

RightSpot pH indicators from RightBio Metrics:
Better treatment, better care economics through next generation fluid measurement technology

CLIA Waived—In Vitro Diagnostic Devices
Made in the USA

Gastric acidity verification to assist in proper placement of NG suction, feeding and PEG tubes



RightpH

pH TECHNOLOGIES

RightpH is new pH technology that allows clinicians to make the right pH measurements in any clinical environment right away—based on clean, safe, and accurate metrics. Clinicians can safely reduce uncertainty and enhance outcome—without losing critical time.

Faulty feeding and suction tube placement is a source of severe patient injury or death in a large number of patients

- 12.6 million tubes utilized in the US alone in 2012
- 0.5-2% are placed in the wrong location*
- Consequences are severe, often leading to death
- Existing technologies are:
 - expensive
 - inaccurate
 - limited to acute treatment environments

RightSpot indicators are inexpensive and allow clinicians to improve treatment while saving hospital's critical resources. Using pH for verification of placement can:

- Decrease clinician exposure to bodily fluids
- Avoid messy, unsafe, and inaccurate pH paper measurement
- Reduce number of X-rays to determine placement
- Reduce patient exposure to radiation
- Determine placement instantly, regardless of treatment environment
- Decrease patient turn-around time in the ER
- Avoid critical events and enhance clinician certainty

RightSpot is a small, non-invasive in vitro diagnostic device that is used to verify gastric acidity to help avoid misplacement of nasogastric feeding/suction tubes and PEG tubes. The RightSpot indicator is placed on the tube and gastric fluid is aspirated; a pH below 4.5 would indicate gastric acidity. This method is simple, inexpensive and results are instant: Right measurement, right away.

Currently, many hospitals use only auscultation to determine if these tubes are in the correct place. This method has proven to be inadequate. In a published study in the Journal of Clinical Gastroenterology it is stated that, "Auscultation alone was ineffective as a confirmatory test with only 6.3% specificity."

Using X-ray for tube placement verification is very expensive, time consuming and is limited in terms of where it can be used. While pH measurement has become the standard practice to ensure appropriate placement, RightpH offers the first safe and efficient technologies for pH measurement.

Misplaced tubes cause significant morbidity and mortality and costs medical providers millions of dollars. From 2001 to 2011, in one metropolitan area (Chicago) alone, medical providers have paid over 10 million dollars to resolve lawsuits filed in cases of injuries and deaths caused by misplaced NG feeding and suction tubes.

RightSpot pH indicator from RightpH helps clinicians put science into decision-making and increases certainty about tube placement and treatment decisions. At the same time, RightpH indicators help hospitals save important resources by reducing malpractice claims, improving treatment and positioning themselves as leaders in patient safety and clinician practice conditions.

RightBio Metrics is the leading provider of fluid measurement technologies to healthcare. Our fluid measurement solutions challenge existing clinical and healthcare economics standards to produce safer, better and more financially viable results.

RightBio Metrics technologies are based on proven best practices in clinical diagnostics and enable clinicians to increase certainty in clinical decision-making and enhance outcomes. Right metrics—instantly—in any treatment environment are critical to outcome as well as economics.

Contact RightBio Metrics at info@rightbiometrics.com or call 480-466-0041.



ORDERING INFORMATION

Box of 10 Individually packaged devices: **Part Number: RS001**

Case of 350 individually packaged devices: **Part Number: RS001CS**

RightBio Metrics
FLUID TECHNOLOGIES

* J.B. Pillai, et al., "Thoracic complications of nasogastric tube: review of safe practice" Interactive CardioVascular and Thoracic Surgery (2005) 429-433

"ASA Meeting Featuring Patient Safety Issues in Scientific Sessions", Anesthesiology. 1997: 952-1009

Rassias AJ, "A prospective study of tracheopulmonary complications associated with the placement of narrow-bore enteral feeding tubes" Critical Care. 1998;2(1):25-28

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