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Question: 1606

A 68-year-old female with chronic kidney disease (Stage 4) on hemodialysis is monitored for nutrition intervention outcomes. Her prealbumin increases from 12 mg/dL to 18 mg/dL but CRP levels remain elevated. How should this be interpreted regarding nutrition intervention effectiveness?

- A. Ineffective intervention due to unchanged CRP
- B. Improved protein status despite persistent inflammation
- C. Prealbumin is not useful in renal patients
- D. Nutrition intervention caused increased inflammation

Answer: B

Explanation: Prealbumin increases reflect improved protein status, but its interpretation must consider CRP as a marker of inflammation; persistent elevation of CRP indicates ongoing inflammation. The increased prealbumin despite inflammation suggests intervention is improving nutrition status. CRP elevation alone does not negate improved protein status. Prealbumin can be used cautiously and along with inflammation markers in renal patients. There is no indication that nutrition intervention caused inflammation.

Question: 1607

A commercial restaurant is analyzing sales data for a new vegan dish. The dish has a 20% contribution margin and costs \$5.00 per serving. What is the selling price?

- A. \$6.25
- B. \$6.00
- C. \$5.50
- D. \$6.50

Answer: A

Explanation: Contribution margin = (Selling price - Cost) ÷ Selling price. For 20% margin: $(P - \$5.00) \div P = 0.20$. Solving, $0.80P = \$5.00$, so $P = \$5.00 \div 0.80 = \6.25 .

Question: 1608

An RDN is designing a diet for a renal failure patient needing low potassium intake. Which fruit listed below should be limited based on high potassium content?

- A. Apple
- B. Grapes
- C. Blueberry
- D. Banana

Answer: D

Explanation: Bananas have high potassium content (~358 mg/100g), making them less suitable for low-potassium renal diets. Apples, blueberries, and grapes have substantially lower potassium.

Question: 1609

An RDN is counseling a patient with type 1 diabetes who experiences frequent hypoglycemia (blood glucose <70 mg/dL). Using Solution-Focused Brief Therapy, which question should the RDN ask to promote goal-setting?

- A. "What challenges do you face in managing your blood glucose?"
- B. "What has worked well for you in preventing hypoglycemia?"
- C. "Why do you think you keep having low blood sugar?"
- D. "Would you like a list of high-glycemic snacks?"

Answer: B

Explanation: Solution-Focused Brief Therapy focuses on strengths and past successes. Asking "What has worked well for you in preventing hypoglycemia?" encourages the patient to identify effective strategies. The other options focus on problems or solutions not tailored to the patient's experience.

Question: 1610

A dietitian advocates for a policy to regulate sugar content in beverages. Opponents argue it restricts consumer choice. Which evidence best supports the dietitian's stance?

- A. General sugar consumption trends
- B. Consumer surveys on beverage preferences
- C. A case study of a single school's success
- D. A study linking reduced sugar intake to lower obesity rates

Answer: D

Explanation: A study linking reduced sugar intake to lower obesity rates provides strong evidence for health benefits, countering choice restrictions. Consumer surveys are subjective. A single case study lacks broad impact. Consumption trends do not address health outcomes directly.

Question: 1611

In documenting patient progress, which is the most critical to include for legal and clinical evaluation?

- A. Only subjective reports from patients
- B. Objective data, interventions, patient responses, and follow-up plans
- C. Billing codes without clinical notes
- D. Informal notes recorded weeks after interaction

Answer: B

Explanation: Comprehensive documentation includes objective data, interventions, responses, and plans; others are insufficient or risky legally.

Question: 1612

An RDN reviewing job descriptions notes that the statement "must be able to lift 50 pounds" is listed under job specifications. Which complaint could arise based on this requirement?

- A. Potential non-compliance with ADA reasonable accommodation
- B. Violation of OSHA safety standards
- C. Conflict with EEOC gender discrimination rules
- D. Misclassification of exempt/non-exempt employee status

Answer: A

Explanation: Physical requirements like lifting could conflict with ADA if they exclude qualified employees with disabilities without considering reasonable accommodations. OSHA deals with safety but not discriminatory job specs. EEOC addresses discrimination unrelated to physical demands explicitly. Employee classification is unrelated.

Question: 1613

A dietitian is tasked with reducing food waste in a hospital kitchen. A yield analysis shows that a standardized recipe for roasted chicken has a 30% trim loss, with 100 kg of raw chicken yielding 70 kg of cooked product. What is the most effective strategy to reduce waste?

- A. Incorporate trim into stock production
- B. Increase portion sizes to utilize trim

- C. Adjust the recipe to use chicken parts with less trim loss
- D. Switch to pre-trimmed chicken

Answer: A

Explanation: Incorporating trim into stock production utilizes the 30% trim loss (30 kg) to create a value-added product, reducing waste. Adjusting the recipe may compromise quality. Increasing portion sizes does not address trim loss and may increase plate waste. Pre-trimmed chicken is costlier and may not be feasible.

Question: 1614

A patient consumes a supplement containing 500 mg of vitamin C daily. Which lab test would best reflect his vitamin C status?

- A. Plasma ascorbic acid concentration
- B. Serum ferritin level
- C. Serum retinol concentration
- D. Urinary sodium measurement

Answer: A

Explanation: Plasma ascorbic acid directly indicates vitamin C status. Serum ferritin relates to iron stores, serum retinol to vitamin A, and urinary sodium to salt balance.

Question: 1615

A 30-year-old female with anorexia nervosa is admitted with a BMI of 16 kg/m² and a serum potassium of 3.2 mEq/L. Her estimated needs are 2,000 kcal and 80 g protein daily. Which initial feeding approach is most appropriate to prevent refeeding syndrome?

- A. Begin with 2,000 kcal via oral diet immediately
- B. Provide parenteral nutrition at 1,500 kcal/day
- C. Initiate enteral feeding at 1,000 kcal/day, increasing gradually
- D. Restrict to 500 kcal/day for 1 week

Answer: C

Explanation: Anorexia nervosa with low BMI and hypokalemia increases refeeding syndrome risk. Initiating enteral feeding at 1,000 kcal/day, increasing gradually, minimizes electrolyte shifts while addressing malnutrition. Starting at 2,000 kcal orally risks refeeding syndrome. Parenteral nutrition is unnecessary if enteral is feasible. Restricting to 500 kcal/day is inadequate and delays recovery.

Question: 1616

A dietitian is assessing a 50-year-old male with newly diagnosed pancreatic cancer. He reports nausea, vomiting, and a 10% weight loss in 3 months. His lab results show a serum albumin of 2.5 g/dL and a prealbumin of 10 mg/dL (normal: 15–35 mg/dL). What is the primary etiology of his malnutrition?

- A. Decreased nutrient absorption due to pancreatic insufficiency
- B. Increased metabolic demand due to cancer cachexia
- C. Inadequate oral intake due to nausea and vomiting
- D. Medication side effects reducing appetite

Answer: B

Explanation: Increased metabolic demand due to cancer cachexia is the primary etiology. Pancreatic cancer often leads to cachexia, characterized by increased metabolic rate and muscle wasting, contributing to significant weight loss and low serum albumin and prealbumin. Inadequate oral intake and decreased nutrient absorption are contributing factors, but cachexia is the dominant etiology. Medication side effects are not mentioned in the scenario.

Question: 1617

An RDN is conducting a nutrition assessment on a 10-year-old child. The child's height-for-age is at the 5th percentile, weight-for-age at the 15th percentile, and BMI-for-age at the 25th percentile. Which of the following is the MOST appropriate interpretation?

- A. The child is at risk for overweight
- B. The child has normal growth parameters
- C. The child is wasted but not stunted
- D. The child is stunted but likely not wasted

Answer: D

Explanation: Height-for-age at the 5th percentile suggests stunting (chronic malnutrition or growth delay), weight-for-age at 15th percentile is low but above cutoff for underweight, and BMI-for-age at 25th percentile is within normal limits, indicating adequate weight relative to height. This pattern suggests stunting without wasting (acute malnutrition).

Question: 1618

A dietitian is evaluating a hospital's foodservice financial ratios. Current assets are \$200,000, current liabilities are \$100,000. What is the current ratio?

- A. 1:1
- B. 2:1
- C. 3:1
- D. 4:1

Answer: B

Explanation: Current ratio = Current Assets ÷ Current Liabilities = \$200,000 ÷ \$100,000 = 2:1. The option "2:1" is correct. Other options miscalculate the ratio.

Question: 1619

An RDN is reviewing a HACCP plan and identifies a critical control point (CCP) at hot holding of cooked soup. What is the MOST appropriate critical limit for this CCP based on FDA standards?

- A. Soup must be held at or above 135°F (57°C)
- B. Soup must be held at or above 140°F (60°C)
- C. Soup must be held at or above 150°F (66°C)
- D. Soup must be held at or above 165°F (74°C)

Answer: A

Explanation: The FDA Food Code specifies hot holding of TCS foods at or above 135°F (57°C). Holding above 140°F or 150°F is acceptable but not required; 165°F is required only for reheating, not hot holding. Lower temperatures increase risk of microbial growth.

Question: 1620

A dietitian is developing content for a heart-healthy eating curriculum. Which content element BEST supports evidence-based practice?

- A. Providing only standardized government pamphlets without adaptation
- B. Including community recipes modified to reduce saturated fat and sodium
- C. Excluding culturally relevant foods to avoid complexity
- D. Promoting unverified supplements for cardiovascular health

Answer: B

Explanation: Modifying community recipes to align with nutritional guidelines while respecting culture

makes evidence more accessible.

Question: 1621

A population-level survey utilizing NHANES data shows an increased prevalence of vitamin D deficiency in elderly adults living in northern latitudes. Which factor is least likely contributing to this observation?

- A. Increased outdoor physical activity
- B. Decreased dietary vitamin D intake
- C. Reduced skin synthesis due to low UV exposure
- D. Impaired renal conversion to active vitamin D

Answer: A

Explanation: Increased outdoor physical activity would increase UV exposure and vitamin D synthesis, so it is least likely contributing to deficiency. Reduced skin synthesis, decreased dietary intake, and impaired renal conversion are all common contributing factors in elderly populations.

Question: 1622

A community-based intervention targets childhood obesity in a rural area. The RDN plans a multi-level strategy incorporating school, family, and community environments. Which intervention BEST reflects evidence-based practice?

- A. Focusing solely on after-school physical activity programs
- B. Distributing brochures on healthy eating to schools without further engagement
- C. Implementing school curriculum changes combined with parent education sessions and local grocery store partnerships to increase healthy food access
- D. Providing free dietitian counseling only to children already obese

Answer: C

Explanation: Multi-level interventions that combine school-based education, family involvement, and improving food access at the community level are most effective.

Question: 1623

A multi-facility healthcare system is revising its menu to comply with CMS regulations for long-term care. The dietitian must ensure a dinner entree provides 700 kcal, 25% protein, and $\leq 1,500$ mg sodium

for a patient with hypertension. Which option is compliant?

- A. Baked chicken with rice (720 kcal, 20% protein, 1,600 mg sodium)
- B. Pork chop with potatoes (750 kcal, 22% protein, 1,700 mg sodium)
- C. Pasta with marinara (680 kcal, 15% protein, 1,200 mg sodium)
- D. Grilled fish with quinoa (700 kcal, 25% protein, 1,400 mg sodium)

Answer: D

Explanation: Grilled fish with quinoa meets the calorie (700 kcal), protein (25%), and sodium (1,400 mg) requirements. Baked chicken and pork chop exceed sodium limits. Pasta with marinara is low in protein.

Question: 1624

A patient with severe burns covering 40% total body surface area (TBSA) is being fed enterally. The resting energy expenditure (REE) was calculated at 1800 kcal/day using indirect calorimetry. Which is the best estimate of total energy expenditure (TEE) to guide nutrition?

- A. $REE \times 1.5$ to 2.0 due to hypermetabolic state
- B. $REE \times 0.9$ due to metabolic slowdown
- C. $REE \times 1.0$, feeding at resting needs only
- D. $REE \times 3.0$ due to extreme catabolism

Answer: A

Explanation: Burns cause a hypermetabolic response; TEE is typically 1.5 to 2 times REE. Underfeeding worsens outcomes, while multiplying by 3 is excessive risking overfeeding.

Question: 1625

A 48-year-old female from a rural area with limited healthcare access presents with hypertension (BP 150/95 mmHg) and a BMI of 28 kg/m². Which intervention addresses social determinants and cardiovascular health?

- A. DASH diet with community-based nutrition workshops
- B. High-sodium, low-potassium diet to stabilize blood pressure
- C. Restrict all fats to reduce cardiovascular risk
- D. Use of weight-loss supplements without dietary changes

Answer: A

Explanation: The DASH diet with community-based nutrition workshops addresses hypertension and social determinants (limited healthcare access) by promoting sustainable dietary changes. A high-sodium, low-potassium diet would worsen hypertension. Restricting all fats is unnecessary and may limit healthy fats. Weight-loss supplements do not address dietary patterns or social barriers.

Question: 1626

A 28-year-old female with gestational diabetes mellitus (GDM) has a fasting blood glucose of 110 mg/dL (normal: <95 mg/dL) and a 2-hour postprandial glucose of 160 mg/dL (normal: <120 mg/dL). She consumes a high-carbohydrate diet (60% of total calories). What is the most likely nutrition risk factor contributing to her uncontrolled GDM?

- A. Inadequate protein intake affecting glycemic control
- B. Inadequate fiber intake reducing glucose absorption
- C. Excessive carbohydrate intake relative to insulin sensitivity
- D. Insufficient caloric intake leading to gluconeogenesis

Answer: C

Explanation: Excessive carbohydrate intake relative to insulin sensitivity is the primary nutrition risk factor. GDM is characterized by insulin resistance, and a high-carbohydrate diet (60% of calories) can exacerbate hyperglycemia, as evidenced by elevated fasting and postprandial glucose levels. Inadequate fiber intake may contribute but is less critical without specific dietary data. Inadequate protein intake and insufficient caloric intake are not supported by the scenario, as the focus is on carbohydrate excess.

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