

Development of pulse oximeter device for the continuous monitoring of Pulse rate and Oxygen saturation percentage and its interfacing with LabVIEW

S.Chidambara Raja, M.N.Sarath Kumar, P.V.Mohanram

Department of Mechanical Engineering,
PSG College of Technology, Coimbatore – 641 004, Tamil Nadu, India.

ABSTRACT

The continuous monitoring of intensive care patients' conditions is an important area of research in the field of Biomedical Engineering. Patients' body behaves in a dynamic manner; hence it needs continuous monitoring and recording of their conditions. These require multi-parameter systems for continuous sensing, processing and displaying the conditions of the patient. Since these systems are non-invasive in nature, it is not easy to monitor the medical parameters of patients reliably because the monitoring techniques are very sensitive to various artifacts appearing when the person is active. To overcome these difficulties, these multi parameter monitoring devices should be incorporated with advanced signal processing systems to display the accurate values of the parameters with less cost. A multi parameter system measures the vital parameters of the human body like Saturation pressure of Oxygen (SpO_2), Electro Cardiogram, Blood Pressure, etc. The system is divided into parameter based sub-modules which needs to be developed indigenously.

With the objective of developing cost effective and reliable indigenous multi-parameter modules, this paper focuses on the development of one of the vital parameters namely SpO_2 module (Pulse Oximeter). The market survey of the available pulse oximeter is conducted and a specification to design an indigenous SpO_2 module is derived. The methodology to develop the SpO_2 module is formulated. The developed module is calibrated using a simulator to give accurate and consistent results and compared against a standard module. Aftermath of the satisfactory results, the SpO_2 module has been given to hospitals for real time monitoring of patients.

Keywords: *Oxygen, LabVIEW, Probe, Pulse rate, SpO_2 , monitor*

1. INTRODUCTION

Multi-parameter monitor is equipment which monitors a patient's condition continuously. Multi-parameter monitors integrated with sensors attached to the patient measure, display and document physiological information about the patient. The information obtained over a period can be stored in multi-parameter monitors and can be viewed at any time to analyze the significant improvements of the patient. It can also generate an audio and visual alarm if the monitored parameter crosses the set safety limit.

Measured parameters include electrocardiogram (ECG), invasive and non-invasive blood pressure, pulse rate, pulse oximetry (SpO_2), body temperature, respiration rate, end-tidal CO_2 and other specialized parameters. Among these parameters, Pulse oximetry is first used for vital sign monitoring during operations and anaesthesia. Since the device is non-invasive and allows immediate and real time monitoring, its use has expanded to

include other purposes such as screening, diagnosis, patient follow-up and self-monitoring.

1.1 Biological principles of oxygen movement

Oxygen saturation is an indicator of oxygen transport in the body, and indicates if sufficient oxygen is being supplied to the body, especially to the lungs [1], [2], [3] & [5]. The oxygen saturation is the ratio of the oxygenated hemoglobin to the hemoglobin in the blood.

Hemoglobin is stable only when bound to 4 molecules of oxygen or when not bound to any oxygen. It is very unstable when bound to 1 to 3 molecules of oxygen. Hemoglobin exists in the body in the form of deoxygenated hemoglobin (Hb) with no oxygen bound, or as oxygenated hemoglobin with 4 molecules of oxygen.

The purpose of the Pulse Oximeter is to determine the severity of a disease, analyse blood gas, deciding on hospitalization of patients with chronic diseases when in acute phase.

After making the exhaustive study of working principle [7] - [13] and the components of SpO_2 module, the steps to develop the

indigenous product of SpO₂ module are derived and followed. First the design and development of SpO₂ probe sensor has been made and it is checked and tested for normal working condition. The development of SpO₂ module has been done followed by the design of SpO₂ probe. The developed SpO₂ module has been compared and tested against the standard modules available in the market for the evaluation of consistency and repeatability. Finally the results of SpO₂ module have been displayed.

2. METHODOLOGY

The methodology to develop the proposed SpO₂ module is clearly explained as follows:

The three major stages of SpO₂ pulse oximeter measuring device are listed as follows:

- Sensing stage -- Design and development of SpO₂ probe sensor
- Processing stage -- Development of SpO₂ module
- Displaying stage -- Display of results

The methodology to design the SpO₂ probe is displayed in the form of block diagram as shown in the figure 1. The functional requirements of SpO₂ probe are studied. The modeling of SpO₂ probe's end cover is made using modeling software 'solid works 2010'. Then it is developed using Rapid prototyping machine. The electrical components are assembled with the end covers. Finally the SpO₂ probe is tested and validated for normal working conditions.

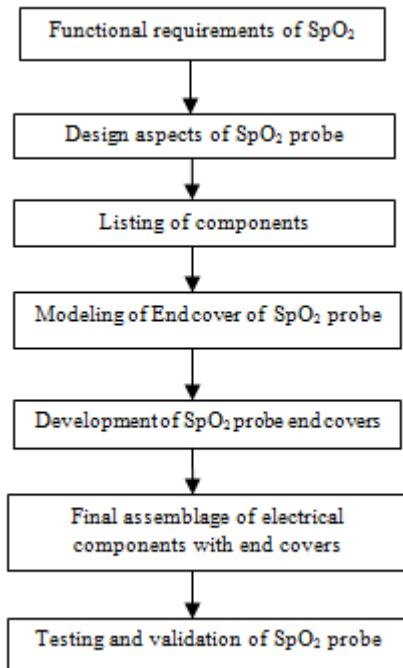


Figure 1 Block diagram to develop SpO₂ probe

The methodology to develop the SpO₂ module is presented in the form of block diagram as shown in the figure 2.

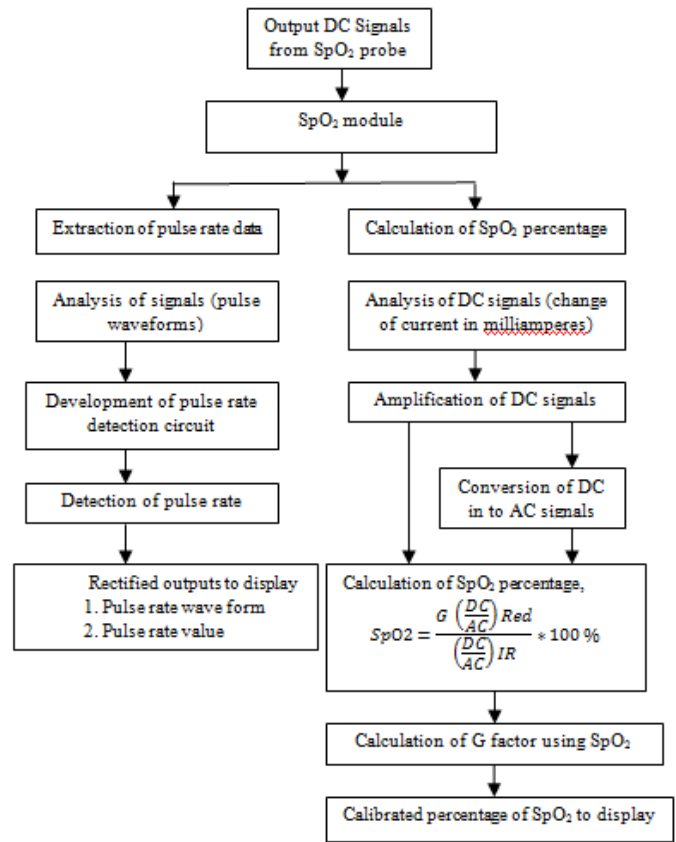


Figure 2 Block diagram to develop SpO₂ module

The output DC signals from the SpO₂ probe is passed to the module for further processing. From the signals, the extraction of pulse rate and the signals need to find the percentage of SpO₂ is done. After processing the signals, the calibrated outputs are sent to the displaying stage. The processed signals from the SpO₂ module are displayed in the different displaying platforms such as Multi parameter monitor, Front panel of LabVIEW, LCD display since the module is compatible to all such platforms.

3. DEVELOPMENT OF SPO₂ PROBE

The functional requirements and working principle of SpO₂ Probe has been studied [3], [4]. The purpose of using IR LED, which produces radiations selectively absorbed by oxygenated blood and Red LED, which produces radiations selectively absorbed by deoxygenated blood has been justified [5], [6]. The SpO₂ probe is designed and developed as per the steps depicted in the block diagram (shown in figure 1).

3.1 Testing and Validation of SpO₂ Probe

The SpO₂ probe is tested for repeatable and consistent results. For that, a standard voltage of 5V is supplied to the IR and Red LEDs one over the other for different intervals using Pulse Width Modulator (PWM).

3.1.1 Input signals

The LED timing diagram showed in figure 3 displays the sequence of switching the LED and the time period of each switching. This timing control is achieved by microcontroller or a pulse width modulator. This modulated input is given to the LEDs.

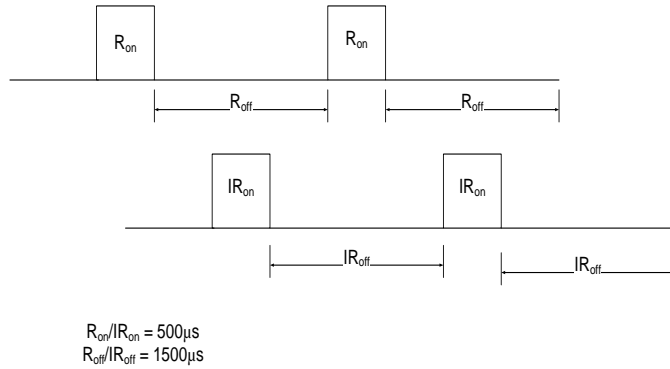


Figure 3 LED Timing Diagram

3.1.2 Output signals

The output voltage from the photo receiver is measured using multimeter. The results obtained are discussed as follows.

Case 1: From the figure 4, In a SpO₂ probe without finger, for an input of 3.3V, 3.1V is received at the photo receiver. The remaining 0.2V is lost due to the scattering of light waves.

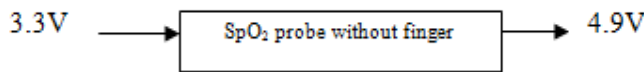


Figure 4 Voltage variation of SpO₂ probe without finger

Case 2: From the figure 5, In a SpO₂ probe with finger, for an input of 3.3V, the output voltage varies between 0.25V to 0.5V. This variation in the output voltage is due to the fluctuations in the flow rate of blood pumped from the heart which is a source for the measurement of pulse rate. The reduction in the output voltage is due to the absorption of light rays by the oxygen present in the blood which is a source for the measurement of SpO₂ percentage.

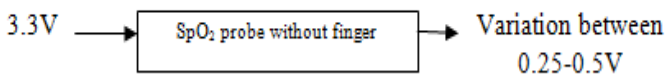


Figure 5 Voltage variation of SpO₂ probe with finger

4. EXTRACTION OF PULSE RATE

The signals from the SpO₂ sensor probe are fed to the electrical circuit for further processing. Then it is interfaced using the interfacing software ‘LabVIEW’ through Data Acquisition card (DAQ card) and the results are displayed in the LabVIEW front panel.

4.1 Electrical Circuit for the detection of Pulse rate

The electrical circuit for the extraction of pulse rate is shown in the figure 6. Here IC LM324, Which is used as both comparator and amplifier, is placed to exactly detect the pulses.

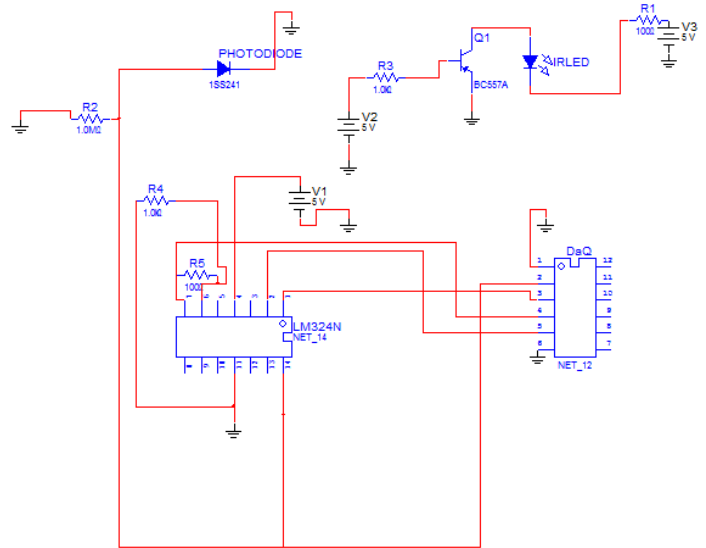


Figure 6 Electrical Circuit for the pulse rate extraction

The reference voltage is estimated by averaging the peak values obtained for 6 seconds and given it to the DAQ. This reference voltage is checked against the receiver voltage (i.e. signals from the sensor) by IC LM324. After the comparison, the pulse peaks are outputted by IC which is plotted in the waveform chart. Also the readings are displayed in the numeric indicator as ‘pulse rate’.

4.2 Pulse rate results

In this display (shown in figure 7), the waveform plots are drawn for amplifier output, DAQ output, and comparator output for a time period of 10 seconds. The magnitude of all the values and the pulse rate are displayed in the numeric indicator.

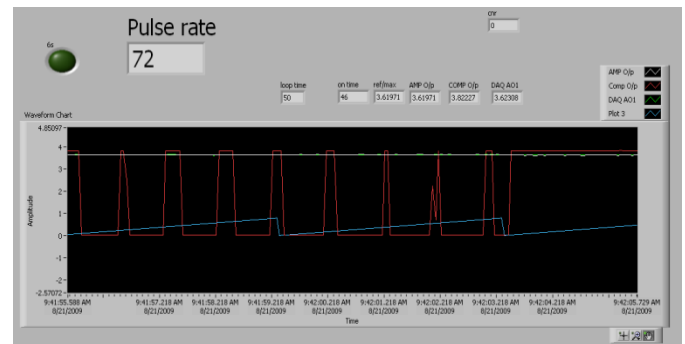


Figure 7 Pulse rate results from SpO₂ probe with the circuit

5. DEVELOPMENT OF SPO₂ PERCENTAGE

The development of SpO₂ percentage is taken place in four stages. These are as follows: signal reception, conditioning, processing and calculation of SpO₂ percentage.

5.1 LED Switching and Intensity control circuit (Stage I)

As shown in the figure 8, this circuit enables the switching of IR and Red LEDs providing options for the sequential control of IR and Red LED switching and also the intensity control of the LEDs. To achieve this, the circuit makes use of two transistors namely BC856A and MMBT2222. The transistor BC856A is used to switch the IR and Red LED ON or OFF. The transistor MMBT2222 is used for the intensity control of the LEDs. Proper resistors are provided to the ICs to prevent the damage caused due to the flow of large amount of current.

BC856A, being a PNP transistor, is activated and deactivated by connecting it to ground and power source respectively. This in turn, switches the LEDs ON and OFF. MMBT2222, being a NPN transistor, is activated and deactivated by connecting it to power source and ground respectively. The voltage supplied to the base of MMBT2222 is varied. By varying the voltage supply, the amount of current flowing to the LEDs is changed which in turn changes the intensities of LED radiations.

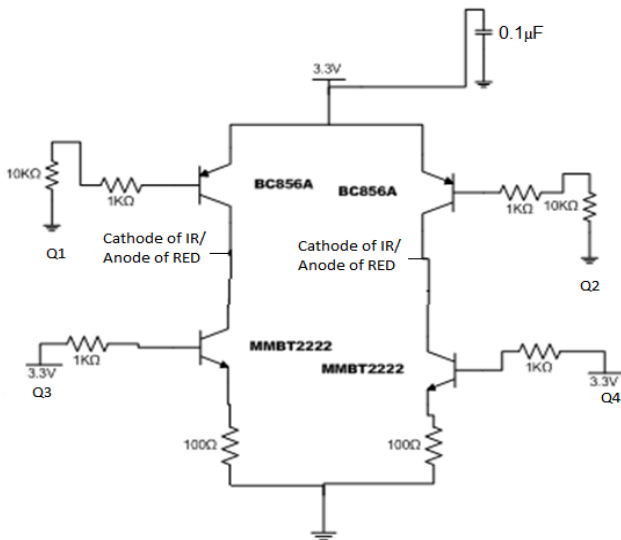


Figure 8 Drive Circuit of LED

The need for the sequential switching of LEDs provided by the LED switching and Intensity Control circuit is fulfilled by ‘Timing VIs’ in LabVIEW or ‘Counter/Timers’ in embedded systems.

The developed LED Switching and Intensity control circuit is tested using the standard probe ‘Nellcor’.

5.2 Transimpedance Amplifier Circuit (Stage II)

Transimpedance circuit is used to convert the current changes with respect to a fixed reference voltage into a significant voltage difference. The transimpedance amplifier namely OPA381 is selected for this purpose. The photoreceiver (photodiode) in the Nellcor probe varies the current output depending on the amount of light waves incident on it. The range of current is in milliamperes, which is very low.

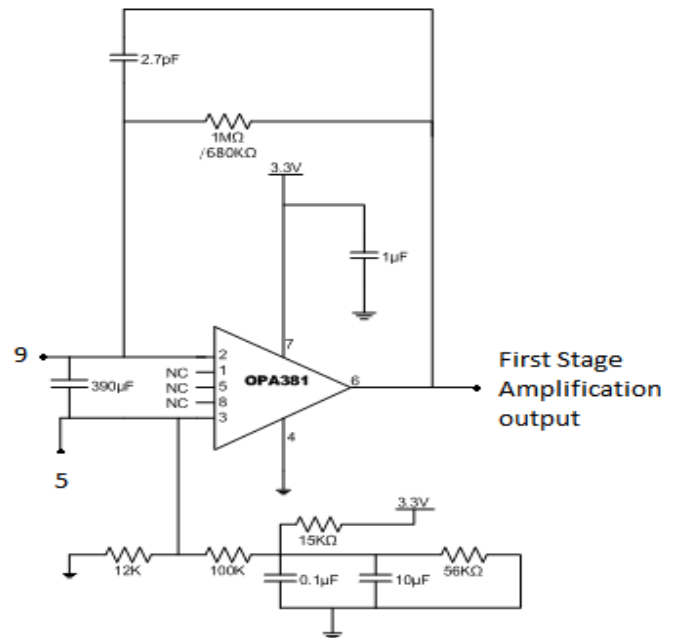


Figure 9 Transimpedance Amplifier Circuit

The circuit of transimpedance amplifier is displayed in figure 9. The reference voltage given to the transimpedance amplifier is 2.5V, which is obtained from 3.3V source by stepping it down using the resistors 56kΩ, 15kΩ and 100kΩ. This is made to avoid the need to have a separate 2.5V source. The photodiode produces current changes when the transmitted light incident on it varies due to the flow of blood when the finger is placed. This variation of current is sent to the pins 2 and 3 of the IC OPA381. The output is received from the 6th pin of the IC OPA381. This is the output of First stage amplification. The output is proportional to the amount of current change caused by photodiode.

5.3 Second stage Amplifier (STAGE III)

The output difference from the first stage amplification during the flow of blood, caused by placing the finger, is around 0.3 ~ 0.7V which is very less to characterize the condition of blood. This caused the need to use a second stage amplifier. The IC chosen for this purpose is LM324. This is selected because it is meant to amplify the output of First stage amplifier as the output difference

is very minimum and compare the signals with the reference voltage to generate pulses.

The selected IC is a Quad Operational Amplifier which satisfies both the above mentioned purposes simultaneously. The gain set in the IC is 1.17 using the resistors 51kΩ and 10kΩ. The gain is set such that the output does not get saturated i.e. the gain cannot be set more than the excitation voltage of the amplifier (3.3V). The output is obtained from the 1st pin of OPA381 as displayed in the figure 10.

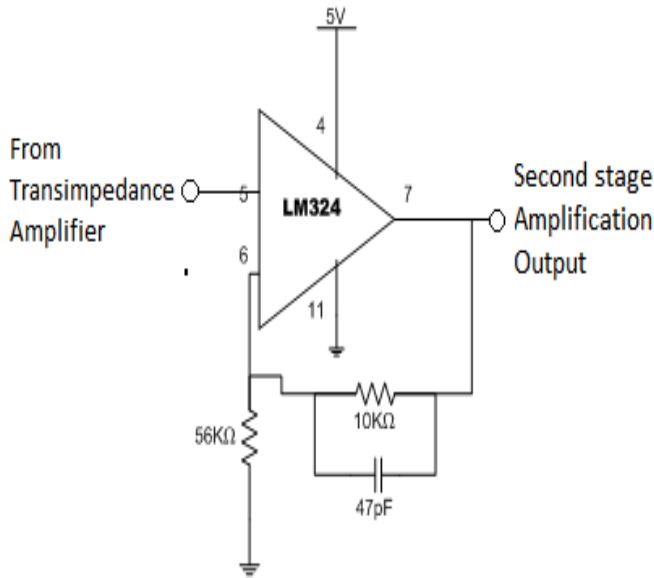


Figure 10 Second Stage Amplifier Circuit

5.4 Calculation of SpO₂ percentage (STAGE IV)

The output from Second stage amplification is used to calculate the percentage of SpO₂ using equation (1).

$$SpO_2 \% = \left\{ \frac{\text{Amplifier output during IR light transmission} \times 100}{\text{Amplifier output during IR light transmission} + \text{Amplifier output during Red light transmission}} \right\} \dots\dots\dots (1)$$

The amplifier output refers to the output received from the second stage amplifier. It is clearly understood that the formula is actually a ratio of voltage absorbed by oxygenated haemoglobin to the voltage absorbed by both oxygenated haemoglobin and deoxygenated haemoglobin.

The LabVIEW program has been constructed to control the timing of LED Switching and Intensity control circuit, acquire the output signals from the First stage and Second stage amplifiers, process them to calculate the SpO₂ percentage and display it. Additionally ‘Finger placed’ or ‘Finger Removed’ string is displayed when finger is placed and removed respectively.

6. RESULTS OF SPO₂ PERCENTAGE

The table 1 shows the results of SpO₂ percentage of a person taken at different intervals using a developed module.

Table 1 Results of SpO₂ Percentage

Samples	SpO ₂ Percentage
1	95.8
2	98.3
3	87.6
4	98
5	93.7
6	101.2
7	105.9
8	90.7
9	88.1

The results obtained are plotted in the graph (shown in figure 11) for analyzing the values.

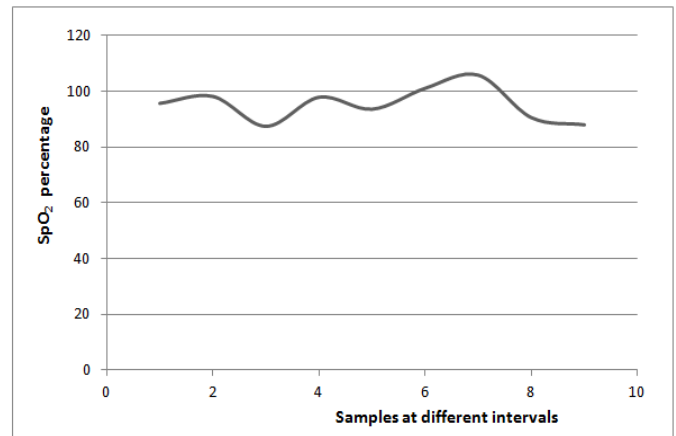


Figure 11 Sample Number Vs SpO₂ percentage

It is clearly revealed that the results need stability and also it deviates out of its range of 100%. This is rectified by using a simulator to correct the processing of outputs.

6.1 Calibration Results

The simulator used for calibration is Rigel SpO₂ simulator. The simulator is connected to the developed module. The SpO₂ percentage set in the simulator generates the corresponding current change. The transimpedance amplifier and the second stage amplifier amplifies the received signals. These outputs are used to find the ratio of SpO₂.

The value of SpO₂ set in the simulator and the corresponding output voltages from the developed module are listed in the table

2. Using these results, the ratio of SpO₂ and factor of correction namely ‘G’ are found.

Table 2 Calculation of G Value

Sample	SpO ₂ Percentage from the developed module	SpO ₂ Percentage from Standard module	Error Percentage
1	96.7	96.3	0.415369
2	98.3	97.9	0.40858
3	99	99.1	-0.10091
4	98.0	98.5	-0.50761
5	97.6	96.9	0.722394
6	98.5	95	3.684211
7	99.1	98.5	0.609137

The SpO₂ values set in the simulator and the ratio of SpO₂ are plotted in the graph (shown in figure 12) to find the relation between them.

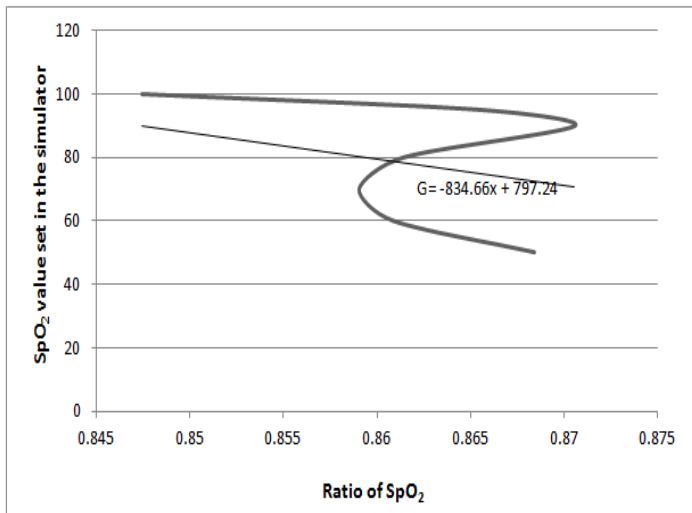


Figure 12 SpO₂ percentage Vs Ratio of SpO₂

The value of SpO₂ percentage is estimated from $834.66x + 797.24$, where x denotes the Ratio of SpO₂. Using this calibration, the value of SpO₂ percentage is predicted accurately.

6.2 Comparison Results

After the calibration of results and rectification of the possible ways of errors, the results obtained from the developed module are compared with the standard module made by Dolphin [14] to check for its correctness and consistency and it is shown in the table 3.

Table 3 Comparison Results of SpO₂ Percentage

SpO ₂ percentage set in the simulator	IR voltage	Red Voltage	Ratio of SpO ₂ = (IR/(IR+RED))
50	0.905	0.137	0.868
60	0.869	0.140	0.861
70	0.864	0.141	0.859
80	0.895	0.144	0.861
90	0.872	0.129	0.870
95	0.861	0.134	0.866
100	0.859	0.155	0.847

From the results, it can be observed that the results are consistent and precise and its deviations from the standard module are negligible.

7. CONCLUSION

The market survey conducted for the SpO₂ products revealed that there were no manufacturers producing SpO₂ products indigenously in India. Thus the need for the development of indigenous SpO₂ product was emerged to enhance the technical competency of India and to provide the cost effective products for the hospital requirements both in urban and rural areas. The objectives and methodology were set to develop an indigenous SpO₂ Module by developing the SpO₂ probe; Pulse rate extraction Circuit and SpO₂ percentage development circuit. First the design and development of SpO₂ probe sensor was made and it was checked and tested for normal working condition. The development of SpO₂ module was done followed by the design of SpO₂ probe. The problems diagnosed in the circuit module, were studied and rectifications were made. The developed SpO₂ module was compared and tested against the standard modules available in the market for the evaluation of consistency and repeatability. The results of SpO₂ module is displayed in the front panel of the LabVIEW.

Finally the standalone product of SpO₂ has been developed. The developed product is more compatible to platforms like LabVIEW, embedded systems and Multi-parameter monitor.

REFERENCES

[1]. Lesley Gaskin, Jackie Thomas, (2005) “Pulse Oximetry and Exercise”, Physiotherapy Department, The Toronto Hospital, Toronto. Vol 81, Issue 5, pp. 254–261

[2]. Louise A. Jensen, RN, Judee E. Onyskiw, RN, N.G.N. Prasad,(2004) “Meta-analysis of arterial oxygen saturation

monitoring by pulse oximetry in adults”, Heart & Lung: The Journal of Acute and Critical Care, Vol 27, Issue 6, pp. 387–408

- [3]. Basic understanding of the pulse oximeter (2006) “How to Read SpO₂” Konica Minolta Sensing Inc..
- [4]. Siegfried Kästle, Friedemann Noller, Siegfried Falk, Anton Bukta, Eberhard Mayer, and Dietmar Miller, (1997) “A New Family of Sensors for Pulse Oximetry”, Hewlett-Packard Journal. Article 7.
- [5]. Paul D. Mannheim,* James R. Casciani, Michael E. Fein and Steven L. Nierlich, (1997) “Wavelength Selection for Low-Saturation Pulse Oximetry”, IEEE Transactions on Biomedical Engineering.
- [6]. Yun-Thai Li, “Pulse Oximetry”, Department of Electronic Engineering, University of Surrey, Guildford.
- [7]. Ashoka Reddy K, (2008) “Novel Methods for Performance Enhancement of Pulse Oximeters, Department of Electrical Engineering”, Indian Institute of Technology, Madras.
- [8]. Yousuf Jawahar, (2009) “Design of an Infrared based Blood Oxygen Saturation and Heart Rate Monitoring Device”, Department of Electrical and Computer Engineering, McMaster University, Hamilton, Ontario, Canada.
- [9]. R. D. Stojanovic, D. M. Karadaglic, K. Perakis, B. M. Lutovac, M. Haritou, D. Koutsoris, (2008) “Led-Led PPG-SpO₂ Sensor-Actuator”, The 3rd International Symposium on Biomedical Engineering ISBME, ThaiBME.org, 328-331.
- [10]. Dan The Ta, “Blood pressure measurements utilizing National Instrument’s Virtual Instrument LabVIEW”, University of California, Berkeley, CA.
- [11]. Mireille C. P. Van Beekvelt, Willy N. J. M. Colier, Ron A. Wevers and Baziel G. and M. Van Engelen, (2001) “Performance of near-infrared spectroscopy in measuring local O₂ consumption and blood flow in skeletal muscle”, J Appl Physiol, pp. 90:511-519.
- [12]. Santiago Lopez, (2011) “Pulse Oximeter Fundamentals and Design”, RTAC Americas, Guadalajara, Mexico, Application note AN4327.
- [13]. <http://www.ni.com> (website)
- [14]. “Universal Integration Kit”, Dolphin Medical, 12525 Chadron Avenue, Hawthorne, CA 90250.

About Authors



Chidambara Raja S completed his B.E Mechanical sandwich in PSG College of Technology, Coimbatore, Tamil Nadu, India in the year 2012 and obtained gold medal. Currently, he is working as an Engineering Officer in Indian Oil Corporation Limited. He has got ‘Best Outgoing Student’ award. He was a chairman of American Society of Mechanical Engineering, students section in PSG College of Technology and he has been honored with ‘Achievement Award’ of ASME.

He has developed a machine namely ‘Onion Peeler’ and it is being filed for patent. He has published four international journals in the field of fluid mechanics, heat transfer, Lean Manufacturing and renewable energy. He has submitted one international journal in the field of Robotics and autonomous systems, and it is accepted for publication. He has conducted training programme on ‘Design of automation systems’ for Ashok Leyland Graduate Engineering Trainees. He has conducted many seminars for students on Pneumatic circuit design, Sensor interfacing using LabVIEW, etc. His research areas of interest are Fluid mechanics, Heat transfer and Instrumentation.



Sarath Kumar M N completed his BE Mechanical Sandwich in PSG College of College, Coimbatore, Tamil Nadu in the year 2012. Currently, he is working as an Asst manager in Tata Motors Ltd. He was the Secretary of Association of Mechanical Engineering in PSG college of Technology for the year 2011 – 2012 and has organized many intra college workshops, seminars and guest lectures. He had conducted Inter college technical symposiums also. He has published journals on Cavitation and Autonomous underwater Vehicle (under review). He attended training on Basic Electro pneumatics conducted by Festo, Bangalore.

He had undergone inplant training in Neyveli Lignite Corporation and finished industrial projects in leading automobile organizations like Ashok Leyland and Rane Engine Valves. He has conducted training on Sensor interfacing to Ashok Leyland Graduate Engineering Trainees. He is currently working as a Graduate Engineering Trainee in TATA Motors Ltd, Chennai.



Dr P V Mohanram did his B.E (Mechanical) form BITS, Pilani. He completed his M.Tech (Machine Design) and Ph.D in the area of Tribology from IIT Madras, Chennai. After a brief period of work at Bharat Gears, Thane he joined PSG College of Technology, as faculty in the Department of Mechanical Engineering in the year 1981. Currently he is the Principal of PSG Institute of Technology. He has to his credit more than 90 publications in journals and conferences. His major fields of interest include design, automation, lean manufacturing and education. He has guided 10 Ph.D students and currently 6 are working under him.

He has organized several national and international conferences. He has taken up many industrial consultancy activities with industries like PRICOL, LMW, ELGI, Ashok Leyland etc., He has actively participated in sixteen sponsored projects. He is currently involved in continuing education programmes for industries in the areas of Tolerance Engineering, Automation, Lean Manufacturing and Value Stream Mapping, Sensor – Interface based on virtual instrumentation. He has travelled extensively to various countries like UK, Japan, USA and Germany.

He has won several awards including the prestigious P K Das memorial best faculty award for the year 2010-2011 which was awarded by Nehru College of educational and charitable trust, Coimbatore. He is also responsible for the design and development of critical care medical ventilator indigenously with funding from Society of Bio-Medical Technology; the ventilator has been taken up for commercial production by PRICOL, Coimbatore. Recently another product “Infant Ventilator” was collaboratively developed by PSG and Pricol Medical Systems under his leadership and technology transfer has been made to the industry.