

PROBLEMS - 24-HOUR pH

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1. Report is unclear for interpretation.

a. Reason for test

(Patient symptoms)

*yes* b. Column heading

Episode (of what?)

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*>* (Also, is 4.0 units of pH proper cut-off point; why not pH of 4.5?)

c. Event (defined?)

For example:

a. Vomit (bolus or fluid)

b. Belch (gas or fluid)

c. Okay

d. "Chest pain" (?) (Back, front, side, low, high)

e. Swallow pain (or difficulty in getting things down?)

f. Cough (with or without production)

g. Choke (?) (Something not swallowed or breathing problem or ?)

h. Wheeze (breathing difficulty) (in or out?)

i. Drink (cold or hot?) (temperature sensitivity of pH probe)

Report Score - Add less than what is considered normal or more than what is considered abnormal.

*yes* 2. There is a major need for fast x-y plot of pH over 24-hour period to accompany this report.



3. Present reference probe is impractical for clinical use. Must be changed to silver silverchloride disposable (or reusable).

4. Glass tipped pH probe is too fragile. Can we find a more durable one? ~~X~~

Clinically, this product does not appear to be ready for widespread marketing effort. Modifications should be reevaluated with Dr. DeMeester to:

Assure

1. /Wider clinical applicability than in a controlled environment.

*yes* 2. Relate more directly to known (annotated) x-y plot presentations (which are, at present, widely accepted).

c. Clarify event marker definition (simplification or specification).