



RightSpot Infant—the ONLY FDA Cleared, CLIA waived products that use pH to confirm gastric placement of tubes ending in the stomach.

For use with small bore tubes, 10Fr or less

Fully closed system that verifies gastric acidity. Protects from exposure to aspirate. Indicated for neonates, pediatrics and adults.



## 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.

Nursing and Patient Safety Organizations are calling for **the immediate discontinuation of auscultation** to confirm tube gastric placement and **use of pH** as one of the indicators. (American Association of Critical Care Nurses (AACN 2005), the National Patient Safety Agency (NPSA 2011) and Children’s Hospital Association (CHA 2012)

RightBio Metrics pH indicators are a cost effective way to confirm gastric acidity of tubes intended for the stomach. Published studies show pH can be used in place of x-ray to confirm initial placement. In some hospitals x-ray is only used when pH is inconclusive. (Resource Set...NHS Improvement 2016, p.9)

Additionally the pH indicators can be used:

- when there is a suspected mis-placements
- when there is a shift change
- prior to each feed.

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Published studies cite that **21-56% of tubes intended for the stomach are confirmed elsewhere** in the body. (Following the Evidence/CHOP study 2015, p. 1 of article)

ASPEN (American Society for Parental and Enteral Nutrition) and CHA (Children's Hospital Association) published "**Call to Action, the Development of Enteral Access Safety Teams**" due to the unintentional yet very real harm caused by the high percentage of mis-placed tubes (2014).

NICU babies are the most vulnerable, yet most US hospitals still use auscultation to confirm gastric placement. Studies show that **NICU babies stomachs are acidified and it is possible to obtain aspirate**. The United Kingdom uses pH first line for their NICU population. (Neonatal Intensive Care article 2015, and NHS Alert on Neonates, Reducing the harm caused by gastric feeding tubes under the care of neonatal units, 2005)

RightBioMetrics has **the only FDA Cleared/CLIA waived product for using pH to assess tube placement ending in the stomach**. Though pH paper is used by some facilities, it requires daily calibration, exposes healthcare workers to gastric aspirate and readings can be affected by color of aspirate. What makes the RightBioMetrics pH indicators unique is that they are a fully enclosed, accurate point of care test that makes assessing pH easy and safe. The CPT code 83986 can be used for reimbursement.

**Some think of using our pH indicators as an insurance policy to improve the safety of placing tubes with little to no added cost to the hospital.**

For more information, please contact us at

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[www.rightbiometrics.com](http://www.rightbiometrics.com)

or call +1-480-466-0041



**ORDERING INFORMATION**

Box of 10 Individually packaged devices: **Part Number: RSI001**

Case of 350 individually packaged devices: **Part Number: RSI001CS**

**RightBio Metrics**  
FLUID TECHNOLOGIES

The Journal of Perinatal & Neonatal Nursing (2015) *Following the Evidence. Enteral Tube Placement and Verification in Neonates and Young Children*. Clifford, Patricia; Heimall, Lauren; Brittingham, Lori; Finn Davis, Katherine; Neonatal Intensive Care (2015) *Validation Study of the RightSpot Infant pH Indicator for Verification of Feeding Tube Placement in the Neonatal Intensive Care Unit*. Martin, Gregory C.; Wade, Christine. NHS Improvement (2016) *Initial placement checks for nasogastric and orogastric tubes*. Nutrition in Clinical Practice (2014) *A Call to Action: The Development of Enteral Access Safety Teams*. Kemper, Carol; Northington, LaDonna; Wilder, Kerry; Visscher, Deahna; HHE (2015) *Safety in nasogastric tube placement through POCT*. Lambert, Charles; NHS (2005) *Reducing the harm caused by misplaced gastric feeding tubes in babies under the care of neonatal units*.

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