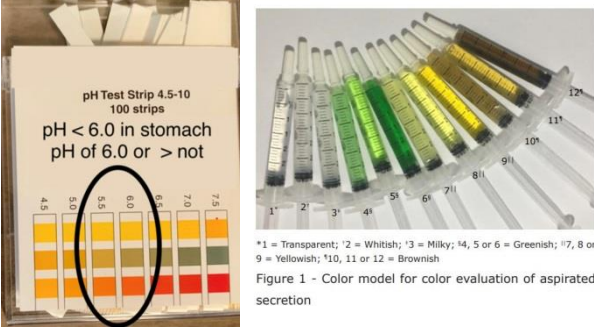
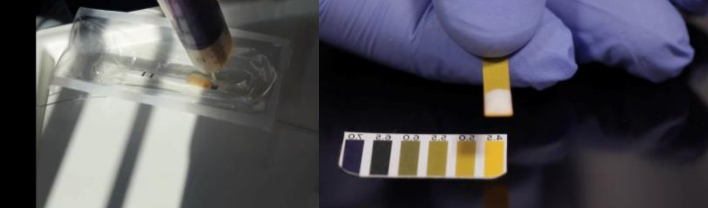

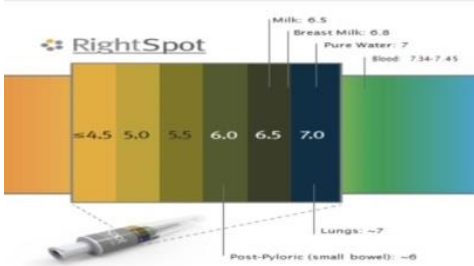
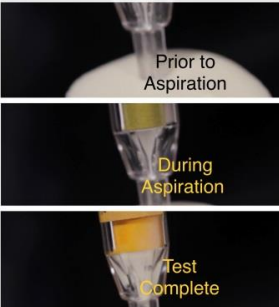



ACCURACY of pH Strips vs RightSpotpH® Indicators


When it comes right down to it the question you need to ask is:

“Which product is best suited to ACCURATELY confirm stomach placement of a feeding tube by distinguishing between a pH of 5.5 and a pH of 6.0?”

pH Strips	RightSpotpH® Indicators
<p style="text-align: center;">Accuracy</p>  <p style="text-align: center;">*1 = Transparent; *2 = Whitish; *3 = Milky; *4, 5 or 6 = Greenish; *7, 8 or 9 = Yellowish; *10, 11 or 12 = Brownish</p> <p style="text-align: center;">Figure 1 - Color model for color evaluation of aspirated secretion</p> <p>Subtle shades of similar colors on the Reference Key can hinder interpreting when reading the result.</p>  <p>As gastric fluid comes in many colors often the pH Strips are covered with a thick opaque specimen.</p>  <p>Holding a wetted pH Strip up to the Reference Key on the container makes interpretation difficult and messy; while possibly contaminating both the container and the patient area with bodily fluid; which may contain blood. Additional PPE and subsequent disinfection of the patient care area are required.</p>	<p style="text-align: center;">Accuracy</p>  <p>Instead of relying on colors the RightSpotpH® Indicator uses distinct tones that are easy to differentiate.</p>  <p>The specimen is evaluated WITHIN THE DEVICE so as not to obscure the resulting value. Even on thick opaque samples.</p>
	<p>Its closed system for sample collection, testing, interpretation, and disposal reduces errors and contamination. For added safety and convenience each device has a Reference Key ON THE INDICATOR with NO cross-contamination. Simply determine the resulting pH number, record, and dispose. JACHO compliant, FDA Cleared, CLIA Waived, and designed specifically for this application.</p> 

pH Strips	RightSpotpH® Indicators
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Packaging



Bulk Packaging (typically 50 to 100 ea) DOES NOT PROTECT pH STRIPS from damaging exposure to air, light and humidity; affecting accuracy. **Viability and validation OF EACH CONTAINER of pH Strips** should be performed by frequent Quality Control checks.

Packaging



Individual packaging prevents exposure to air, light and humidity. **Expiration date is up to 3 years** with room temperature storage. The simple QC Program ELIMINATES the inconvenience of ongoing validation of RightSpotpH® Indicators.

Cost Savings

Though the acquisition cost of pH Strips may appear to be low, questionable (or incorrectly interpreted) test results must be confirmed exclusively by x-ray. **And in a recently published paper pH Strips demonstrate only 68% accuracy¹**. Therefore, due to quality and interpretation issues as previously presented, patient risks, additional x-ray costs, and delays in treatment are inevitable.

To that end: **“The two roles of clinicians are to take care of patients and to find a better way to take care of patients.”** And: **“Patient Safety isn’t expensive, it’s priceless.”** -- Beth Lyman MSN, RN, CNSC, FASPEN, FAAN, Chair of ASPEN’s NOVEL Project.³

Cost Savings

In a published study comparing the RightSpotpH® Indicator to a pH Meter **a correlation of 0.972 was achieved.²** This amounts to CONSISTENT and VERIFIABLE results which substantially reduce patient risk, radiation exposure, costs, and delays.

This is especially vital as **radiation exposure from x-rays increases the risk of future radiation induced cancers. And this risk is increased in neonates due to the immature and highly sensitive cells. Justification of the need for x-rays need to be considered and alternative testing considered if possible⁴** -- Tina Wallingford, DNP, APRN, NNP-BC

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1 Rowat AM, Graham C, Dennis M. Diagnostic accuracy of a pH stick, modified to detect gastric lipase, to confirm the correct placement of nasogastric tubes. BMJ Open Gastro 2018;5:e000218. doi:10.1136/bmjgast-2018-000218

2 Martin, Gregory C.; Wade, Christine Validation Study of the RightSpot Infant pH Indicator for Verification of Feeding Tube Placement in the Neonatal Intensive Care Unit. Neonatal Intensive Care 28(4), 64-66 2015

3 Lyman, Beth, et al. Pediatric Nasogastric Tube Placement and Verification: Best Practice Recommendations From the NOVEL Project. Nutrition in Clinical Practice. 2018;33:921-927

4 Wallingford, Tina Development and Evaluation of a Radiation Safety Program in the NICU. Neonatal Network: NN 36(5), 306-312 2017