**WHY THE CHANGE?**

Emphasize that Auscultation or the “Whoosh Test” with a syringe and stethoscope is **no longer a valid form of verification of placement** for tubes intended to end in the stomach. This includes NG, OG, and Salem Sump. RightSpotpH™ was invented by an ED physician that TWICE in 1 MONTH instilled charcoal into lungs after confirming with “Whoosh Test” method. **Auscultation is a non-evidence based practice unsupported in any literature review and is being discontinued world-wide.**

**APPROVED VERIFICATION METHODS**

Emphasize there are 3 types of placement verification techniques.

**pH First:** Visually assess the characteristics of aspirate and test acidity by pH. Gastric aspirate pH of 5.5 OR LESS is indicative of stomach placement.

**Confirm Insertion Length:** Observe the incremental marking on the tube at the exit site and measure the external tube length. **Compare with chart**.

**X-ray:** Confirm with chest and abdominal x-ray **intended to trace the tube**.

**PLACING THE TUBE**

We assume everyone is using NEMU measurement for placement--**HOWEVER:**

During inservice **do not just say NEMU**. Call it “The length of insertion is the measurement from the Nose, Ear, and then Midway between Umbilicus and the xiphoid.” Some call it NEMU.

**DEMONSTRATION**

During inservice TRAINER will **demonstrate with ONE NEW RightSpotpH Indicator and ONE Buffer Solution**. Select one TRAINEE to perform the test as class observes. Describe steps from procedure to perform **if you do NOT obtain aspirate**.

**Display several USED RightSpotpH Indicators** to allow users to observe possible results including ≤4.5 and 7.0.

TRAINEE will be observed performing mock **test** procedure as validation of proper use of the RightSpotpH Indicator **before TRAINER signs competency form**.

**EMR**

During inservice we will **instruct to input in EMR** under “**Point of Care Testing**.” The same area as you put glucometer results.

Need to **enter the numeric result** in format “X.X” such as “5.0”. **Add notes as appropriate**. This will benefit DRG negotiations using a Safer Feeding Tube Procedure.

**WHY NOT JUST X-RAY EVERYONE?**

Leads to delays in treatment; Harmful in excess to Neonates & Children; Costly.