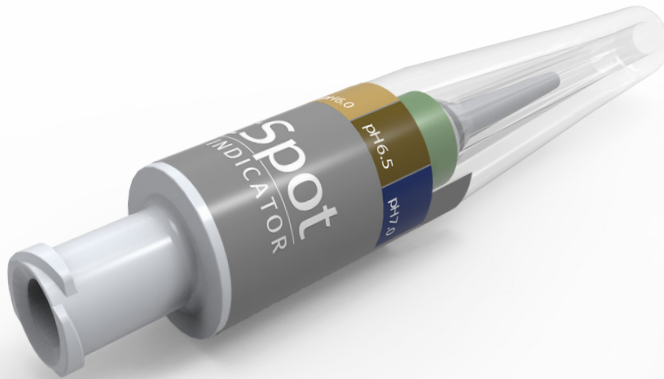


RightSpotpH<sup>®</sup>—the ONLY FDA Cleared, CLIA waived products that use pH to confirm gastric placement of tubes ending in the stomach.

Fully enclosed system that:

- verifies gastric acidity
- protects from exposure to aspirate
- is indicated for neonates, pediatrics and adults



RIGHTSPOTpH<sup>®</sup> INDICATOR



RIGHTSPOTpH<sup>®</sup> SMALLBORE INDICATOR

RightBioMetrics<sup>™</sup>  
FLUID TECHNOLOGIES

Using pH first line to confirm gastric placement of NG/OG tubes is the global standard and is the emerging US Clinical Practice.

Recipient of National and Global Innovation Awards



vizient<sup>®</sup>  
Awarded Supplier

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 placement. In many hospitals x-ray is only used when pH is inconclusive. (Resource Set... NHS Improvement 2016, p.9)

Also, pH indicators can be used:

- when there is suspected mis-placements,
- at shift change, and
- prior to each feed.

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)

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 severe harm caused by the high percentage of mis-placed tubes (2014).

NICU babies are 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)

RightBio Metrics 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 accuracy can be affected by color of aspirate. RightBio Metrics pH indicators are unique because they are a fully enclosed, accurate point of care test that makes assessing pH easy and safe. CPT code 83986 can be used for reimbursement.

**Many consider our pH indicators to be an insurance policy that improves patient safety with little to no added cost to the hospital.**

RightSpotpH® (use for tubes >10Fr)

RightSpotpH® Small Bore (use for tubes 10Fr or less)

For more information, please contact us at:

[info@rightbiometrics.com](mailto:info@rightbiometrics.com) | [www.rightbiometrics.com](http://www.rightbiometrics.com) | +1-480-466-0041

**ORDERING INFORMATION**

RightSpotpH® Part Number: RS001

Box of 10 individually packaged devices: RS001BX

Case of 350 individually packaged devices: RS001CS

RightSpotpH® Small Bore Part Number: RSS001

Box of 10 individually packaged devices: RSS001BX

Case of 350 individually packaged devices: RSS001CS



**RightBio Metrics™**

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*.

6900 East Camelback Road, Suite 1040  
Scottsdale, Arizona 85251 USA  
[www.RightBioMetrics.com](http://www.RightBioMetrics.com)  
480-466-0041 (Office) 480-452-0332 (Fax)  
Made in the USA