1. There are many causes of liver dysfunction that can lead to portal hypertension and formation of varices. Which of the following is NOT a cause of liver dysfunction:
   a. Damage from alcohol
   b. Damage from hepatitis
   c. Malnutrition
   d. Hepatosplenic schistosomiasis

2. Control of variceal bleeding has shifted away from the use of the Blakemore tube. For acute bleeding pharmacologic therapy can be used in combination with endoscopic thermal therapy. What then is the current role of the Blakemore tube in acute variceal bleeding?
   a. It enables the Dr to use a really big tube and scare the Nurses.
   b. It is a rescue procedure and a bridge to more definitive therapy
   c. It lessens the chance of liver damage
   d. It has no role in the current care of the patient with varices

3. Cirrhosis is
   a. A disease of the liver characterized by formation of dense perilobular connective tissue
   b. A disease of the liver characterized by loss of functioning liver cells
   c. A disease of the liver characterized by increased resistance to flow of blood through the liver (Portal Hypertension)
   d. All of the above

4. A FLUKE is
   a. A Parasitic worm that attaches itself to snails in the waters of Asia, Africa, and other countries.
   b. An accidental occurrence of an event
   c. A type of mosquito
   d. A new concept car by GM

5. Esophageal varices are dangerous because they can lead to
   a. Rupture causing massive blood loss
   b. Rupture causing shock
   c. Rupture causing death
   d. All of the above
6. What safety measures should be taken before inserting the Blakemore tube?
   a. An endotracheal tube is placed
   b. The esophageal and gastric balloons are inflated and checked for leaks, then deflated
   c. The gastric and esophageal balloon ports are labeled
   d. All of the above

7. The BLAKEMORE tube has three ports. One is for the gastric balloon and one is for the esophageal balloon. What is the third port for?
   a. Tube feeding to maintain nutrition
   b. Suctioning gastric contents, blood, and clots
   c. Cauterizing bleeding in the stomach
   d. Inserting a scope to look for damaged tissue

8. Once the BLAKEMORE tube is inserted, the gastric balloon is inflated. GCH Policy states that “The balloon is only inflated for 24 hours”. Why is this?
   a. To prevent tissue necrosis
   b. Hemostasis should be established by then
   c. To allow further treatment to be performed
   d. To allow the patient to drink clear liquids.

9. What is the greatest danger of underinflating the gastric balloon?
   a. Rupture of the stomach
   b. Increased risk of migration of the esophageal balloon into the pharynx with airway obstruction and possible rupture of the esophagus
   c. Failure to adequately control bleeding
   d. Inability to provide tube feedings

10. Where is the GCH Blakemore Tube kept?
    a. There is one in the travel cart
    b. There is one in ER
    c. There is one in ICU
    d. All of the above