



US006771994B2

(12) **United States Patent**
Kiani et al.

(10) **Patent No.:** **US 6,771,994 B2**
(45) **Date of Patent:** **Aug. 3, 2004**

(54) **PULSE OXIMETER PROBE-OFF
DETECTION SYSTEM**

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(*) Notice: Subject to any disclaimer, the term of this
patent is extended or adjusted under 35
U.S.C. 154(b) by 0 days.

(21) Appl. No.: **10/374,303**

(22) Filed: **Feb. 24, 2003**

(65) **Prior Publication Data**

US 2003/0139656 A1 Jul. 24, 2003

Related U.S. Application Data

(62) Division of application No. 09/595,081, filed on Jun. 16,
2000, now Pat. No. 6,526,300.

(60) Provisional application No. 60/140,000, filed on Jun. 18,
1999.

(51) **Int. Cl.**⁷ **A61B 5/00**

(52) **U.S. Cl.** **600/323; 600/344**

(58) **Field of Search** 600/309–310,
600/322–324, 316, 344, 473, 476

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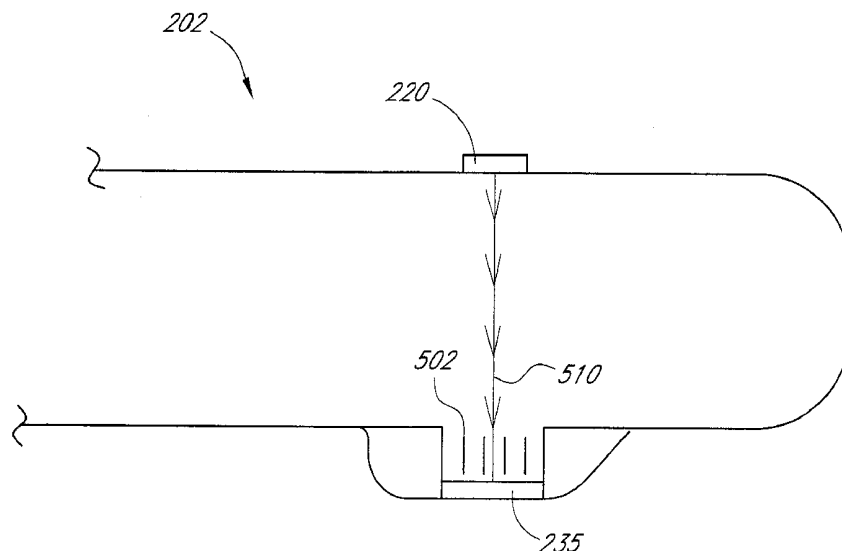
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(57) **ABSTRACT**

The present invention provides a number of improvements that can be incorporated into a pulse oximeter probe to detect when a probe has become dislodged from a patient and/or to prevent a probe-off condition. A probe-off condition occurs when the optical probe becomes partially or completely dislodged from the patient, but continues to detect an AC signal within the operating region of the pulse oximeter. In one aspect, the present invention provides electrical contacts that contact the skin of a patient when the probe is properly attached. In another aspect, the present invention provides a number of louvers placed in front of the sensor's photodetector to filter out oblique light rays that do not originate from a point in front of the detector. Accordingly, if the emitter and photodetector are not properly aligned, the photodetector will not produce a signal within the valid operating range of the pulse oximeter. In accordance with a method of the present invention the pulse oximeter can sound an alarm or display a warning if it determines that the probe is not properly attached to the patient.

18 Claims, 15 Drawing Sheets



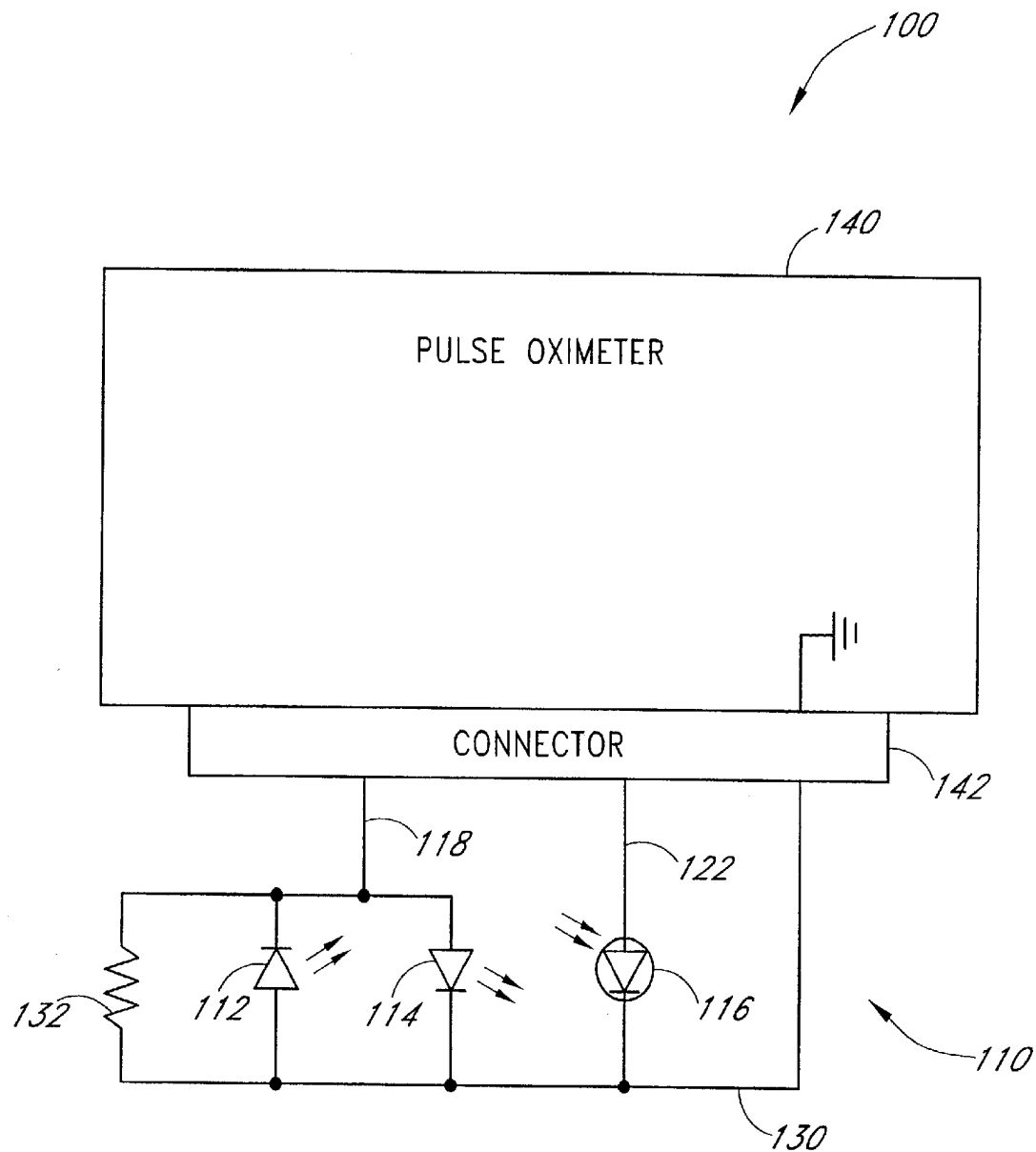


FIG. 1

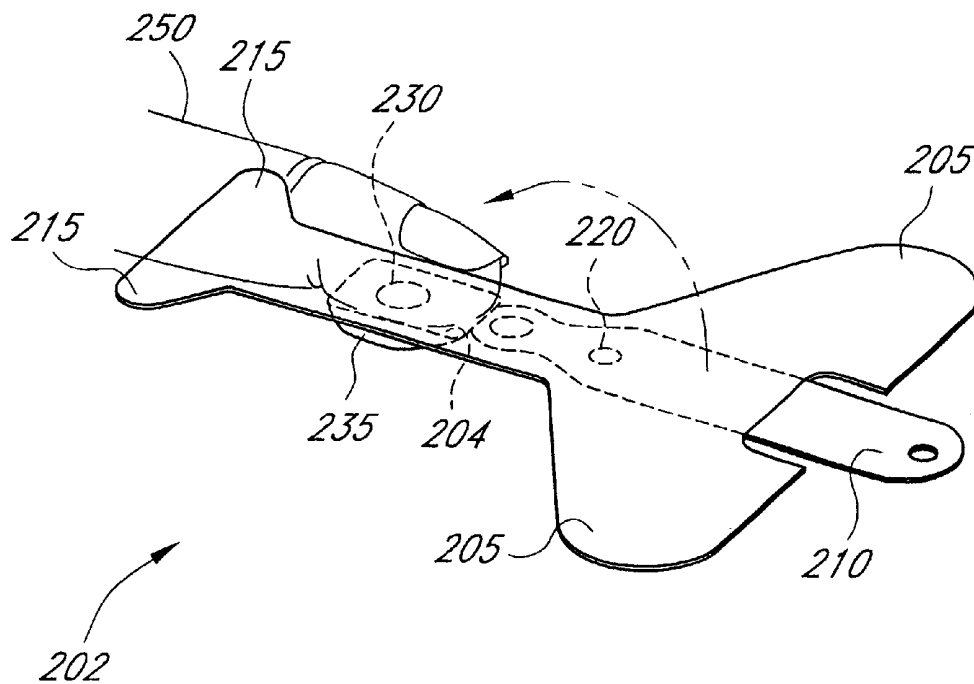


FIG. 2A

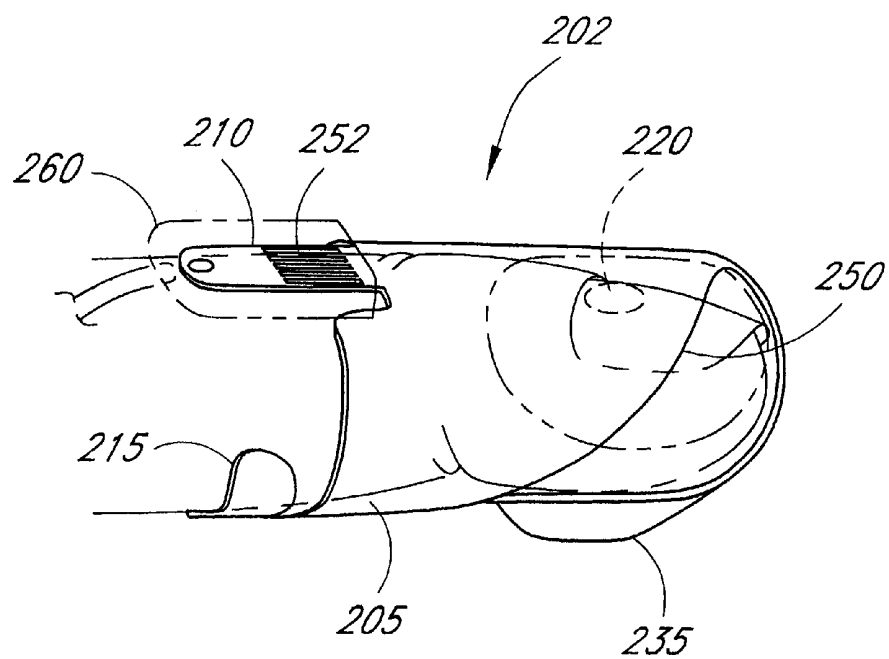
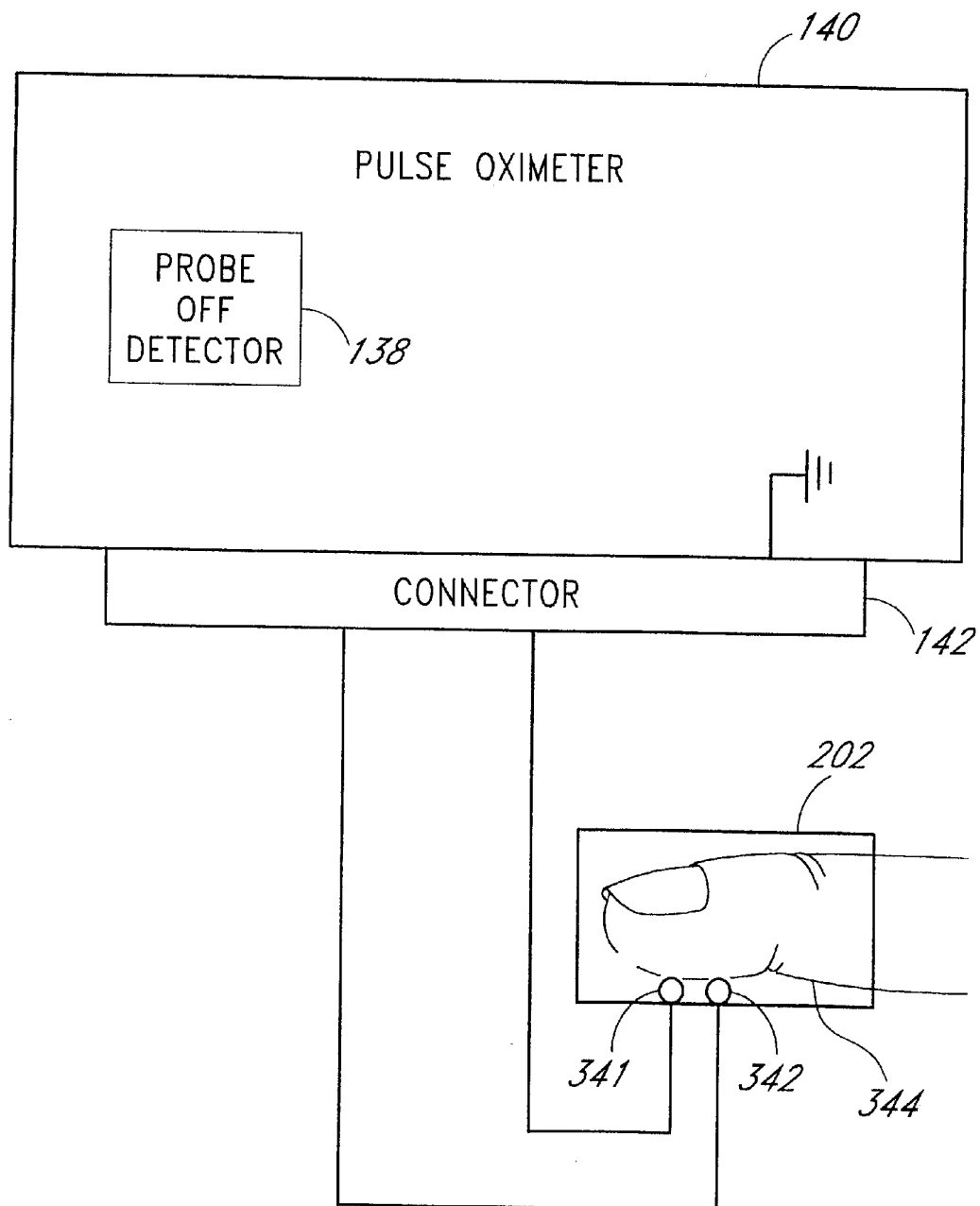


FIG. 2B

**FIG. 3A**

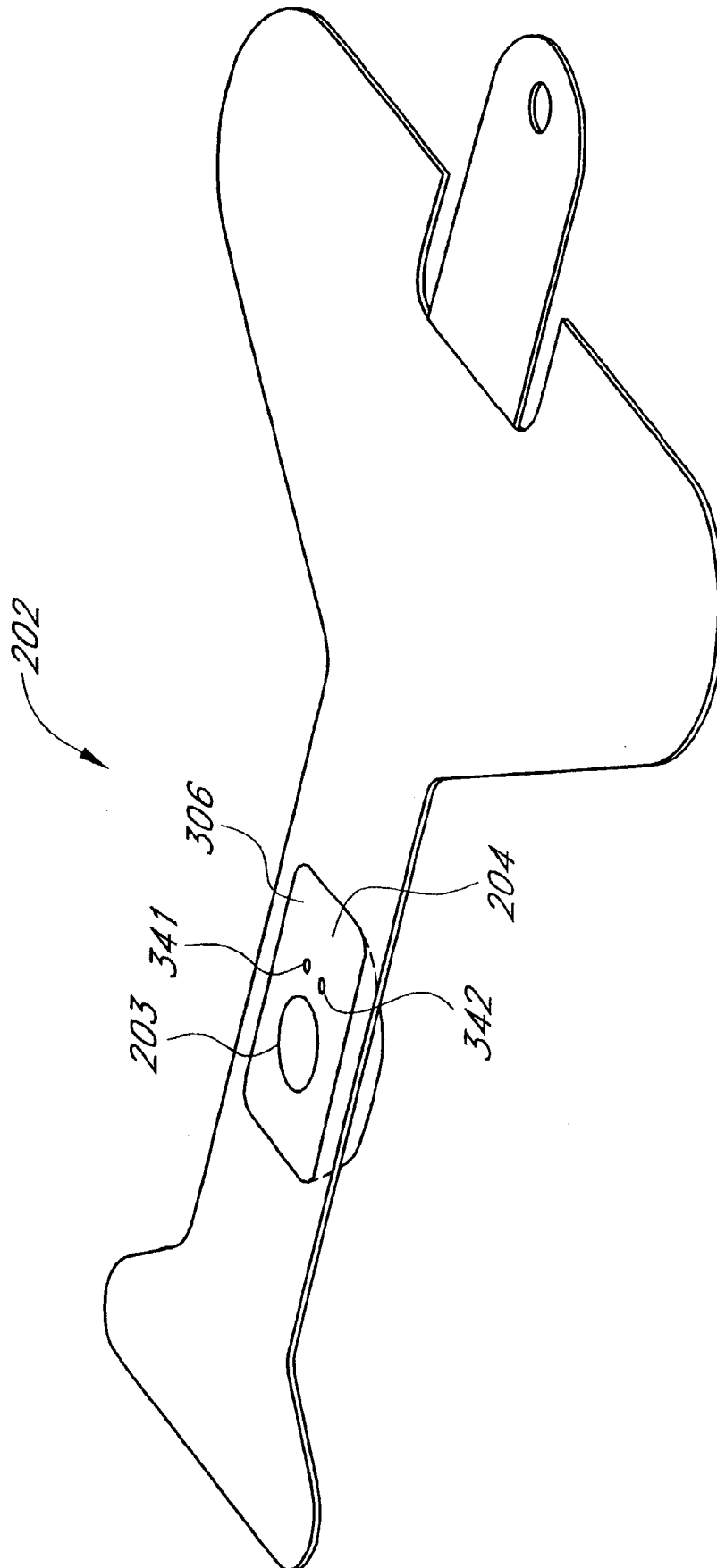


FIG. 3B

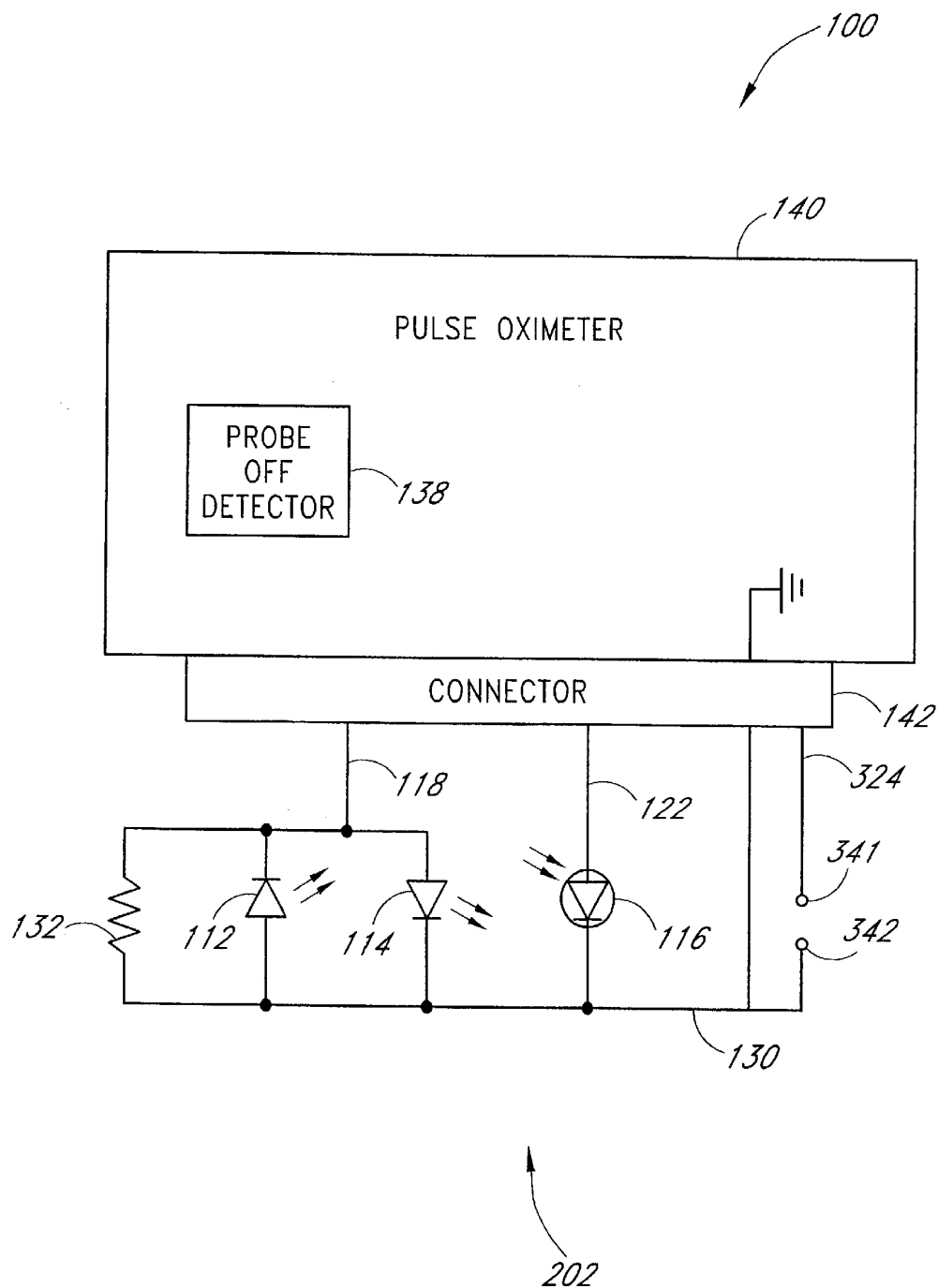


FIG. 3C

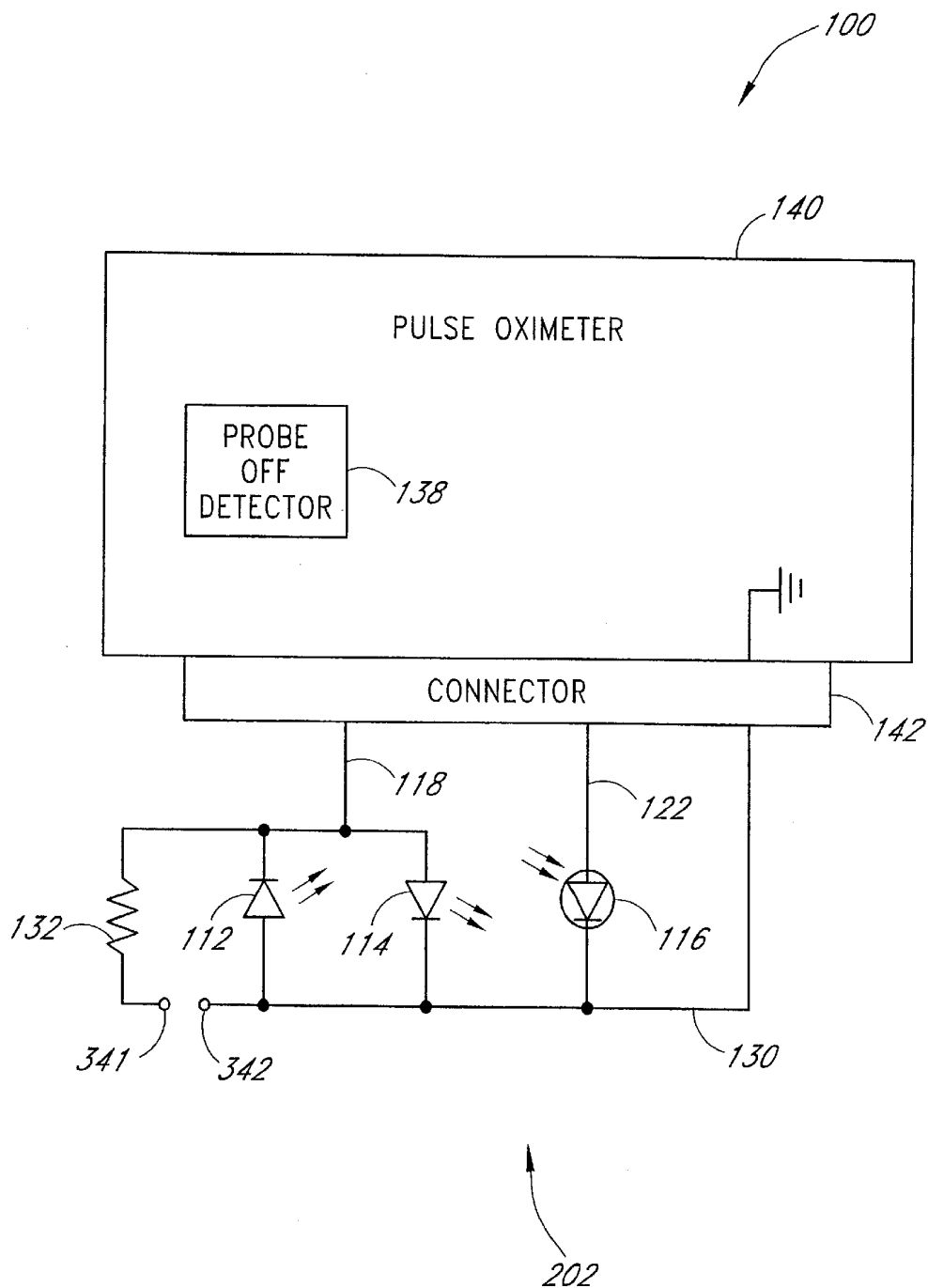
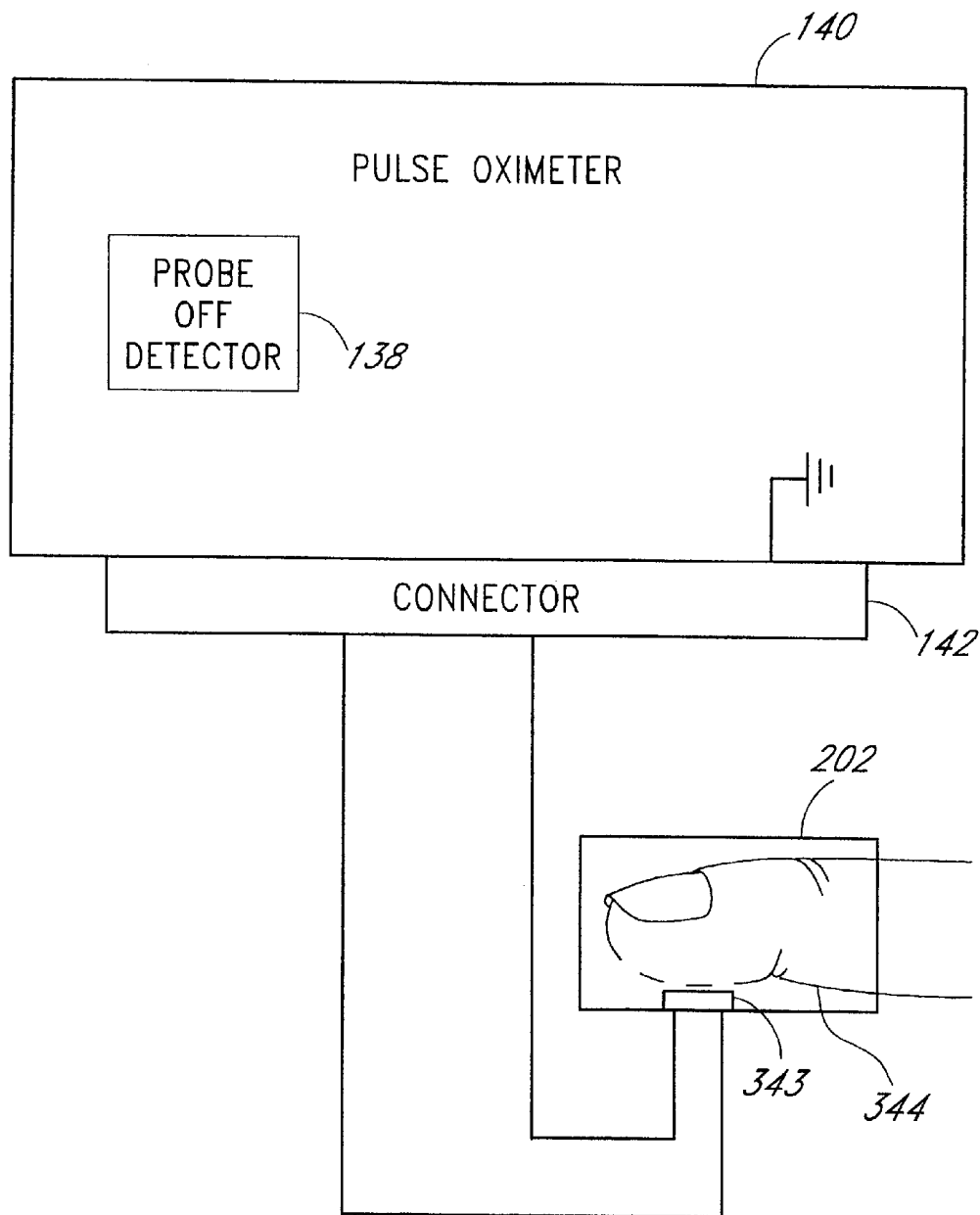


FIG. 3D

**FIG. 3E**

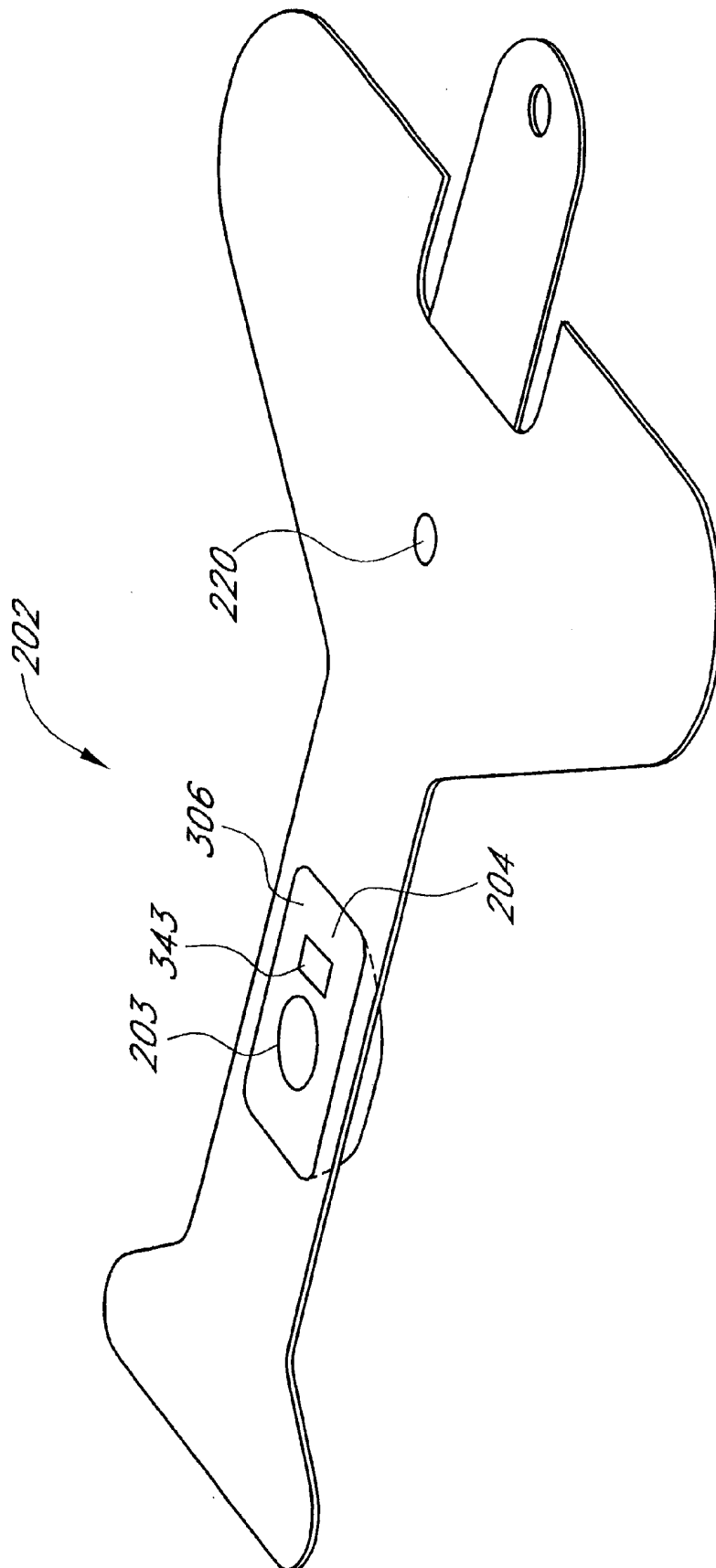
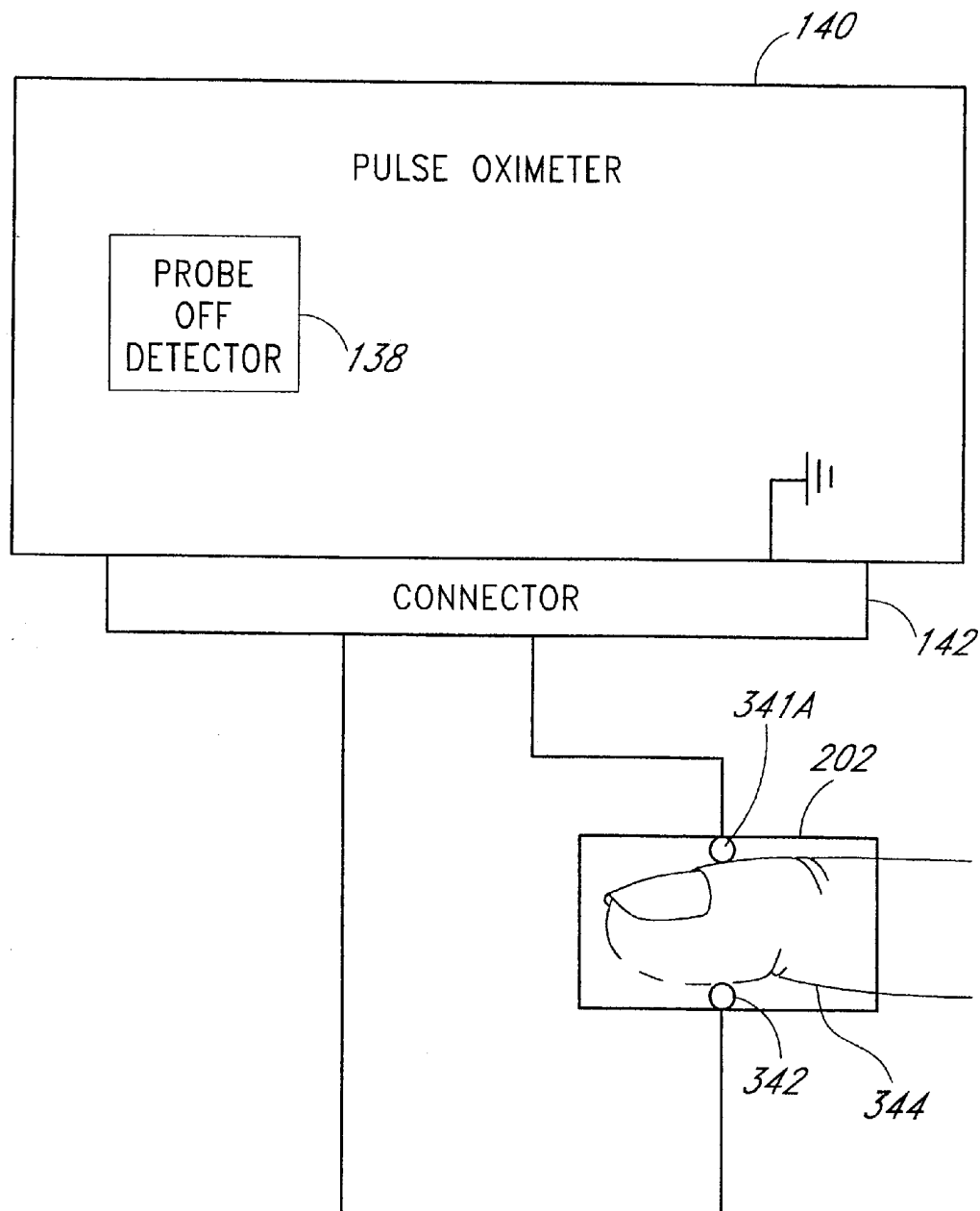


FIG. 3F

**FIG. 3G**

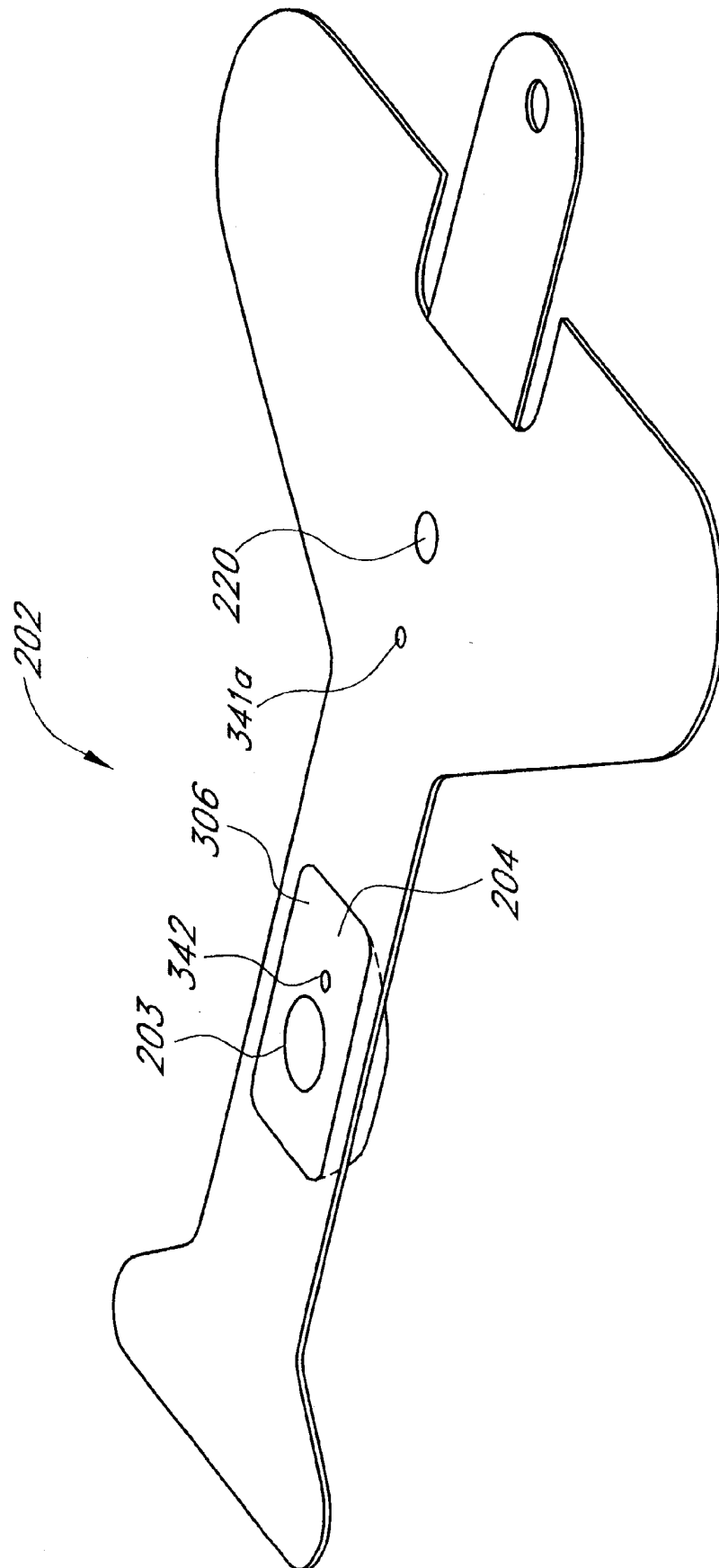


FIG. 3H

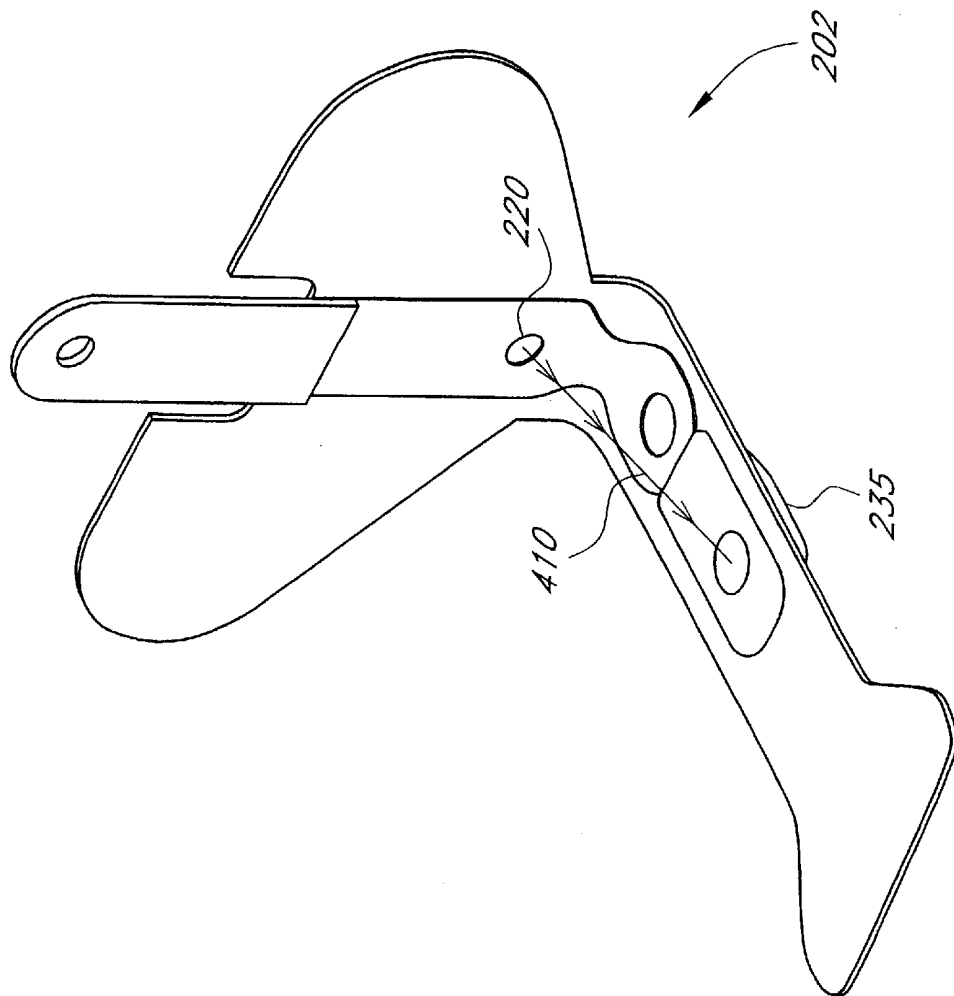


FIG. 4

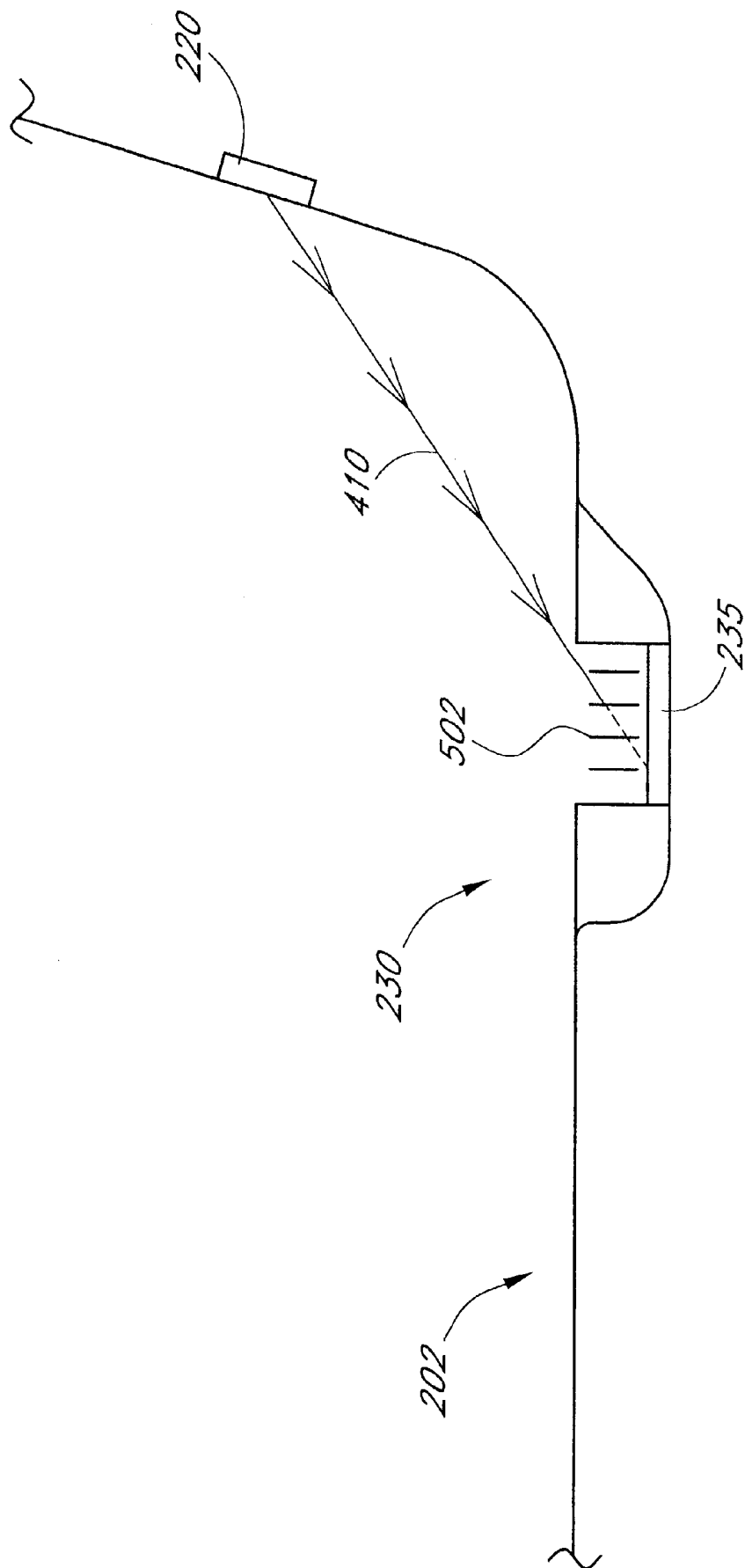


FIG. 5A

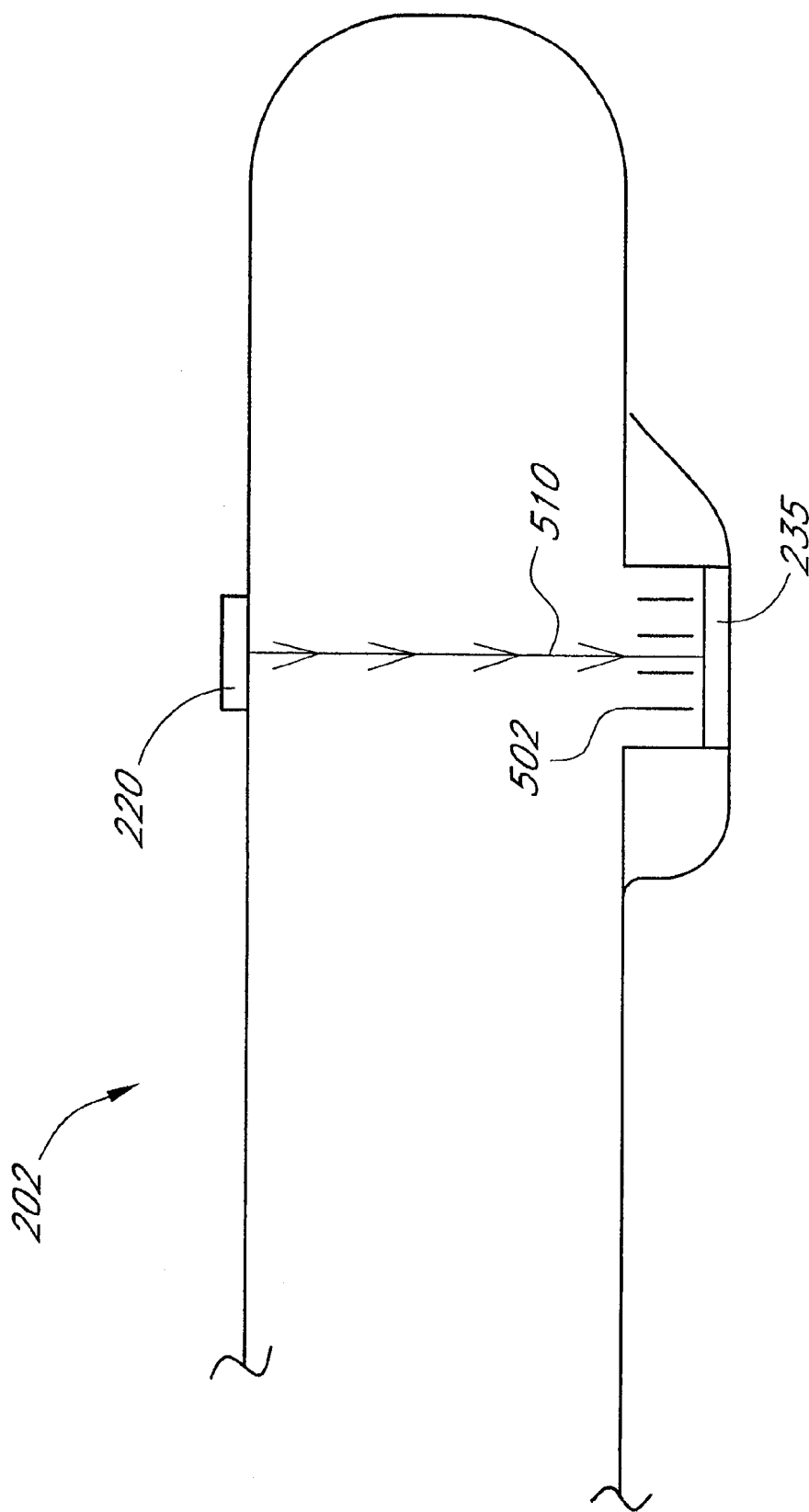


FIG. 5B

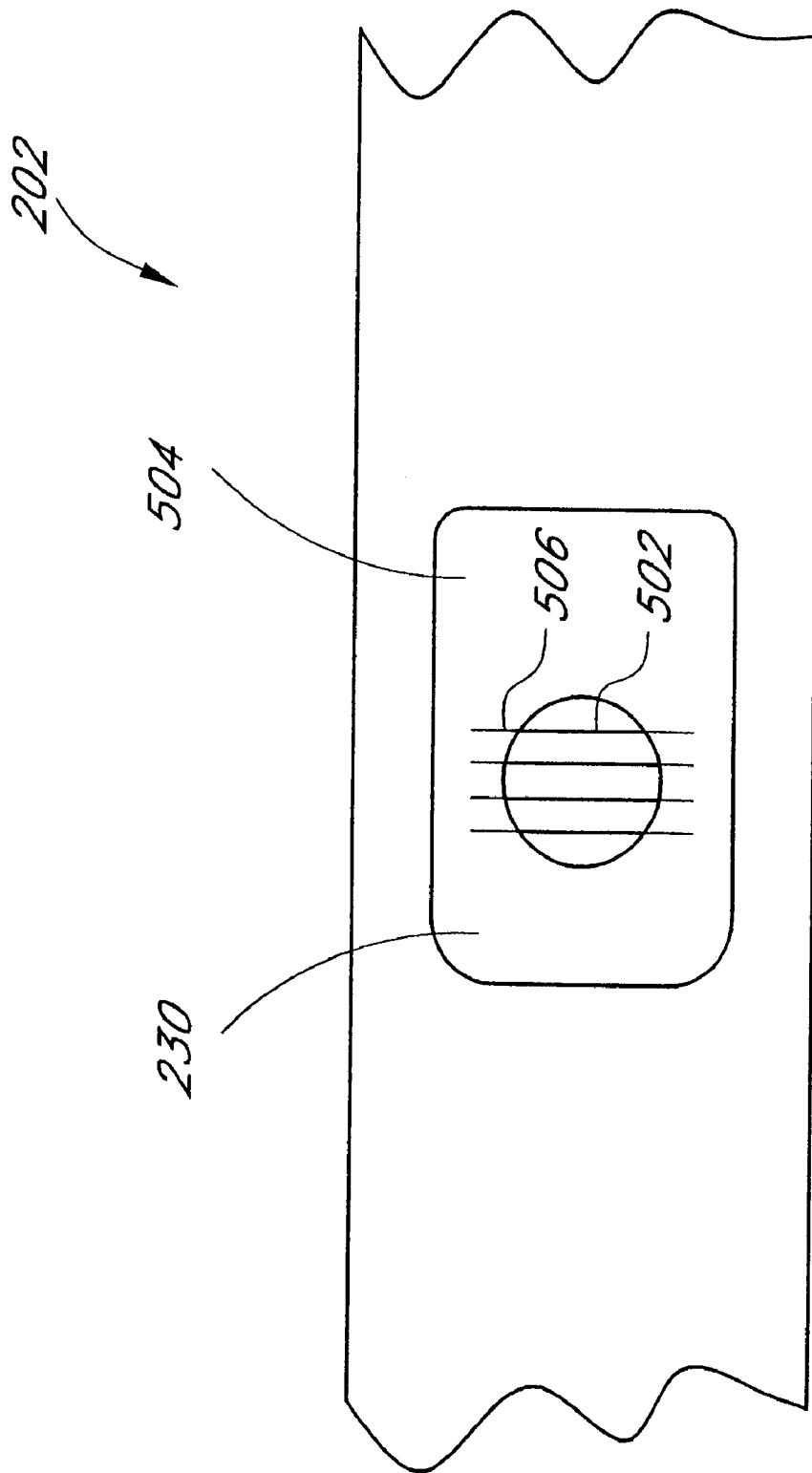
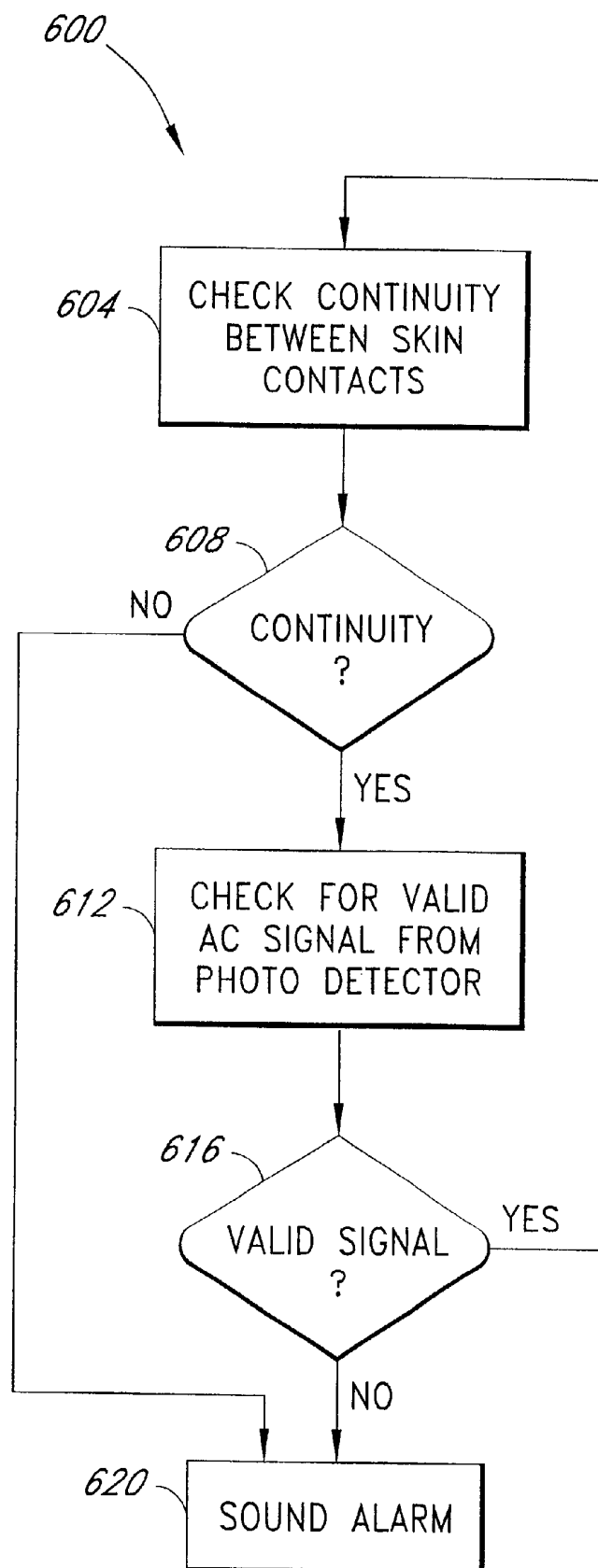


FIG. 5C

**FIG. 6**

PULSE OXIMETER PROBE-OFF DETECTION SYSTEM

REFERENCE TO RELATED APPLICATIONS

The present application claims priority benefit under 35 U.S.C. § 120 to, and is a divisional of, U.S. patent application Ser. No. 09/595,081, filed Jun. 16, 2000, now U.S. Pat. No. 6,526,300, entitled "Pulse Oximeter Probe-Off Detection System," which claims priority benefit under 35 U.S.C. § 119(e) from U.S. Provisional Application No. 60/140,000, filed Jun. 18, 1999, entitled "Pulse Oximeter Probe-Off Detection System." The present application also incorporates the foregoing utility disclosure herein by reference.

BACKGROUND OF THE INVENTION

The present invention relates to optical probes that can be attached to the finger, toe, or appendage of a patient. More particularly, the present invention relates to devices and methods for identifying when a probe has become dislodged from a patient.

DESCRIPTION OF THE RELATED ART

Oximetry is the measurement of the oxygen status of blood. Early detection of low blood oxygen is critical in the medical field, for example in critical care and surgical applications, because an insufficient oxygen supply can result in brain damage and death in a matter of minutes. Pulse oximetry is a widely accepted noninvasive procedure for measuring the oxygen saturation level of arterial blood, an indicator of oxygen supply. A pulse oximetry system generally consists of a probe attached to a patient, a monitor, and a cable connecting the probe and monitor. Conventionally, a pulse oximetry probe has both red and infrared (IR) light-emitting diode (LED) emitters and a photodiode detector. The probe is typically attached to a patient's finger or toe, or a very young patient's foot. For a finger, the probe is configured so that the emitters project light through the fingernail, the arteries, vessels, capillaries, tissue and bone. The photodiode is positioned opposite the LED so as to detect the LED transmitted light as it emerges from the finger tissues.

The pulse oximetry monitor (pulse oximeter) determines oxygen saturation by analyzing the differential absorption by arterial blood of the two wavelengths emitted by the probe. The pulse oximeter alternately activates the probe LED emitters and reads the resulting current generated by the photodiode detector. This current is proportional to the intensity of the detected light. The pulse oximeter calculates a ratio of detected red and infrared intensities, and an arterial oxygen saturation value is empirically determined based on the ratio obtained. The pulse oximeter contains circuitry for controlling the probe, processing the probe signals and displaying the patient's oxygen saturation and pulse rate. A pulse oximeter is described in U.S. Pat. No. 5,632,272 assigned to the assignee of the present invention.

SUMMARY OF THE INVENTION

The present invention provides a number of improvements that can be incorporated into a pulse oximeter probe to detect when a probe has become dislodged from a patient and/or to prevent a probe-off condition. A probe-off condition occurs when the optical probe becomes partially or completely dislodged from the patient, but may continue to detect an AC signal within the operating region of the pulse oximeter.

In one aspect, the present invention provides a number of electrical contacts that contact the skin of a patient when the probe is properly attached. The pulse oximeter can check the continuity through the contacts to determine whether the probe is properly attached. If the probe is not properly attached, the pulse oximeter can identify a probe-off condition even though the oximeter measures an AC signal that appears like the probe is still attached.

In another aspect, the present invention provides a number of louvers placed in front of the probe's photodetector to filter out oblique light rays that do not originate from a point in front of the detector. If the probe becomes dislodged, the emitter will not likely remain in front of the photodetector. If the emitter and photodetector are not properly aligned, the photodetector will not produce a signal within the valid operating range of the pulse oximeter. The louvers prevent light from an oblique angle from reaching the photodetector and creating a false signal that might be interpreted by the pulse oximeter as a physiological signal. Accordingly, the pulse oximeter can determine that a probe has become dislodged when the photodetector does not produce a valid signal. Furthermore, probe-off conditions can be avoided since oblique light rays are not able to reach the photodetector to produce an apparently valid signal.

BRIEF DESCRIPTION OF THE DRAWINGS

Referring now to the drawings in which like reference numbers represent corresponding components throughout:

FIG. 1 illustrates a schematic of one embodiment of a pulse oximeter system;

FIGS. 2A–B depict an optical probe and the attachment of the optical probe on the fingertip of an adult patient;

FIG. 3A illustrates a schematic of a pulse oximeter system that incorporates electrical contacts to the skin of a patient, in accordance with one embodiment of the present invention;

FIG. 3B illustrates a perspective view of an optical probe incorporating electrical contacts to the skin of a patient;

FIG. 3C illustrates a schematic of one embodiment of a pulse oximeter system that incorporates electrical contacts to the skin of a patient;

FIG. 3D illustrates a schematic of a preferred embodiment of a pulse oximeter system that incorporates a number of electrical contacts to the skin of a patient;

FIG. 3E depicts a generalized schematic of a pulse oximeter that incorporates another embodiment of a contact on a pulse oximeter probe;

FIG. 3F depicts a perspective view of an optical probe incorporating the embodiment of FIG. 3E;

FIG. 3G depicts a generalized schematic of a pulse oximeter system that incorporates another embodiment of a contact sensor in accordance with the present invention;

FIG. 3H depicts a perspective view of an optical probe incorporating the contact sensor of FIG. 3G;

FIG. 4 illustrates a probe that has become unfastened;

FIG. 5A illustrates a probe wherein a number of louvers are placed in front of the detector assembly;

FIG. 5B illustrates a properly attached probe wherein a number of louvers are placed in front of the detector assembly;

FIG. 5C illustrates a top plan view of a preferred embodiment of a probe wherein a number of louvers are placed in front of the detector assembly;

FIG. 6 illustrates a flow chart of the method of detecting a dislodged probe.

DETAILED DESCRIPTION OF THE
PREFERRED EMBODIMENT

To compute peripheral arterial oxygen saturation, denoted Sp_aO_2 , pulse oximetry relies on the differential light absorption of oxygenated hemoglobin, HbO_2 , and deoxygenated hemoglobin, Hb . This differential absorption is measured at the red and infrared wavelengths of the probe. In addition, pulse oximetry relies on the pulsatile nature of arterial blood to differentiate hemoglobin absorption from absorption of other constituents in the surrounding tissues. Light absorption between systole and diastole varies due to the blood volume change from the inflow and outflow of arterial blood at a peripheral tissue site. The tissue site might also comprise skin, muscle, bone, venous blood, fat, pigment, etc., each of which absorbs light. Blood oxygen saturation measurements are based upon a ratio of the time-varying or AC portion of the detected red and infrared signals with respect to the time-invariant or DC portion. This AC/DC ratio normalizes the signals and accounts for variations in light pathlengths through the measured tissue.

As reproduced in FIG. 1, a schematic of one embodiment of a pulse oximeter system **100** is disclosed in U.S. Pat. No. 5,758,644 (the '644 patent), assigned to the assignee of the present application and incorporated herein by reference. The system **100** comprises a pulse oximeter **140**, which is attached through a connector **142** to a probe **110**. The probe **110** comprises a first LED **112**, a second LED **114** and a photodetector **116**. The first and second LEDs **112** and **114** are connected back-to-back and share a common electrical connection **118**. The photodetector **116** has its own electrical connection **122**. Each of the LEDs **112** and **114** and the photodetector **116** are connected at their outputs to a common ground electrical connection **130**. The two LEDs **112** and **114** are preferably configured to produce different wavelengths of light, which pass through the flesh of a patient to be detected by the photodetector **116**. The oximeter **140** can select the LED to be driven by applying either a positive or negative voltage to the connection **118**. A coding resistor **132** has a resistance that can be measured by the pulse oximeter **140** to determine the particular characteristics of the probe **110**. The coding resistor **132** is coupled in parallel with the first LED **112** or the second LED **114**. The resistor **132** can be used to indicate the operating wavelength of the first and second LEDs **112** and **114**, or to indicate the type of probe. In order to read the coding resistor **132**, the pulse oximeter **140** drives the first LED **112**/coding resistor **132** combination at a level that is low enough that the LED draws insignificant current. At this level, significantly all of the current flows through the coding resistor **132** and the pulse oximeter **140** can determine the value of the resistor in accordance with Ohm's law. By configuring the coding resistor **132** in parallel with one of the LEDs **112**, **114**, the added expense of an additional lead connecting the pulse oximeter **140** to the probe **110** can be saved.

One embodiment of a disposable probe for use with pulse oximetry systems is disclosed in U.S. Pat. No. 5,782,757, assigned to the assignee of the present application and incorporated herein by reference. FIGS. 2A–B depict the optical probe **202** and the attachment of the optical probe **202** on the fingertip **250** of an adult patient. The disposable optical probe **202** is designed to fit comfortably onto a patient's fingertip. As illustrated in FIG. 2A, the probe **202** includes a central portion **204**, a pair of adhesive flanges **205** extending from the central portion **204**, a connector portion **210** situated between the flanges **205**, and a pair of smaller adhesive flaps **215** extending from the central portion **204** on

the end of the optical probe **202** opposite from a connector tab **210**. The probe **202** further includes an emitter aperture **220** with a number of emitters (e.g., a light-emitting diodes) positioned within the central portion **204** close to the connector portion **210**, and a detector aperture **230** which allows light to pass through the detector aperture **230** to a detector assembly **235**. An adult fingertip **250** is shown in phantom in FIG. 2A to illustrate the position at which the fingertip **250** is placed when the probe **202** is to be fastened onto the fingertip **250** for use. Although not depicted specifically in FIGS. 2A–2B, the probe **202** is typically fabricated from multiple layers.

FIG. 2B illustrates the probe **202** fastened onto the fingertip **250**. As shown in FIG. 2B, the probe **202** folds to conform to the very end of the fingertip. The adhesive flaps **205** fold downward (in the illustration of FIG. 2B) to wrap around the fingertip **250** while the adhesive flaps **215** fold upward (in the illustration of FIG. 2B) about a portion of the circumference of the fingertip **250** to provide support. As shown in FIG. 2B, when the probe **202** is folded about the fingertip **250**, the emitters located within the probe are spaced opposite the detector assembly **235** such that light from the emitters passes through the emitter aperture **220**, through the finger **250** and is incident upon the detector assembly **235** through the detector aperture **230**.

FIG. 2B depicts a receiving connector portion **260** which engages with contacts **252** on the connector **210** to provide an electrical connection between the optical probe **202** and the pulse oximeter **140**. Once the optical probe **202** is securely fastened to the fingertip **250** and the connector **210** provides an electrical connection between the optical probe **202** and digital signal processing circuitry, signals are detected from the detector **235** and transmitted to the processing circuitry via the connector **260**.

A probe-off condition occurs when the optical probe becomes partially or completely dislodged from the patient, but continues to detect an AC signal within the operating region of the pulse oximeter. Probe-off errors are serious because the pulse oximeter may display a normal saturation when, in fact, the probe is not properly attached to the patient, potentially leading to missed desaturation events. Failure to detect a probe-off condition is the result of the probe detector receiving light directly from the emitters without transmission through the patient's tissue.

As illustrated in the schematic of FIG. 3A, a first aspect of the present invention involves an optical probe **202** which incorporates a number of electrical contacts **341** and **342** that make contact to the skin of the patient when the probe **202** is properly secured. In order to detect a probe-off condition, a probe-off detector module **138** of the pulse oximeter **140** periodically applies a voltage across the contacts **341** and **342** or drives a current. A non-zero current indicates that the patient's skin **344** has closed the circuit between the contacts **341** and **342** and the probe **202** is properly secured. If the probe becomes dislodged, the patient's skin **344** is no longer in contact with the contacts **341** and **342**, resulting in an open circuit.

FIG. 3B illustrates one preferred embodiment of an optical probe **202** incorporating one embodiment of the present invention. The present embodiment incorporates a first electrical contact **341** and a second electrical contact **342** in the surface **306** of the central portion **204** of the probe **202**. The electrical contacts **341** and **342** are positioned in a location such that contact to a finger or flesh portion of the patient is ensured when the probe **202** is properly attached. In the illustrated embodiment, the contacts **341** and **342** are located

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proximate the detector aperture 203. In another embodiment, contacts 341 and 342 are on opposite sides of the detector aperture 203. The optical probe 202 also has an emitter aperture 220 through which light of at least two wavelengths passes from LEDs.

As illustrated in the schematic diagram of FIG. 3C, the pulse oximeter system 100 of FIG. 1 can be modified to incorporate the first aspect of the present invention by extending an additional lead 324 through the connector 142 to the probe 202. The additional lead can be connected to one contact 341 while the second contact 342 can be wired to the common ground lead 130.

A schematic diagram of another embodiment of the present invention is illustrated in FIG. 3D. The contacts 341 and 342 can be installed in line within the path of the coding resistor 132. When the patient's skin 344 is in contact with the contacts 341 and 342, the circuit through the coding resistor 132 will be closed; when the patient's skin 344 is not in contact with the contacts 341 and 342, the circuit through the coding resistor 132 will be open. The skin 344 will have some finite resistance between the contacts 341 and 342 that will affect the measured resistance of the coding resistor. As the contacts 341 and 342 are installed in series with the coding resistor 132, any resistance across the contacts 341 and 342 will be added to the resistance of the coding resistor 132 when the pulse oximeter 140 attempts to measure the resistance of the coding resistor 132. The resistance of the skin 344 can effectively be ignored in the measurement of the coding resistor 132, however, by choosing the value of the coding resistor 132 to be substantially larger than the resistance of a patient's skin 344 between the contacts 341 and 342. Alternatively, the acceptable resistance for the coding resistor can be specified as in a range that includes the likely added resistance of the skin in the circuit. In the present configuration, the probe-off detector module 138 of the pulse oximeter 140 can verify that the optical probe 202 is properly secured simultaneously with checking the resistance of the coding resistor 132. An open circuit indicates that the probe has become dislodged, whereas a valid resistance of a coding resistor 132 indicates a proper attachment of the probe 202. If the probe has become dislodged, the pulse oximeter 140 can sound an alarm, display a warning message, or both.

The pulse oximeter 140 is particularly vulnerable to probe-off errors when operating at its highest sensitivity, where even small induced variations in light directly detected from the emitters have sufficient signal strength to be processed as a physiological signal. In a probe-off condition, a detector AC signal can be induced by slight changes in the direct light path between the emitters and the detector. For example, small amounts of patient motion, such as chest movement from breathing, can induce a probe-off AC signal. As another example, "creep" in the probe configuration, such as a folded probe gradually returning to its original unfolded shape after becoming dislodged can also induce a probe-off AC signal.

FIGS. 3E and 3F depict a generalized embodiment of the present invention with the same features as described in 3A and 3B, except that the electrical contacts 341, 342 are replaced with a contact sensor 343. The electrical contacts 341 and 342 comprise a specialized case of a contact sensor 343 where skin is involved. The contact sensor 343 may also comprise a piezoelectric sensor, a conductive contact sensor, or any other contact sensors which detect the contact of the tissue material.

FIGS. 3G and 3H depict yet another embodiment of the electrical contact based contact sensor of FIGS. 3A and 3B.

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FIG. 3G depicts a schematic form with a pulse oximeter 140 and a probe off detector module. FIG. 3H depicts a perspective view of the optical pulse oximeter probe having optical emitters and at least one detector. However, in this embodiment, electrical contact 341A and electrical contact 342 are positioned opposite each other. The electrical contact 341A is positioned near the emitter aperture 220, so as to contact the portion of the tissue material near the emitter 220. The electrical contact 342 is positioned near the detector aperture 203. Similarly, other contact sensors could be positioned, one near the emitter aperture 220 and one near the detector aperture 203.

In one embodiment the electrical contacts 341, 342, 341A are metallic. In another embodiment, these contacts comprise conductive adhesive, or gel based contacts.

FIG. 4 illustrates a probe 202 that has become unfastened. The illustrated probe 202 is shown in a partially unfolded shape that provides an oblique path 410 from the emitter aperture 220 to the detector assembly 235. As a patient moves, or as the probe 202 unfolds, rays of light travelling along the oblique light path 410 may generate an AC signal that could be interpreted by the pulse oximeter 140 as a physiological signal.

As illustrated in the cross section of FIG. 5A, a number of louvers 502 are placed in front of the detector assembly 235 within the detector aperture 203 in accordance with a second aspect of the present invention. The louvers 502 block light rays travelling along an oblique path 410 (i.e., light that does not originate from in front of the detector assembly 235). As illustrated in FIG. 5B, if the probe 202 is properly attached, the emitter aperture 220 will be directly in front of the detector assembly 235 and light rays will pass directly through the louvers 502 along a direct path 510.

FIG. 5C illustrates a top plan view of a preferred embodiment of this aspect of the present invention. The detector aperture 203 is formed in a plastic body 504 having slots 506 to hold the louvers 502 in place across the detector aperture 203. In a preferred embodiment of the present aspect, the louvers 502 can be created from commercially available "3M Light Control Film."

The louvers 502 of the present aspect advantageously provide a separate or improved method for the pulse oximeter 140 to determine when a probe has become dislodged through monitoring the signal produced by the photodetector 116. If the probe 202 becomes improperly secured, the emitter aperture will likely move from its proper location directly above the detector assembly 235, which will cause any oblique light rays to be blocked by the louvers 502. With no light rays reaching the detector assembly 235, the detector will produce no signal. The probe-off detector 138 of the pulse oximeter 140 can detect the lack of signal and sound an alarm. The louvers 502 also advantageously block oblique light rays that might create a false signal that could be interpreted by the pulse oximeter 140 to be a physiological signal. Accordingly, the louvers 502 reduce or eliminate the possibility of a probe-off condition. The louvers 502 may be used alone or in combination with the contacts described herein.

FIG. 6 illustrates one embodiment of a method 600 by which a pulse oximeter 140 detects a dislodged probe and/or a probe-off condition. At a step 604, the probe off detector module 138 checks for continuity between the skin contacts 341 and 342. If, at a step 608, there is continuity between the contacts 341 and 342, the oximeter 140 passes control to a step 612. If, on the other hand, there is no continuity at the step 608, the oximeter 140 passes control to a step 620. At

step 620 the oximeter 140 sounds an alarm to alert a condition necessitating attention. At the step 612, the oximeter 140 checks for a valid AC signal from the photodetector. If, at a step 616, there is a valid signal, the oximeter 140 passes control back to the step 604 to start the cycle over again. If, on the other hand, there is no valid AC signal at the step 616 the oximeter sounds an alarm at the step 620. Accordingly, the pulse oximeter checks for and detects dislodgment of a probe and/or a probe-off condition.

While certain exemplary preferred embodiments have been described and shown in the accompanying drawings, it is to be understood that such embodiments are merely illustrative of and not restrictive on the broad invention. Further, it is to be understood that this invention shall not be limited to the specific construction and arrangements shown and described since various modifications or changes may occur without departing from the spirit and scope of the invention as claimed. It is intended that the scope of the invention be limited not by this detailed description but by the claims appended hereto.

What is claimed is:

1. A pulse oximetry probe comprising:

a flexible probe body configured to contact the skin of a patient on opposing surfaces of a body member of the patient when the probe body is properly affixed to the patient;

light emitting diodes incorporated into the probe body;

a light sensitive detector which detects light from a first direction originally emitted by the light emitting diodes, wherein the light comprises at least first and second wavelengths and has been transmitted through body tissue carrying pulsing blood; and

at least one structure positioned approximately parallel to the first direction and is configured to filter out light from reaching the light sensitive detector from a direction substantially different from the first direction.

2. The pulse oximetry probe of claim 1, wherein the structure comprises one or more louvers.

3. The pulse oximetry probe of claim 1, wherein the structure comprises a plurality of louvers.

4. The pulse oximetry probe of claim 1, further comprising a coding resistor.

5. The pulse oximetry probe of claim 1, further comprising an circuit configured to contact at least a portion of the body tissue.

6. The pulse oximetry probe of claim 1, wherein the flexible probe body comprises a reusable optical probe.

7. The pulse oximetry probe of claim 1, wherein the flexible probe body comprises a disposable optical probe.

8. The pulse oximetry probe of claim 1, wherein the flexible probe body comprises reusable and disposable portions of an optical probe.

9. A pulse oximeter for processing signals received from an optical probe, the pulse oximeter comprising:

an input for receiving at least first and second intensity signals from a light-sensitive detector which detects

light of at least first and second wavelengths transmitted through body tissue carrying pulsing blood; and a signal processor which determines a probe-off condition when at least one of the first and second intensity signals is substantially attenuated.

10. The pulse oximeter of claim 9, wherein the attenuation is caused by improper application an optical probe to the body tissue.

11. The pulse oximeter of claim 9, further comprising an audio alarm indicating when the probe-off condition is determined.

12. The pulse oximeter of claim 9, further comprising an visual alarm indicating when the probe-off condition is determined.

13. The pulse oximeter of claim 9, further comprising a coding resistor.

14. The pulse oximeter of claim 9, further comprising an circuit configured to contact at least a portion of the body tissue.

15. A sensor which generates at least first and second intensity signals from a light-sensitive detector which detects light of at least first and second wavelengths transmitted through body tissue carrying pulsing blood; the sensor comprising:

at least one light emission device;

a light sensitive detector; and

a plurality of louvers positioned over the light sensitive detector to accept light from the at least one light emission device originating from a general direction of the at least one light emission device and then transmitting through body tissue carrying pulsing blood, wherein the louvers accept the light when the sensor is properly applied to tissue of a patient.

16. A method of processing one or more signals to detect a condition of improper positioning of an optical probe, the method comprising:

expecting to receive at least first and second intensity signals from a light-sensitive detector which detects light of at least first and second wavelengths transmitted through body tissue carrying pulsing blood;

blocking light originating from an angle oblique to a proximate relationship between the detector and a light source; and

receiving one of an un-interpretable signal or signal other than the expected first and second intensity signals because the light is blocked; and

indicating a probe off condition.

17. The method of claim 16, wherein the indicating comprises at least one of an audible or visual alarm.

18. The method of claim 16, wherein blocking light comprises positioning a plurality of louvers between the light source and the light-sensitive detector.

* * * * *

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,771,994 B2
APPLICATION NO. : 10/374303
DATED : August 3, 2004
INVENTOR(S) : Massi E. Kiani

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

At column 2, line 36, delete "embodimet" and insert -- embodiment --, therefore.

At column 6, line 3, delete "haveing" and insert -- having --, therefore.

Signed and Sealed this

Seventeenth Day of July, 2007

A handwritten signature in black ink on a light gray dotted background. The signature is written in a cursive style and reads "Jon W. Dudas".

JON W. DUDAS

Director of the United States Patent and Trademark Office

专利名称(译)	脉搏血氧仪探测器检测系统		
公开(公告)号	US6771994	公开(公告)日	2004-08-03
申请号	US10/374303	申请日	2003-02-24
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IPC分类号	A61B5/00 A61B5/145 A61B5/1455		
CPC分类号	A61B5/14552 A61B5/6843		
助理审查员(译)	克里默MATTHEW		
优先权	2382319 2001-11-09 CA 60/140000 1999-06-18 US		
其他公开文献	US20030139656A1		
外部链接	Espacenet USPTO		

摘要(译)

本发明提供了许多改进，这些改进可以结合到脉搏血氧计探针中以检测探针何时从患者体内移出和/或防止探针断开状态。当光学探针部分或完全从患者体内移出时发生探测关闭状态，但是继续检测脉冲血氧计的操作区域内的AC信号。在一个方面，本发明提供了当探针正确连接时接触患者皮肤的电触点。在另一方面，本发明提供了多个放置在传感器的光电探测器前面的百叶窗，以滤除不是源自探测器前面的点的倾斜光线。因此，如果发射器和光电探测器未正确对准，则光电探测器将不会在脉冲血氧计的有效操作范围内产生信号。根据本发明的方法，如果脉搏血氧计确定探头没有正确地连接到患者，则它可以发出警报或显示警告。

