A positive Murphy sign is characterized by:

A) slow, shallow breathing in an attempt to reduce the severe pain associated with cholecystitis.

B) a sudden stop in inspiration due to sharp pain when pressure is applied to the right upper quadrant.

C) ecchymosis to the flank area, indicative of free blood in the retroperitoneal compartment.

D) periumbilical ecchymosis and is a late, but highly suggestive sign of blood in the peritoneum.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1190

Feedback: Pathophysiology, Assessment, and Management of Acute Inflammatory Conditions, page 1190

40. Blood that has been digested by stomach acids manifests as:

A) hematochezia.

B) bright red vomitus.

C) gray-colored stool.

D) coffee grounds emesis.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1177

Feedback: Patient Assessment, page 1177

41. A sudden onset of discomfort in the throat, severe dysphagia, and vomiting bright red blood are MOST indicative of:

A) ruptured esophageal varices.

B) gastroesophageal reflux disease.

C) a malignancy in the esophagus.

D) hemorrhage from a peptic ulcer.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1184

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1184

42. The presentation of Mallory-Weiss syndrome is linked to \_\_\_\_\_\_\_\_\_ and is caused by \_\_\_\_\_\_\_\_\_.

A) eating spicy foods, erosion of the lining of the gastrointestinal tract

B) spastic coughing, rupture of esophageal veins due to portal hypertension

C) severe vomiting, a tear at the junction between the esophagus and stomach

D) blunt trauma, rupture of hollow organs with resultant peritoneal inflammation

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1184

43. Icteric sclera and acholic stools are clinical manifestations of:

A) colitis.

B) cirrhosis.

C) pancreatitis.

D) diverticulitis.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Acute Infectious Conditions

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1197

Feedback: Pathophysiology, Assessment, and Management of Acute Infectious Conditions, page 1197

44. A 52-year-old man complains of severe abdominal pain but denies nausea or vomiting. He is conscious and alert, has a blood pressure of 130/70 mm Hg, a heart rate of 120 beats/min and strong, and respirations of 20 breaths/min and regular. You should administer:

A) ondansetron.

B) a 20-mL/kg fluid bolus.

C) diphenhydramine.

D) nalbuphine.

Ans: D

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Abdominal and Gastrointestinal Emergencies

Pages: 1180–1181

Feedback: Emergency Medical Care, pages 1180–1181

45. You are caring for a middle-aged man with severe abdominal pain and dark, tarry stools. He is conscious but very restless. His blood pressure is 78/52 mm Hg, pulse rate is 130 beats/min and weak, and respirations are 24 breaths/min and shallow. Further assessment reveals that his skin is cool and clammy and his radial pulses are weakly present. You should:

A) apply a nasal cannula in case he vomits, start at least one large-bore IV line, and administer up to 3 liters of normal saline solution.

B) administer high-flow oxygen, start two large-bore IV lines, and administer 20-mL/kg normal saline boluses until his radial pulses strengthen.

C) apply supplemental oxygen, establish vascular access, and give isotonic crystalloid boluses until his systolic BP is at least 110 mm Hg.

D) administer high-flow oxygen, start a large-bore IV line, administer a 20-mL/kg normal saline bolus, and give fentanyl for pain.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1181

Feedback: Emergency Medical Care, page 1181

46. A dehydrated patient who is hemodynamically stable should receive:

A) a dextrose solution at 250 mL/hr.

B) a single isotonic fluid bolus of 1 L.

C) multiple isotonic fluid boluses.

D) a hypotonic solution at 125 mL/hr.

Ans: D

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1181

Feedback: Emergency Medical Care, page 1181

47. A 38-year-old man presents with an acute onset of severe right upper quadrant abdominal pain, pain to his right shoulder, and nausea. He is conscious and alert, but is restless from the pain. His blood pressure is 150/86 mm Hg, pulse rate is 120 beats/min and strong, and respirations are 22 breaths/min and regular. You should:

A) start an IV with normal saline and set it to keep the vein open, place him in a position of comfort, and administer morphine and promethazine.

B) encourage him to remain supine to relieve his pain, monitor his oxygen saturation level, and administer Nubain via the IM route.

C) establish vascular access with a large-bore catheter, administer a 500-mL normal saline bolus, and avoid analgesics due to the potential for intra-abdominal bleeding.

D) perform a comprehensive abdominal exam, start at least one large-bore IV line, infuse normal saline at 125 mL/hr, and consider giving him an antiemetic medication.

Ans: A

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Abdominal and Gastrointestinal Emergencies

Pages: 1180–1181

Feedback: Emergency Medical Care, pages 1180–1181

48. A 62-year-old man presents with an acute onset of bright red vomiting. According to his wife, he ingests excessive amounts of alcohol each day. As you are assessing the patient, you note that his level of consciousness has decreased markedly. His mouth is full of blood, and his skin is pale and moist. You should:

A) assist his ventilations for 2 to 3 minutes, insert a Combitube, suction his airway for up to 15 seconds, start two large-bore IV lines with normal saline, and administer a 1-L fluid bolus.

B) perform immediate tracheal intubation, insert a nasogastric tube, establish IV or IO access, and administer 10- to 20-mL/kg normal saline or lactated Ringer's boluses to maintain a systolic blood pressure of at least 90 mm Hg.

C) turn him on his side and suction his oropharynx, intubate his trachea if the oral bleeding continues, establish at least one large-bore IV with normal saline, and administer enough fluids to maintain adequate perfusion.

D) suction his mouth for up to 20 seconds, insert a nasopharyngeal airway, ventilate him at a rate of 20 breaths/min, consider endotracheal intubation, start a large-bore IV line, and run the IV wide open until signs of improvement are noted.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1184

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Bleeding, page 1184

49. A 55-year-old male who is currently receiving radiation therapy for cancer complains of dyspepsia and upper abdominal pain. He tells you that the pain worsens when he lies supine. What should you suspect?

A) Esophagitis

B) Hiatal hernia

C) Acute pancreatitis

D) A tracheal fistula

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Esophageal Pathologies

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1187

Feedback: Pathophysiology, Assessment, and Management of Esophageal Pathologies, page 1187

50. The MOST common signs and symptoms of colorectal cancer are:

A) weight loss, vomiting, and pain to the right lower quadrant.

B) abdominal pain, rectal bleeding, and changes in bowel habits.

C) constipation, dull lower back pain, and sharp epigastric pain.

D) repetitive hard bowel movements, vomiting, and pelvic pain.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Ischemic and Neoplastic Disorders

Subject: Abdominal and Gastrointestinal Emergencies

Page: 1203

Feedback: Pathophysiology, Assessment, and Management of Ischemic and Neoplastic Disorders, page 1203