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(54) **PATIENT MONITORING SYSTEM**

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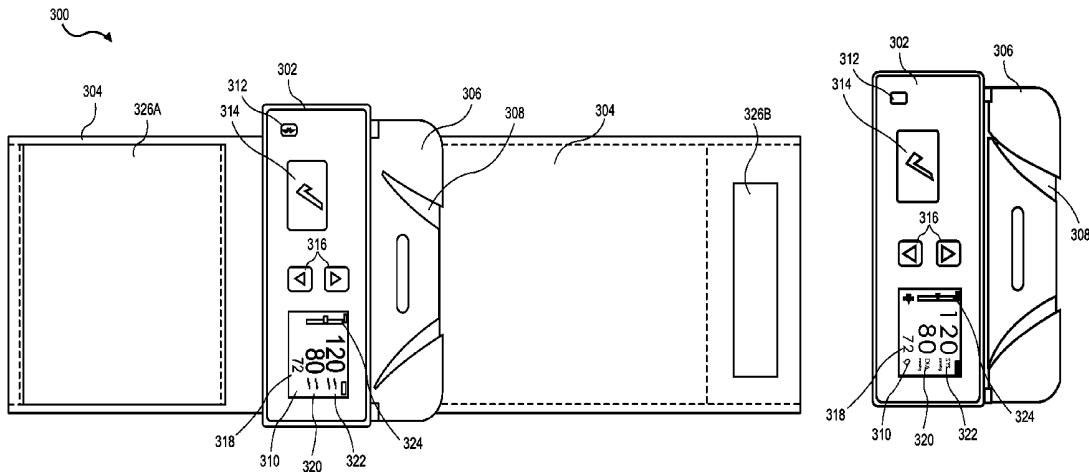
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(57) **ABSTRACT**

A patient monitoring system includes an inflatable cuff, a gas reservoir containing a compressed gas, and a sensor. When the inflatable cuff is coupled to a wearer, the gas reservoir supplies gas to the inflatable cuff to inflate the inflatable cuff via gas pathways. As the inflatable cuff inflates, a patient monitor can receive blood pressure data from the sensor and use the blood pressure data to determine the blood pressure of the wearer. The patient monitor can also receive blood pressure data during deflation of the inflatable cuff to determine the blood pressure of the wearer.

28 Claims, 13 Drawing Sheets



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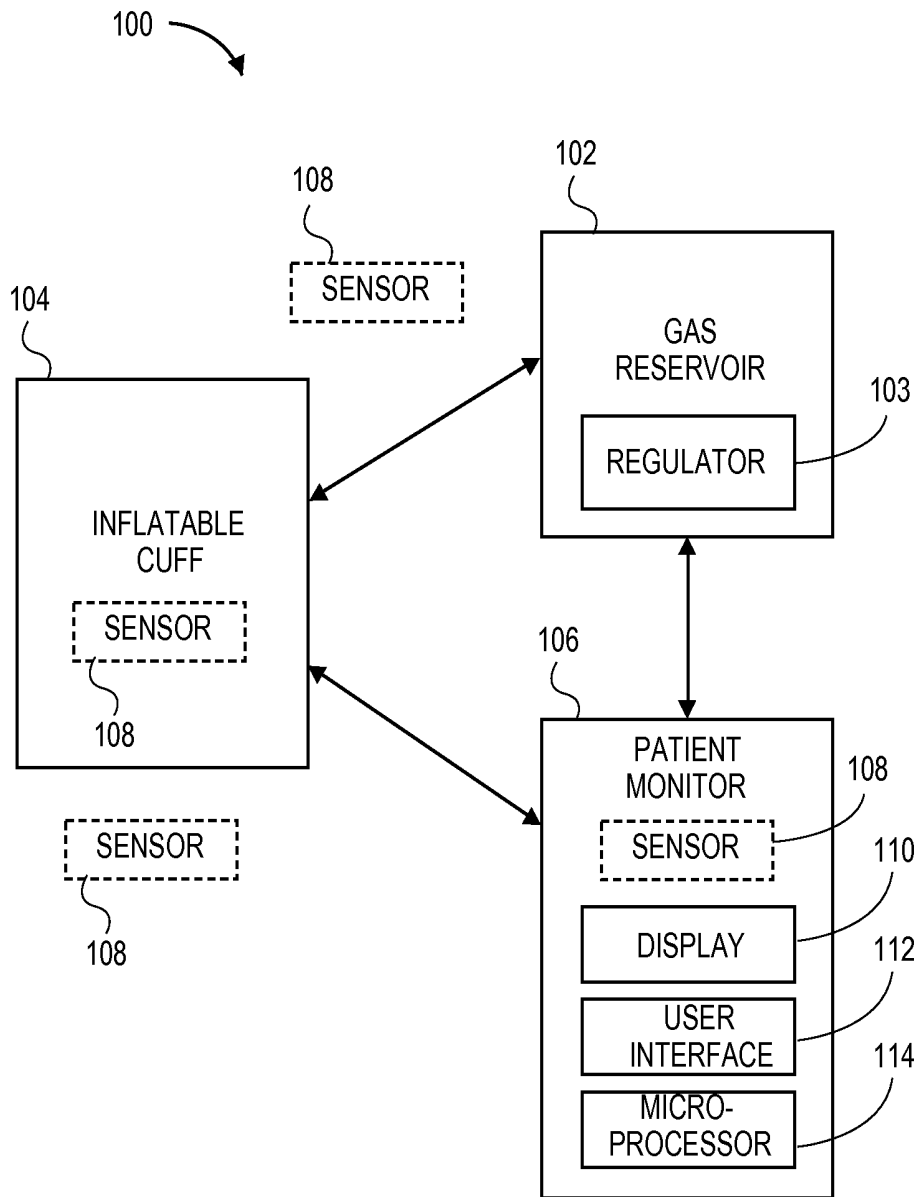


FIG. 1A

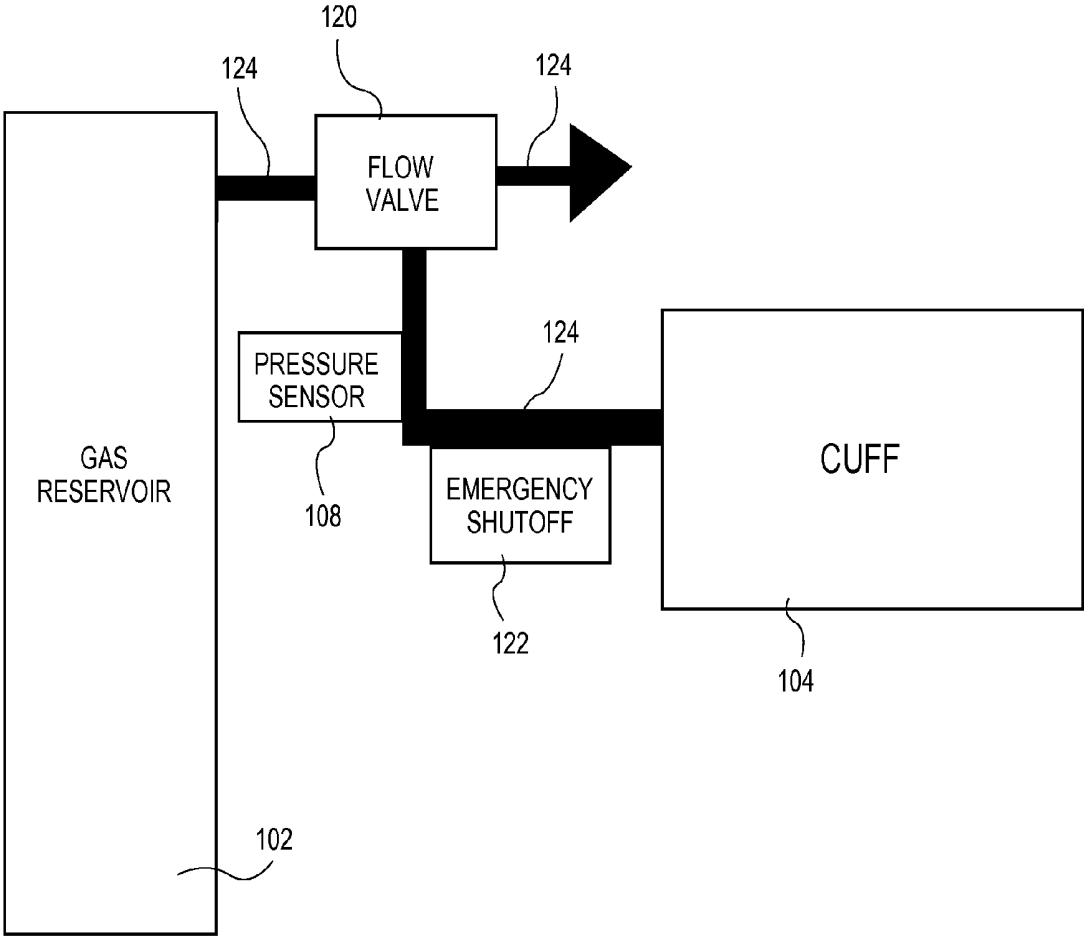
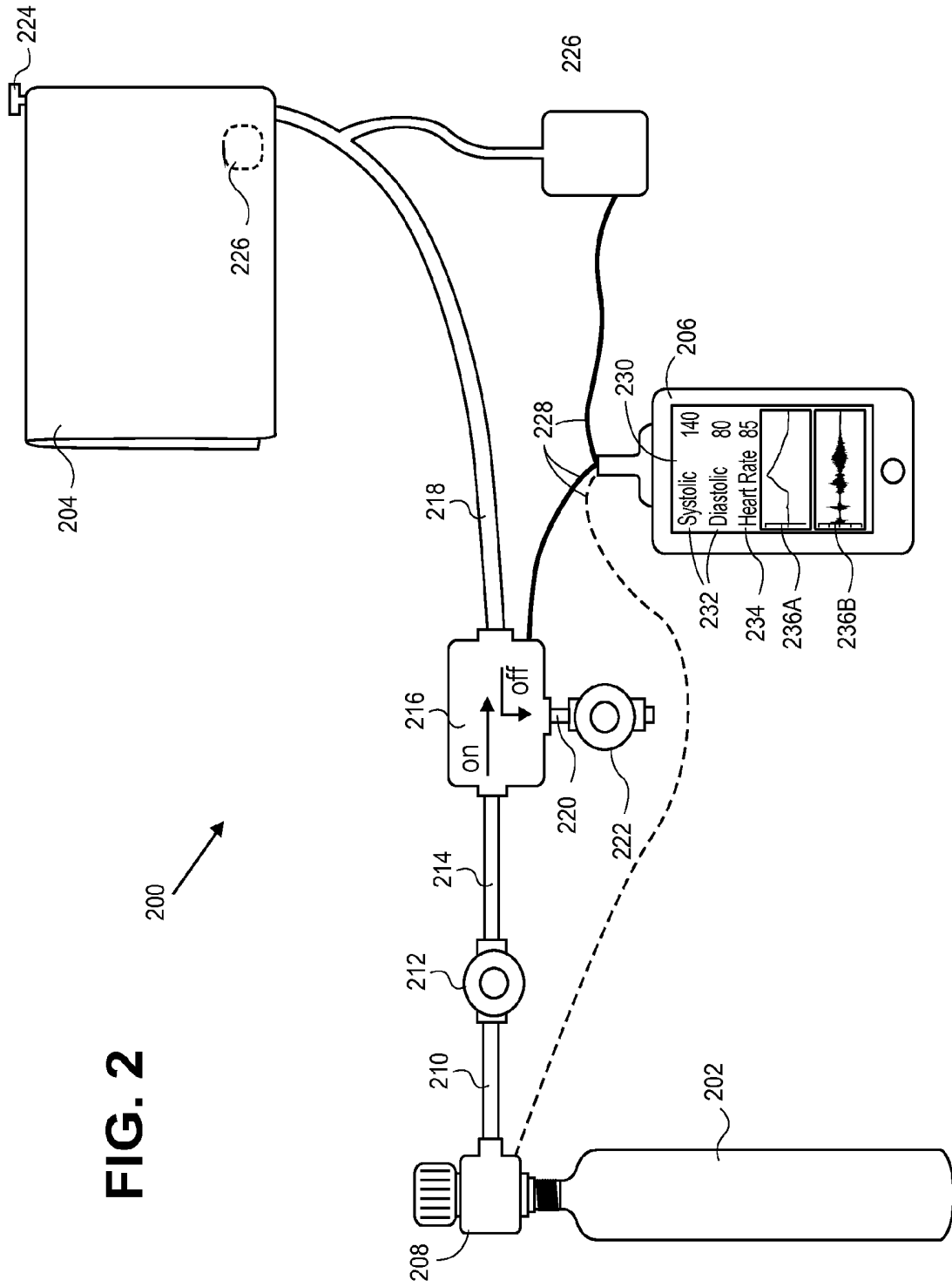


FIG. 1B

FIG. 2



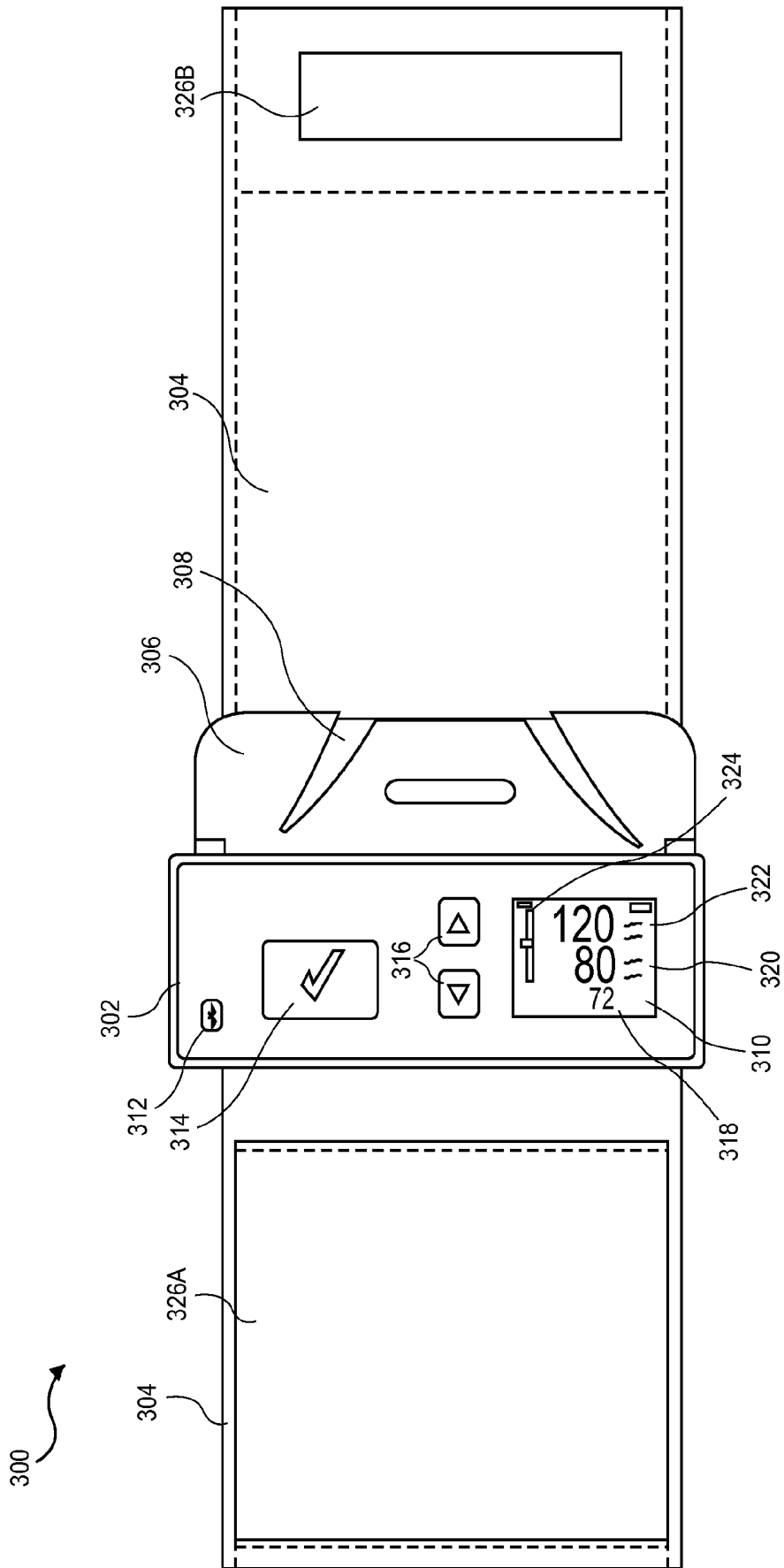


FIG. 3A

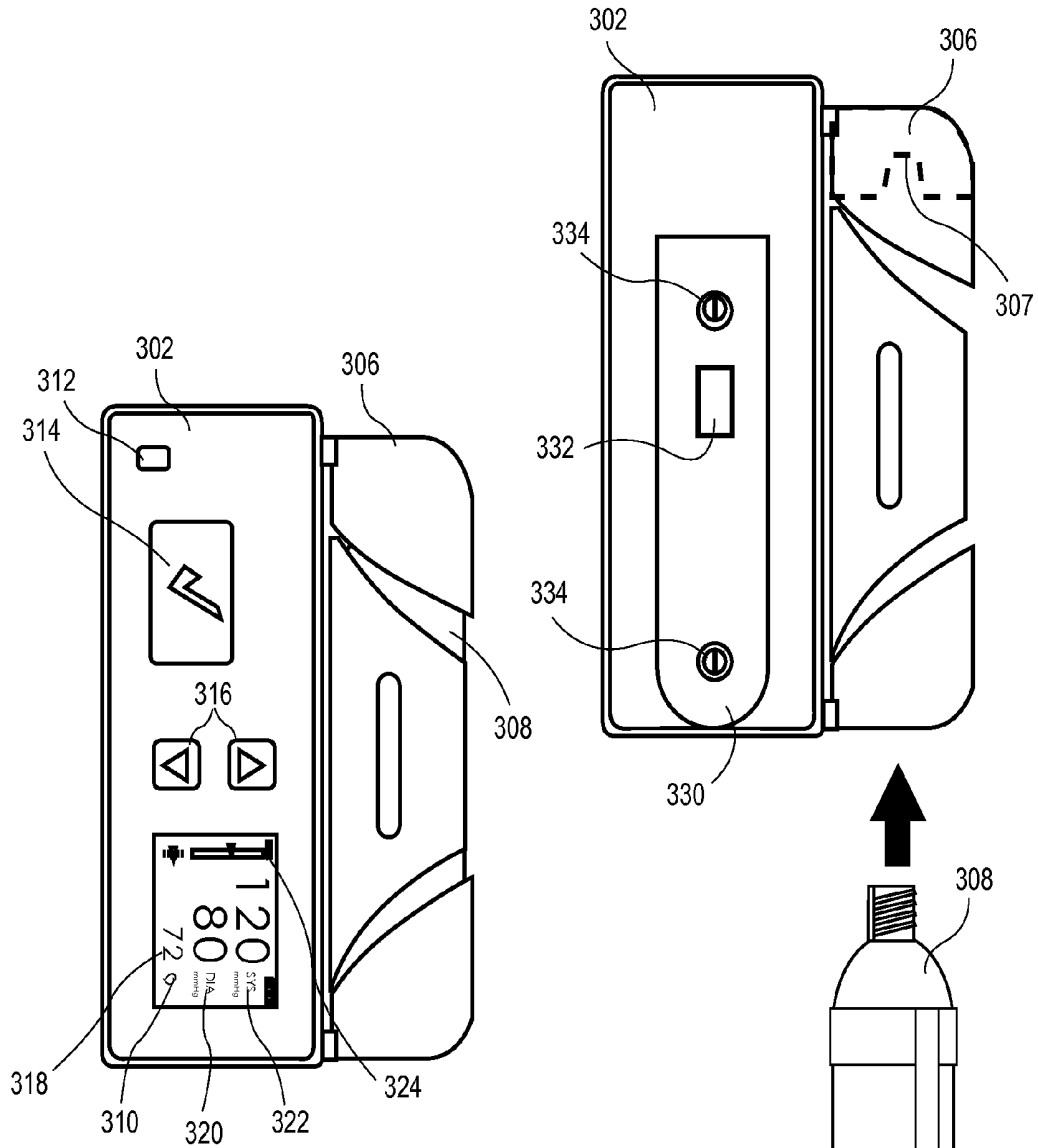


FIG. 3B

FIG. 3C

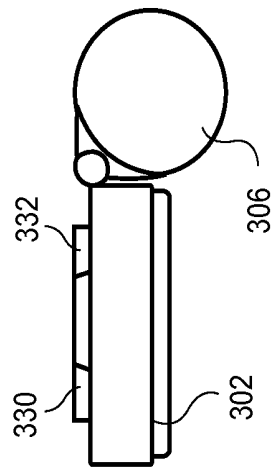


FIG. 3F

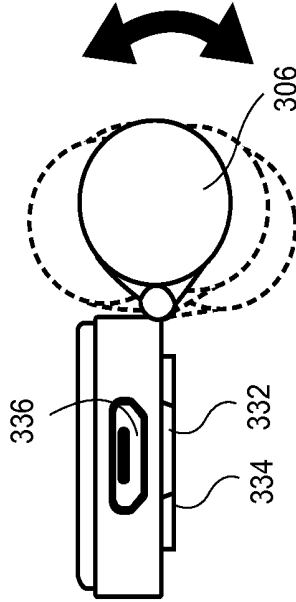


FIG. 3G

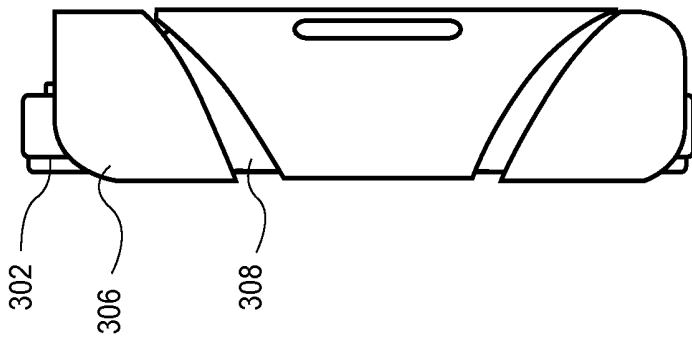


FIG. 3E

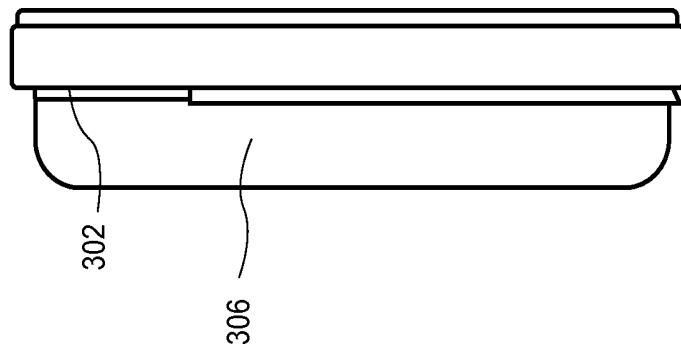


FIG. 3D

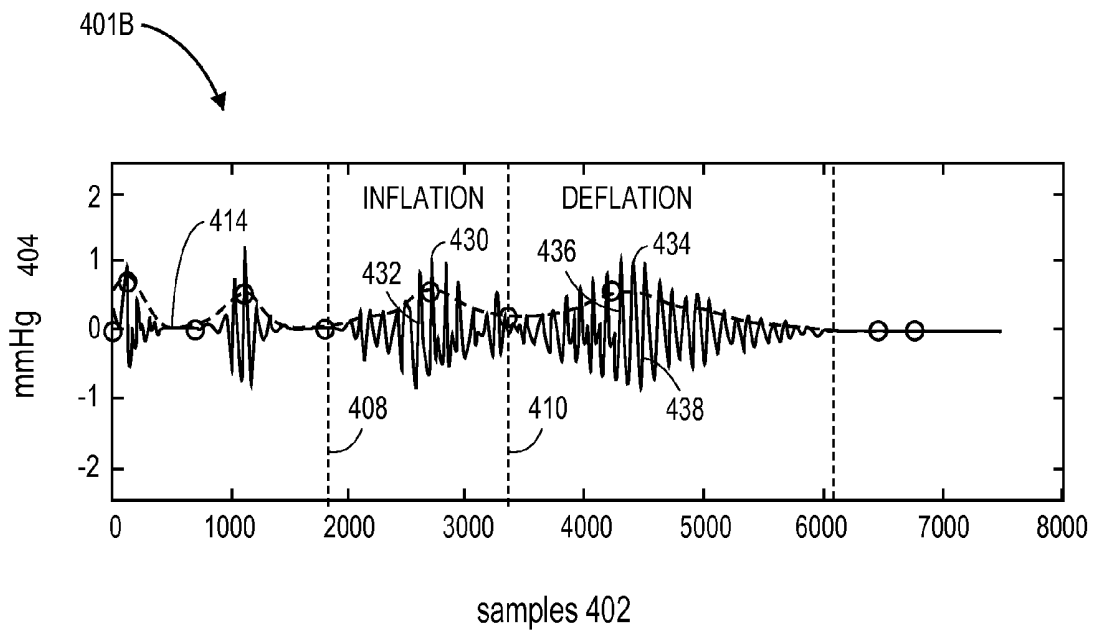
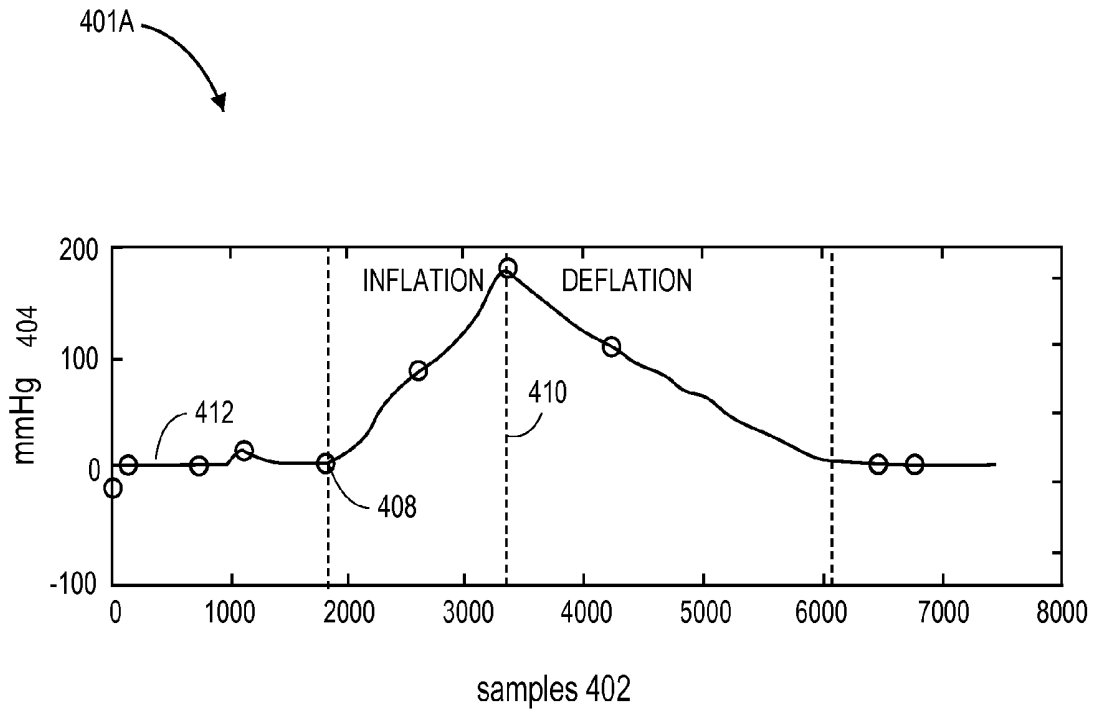


FIG. 4A

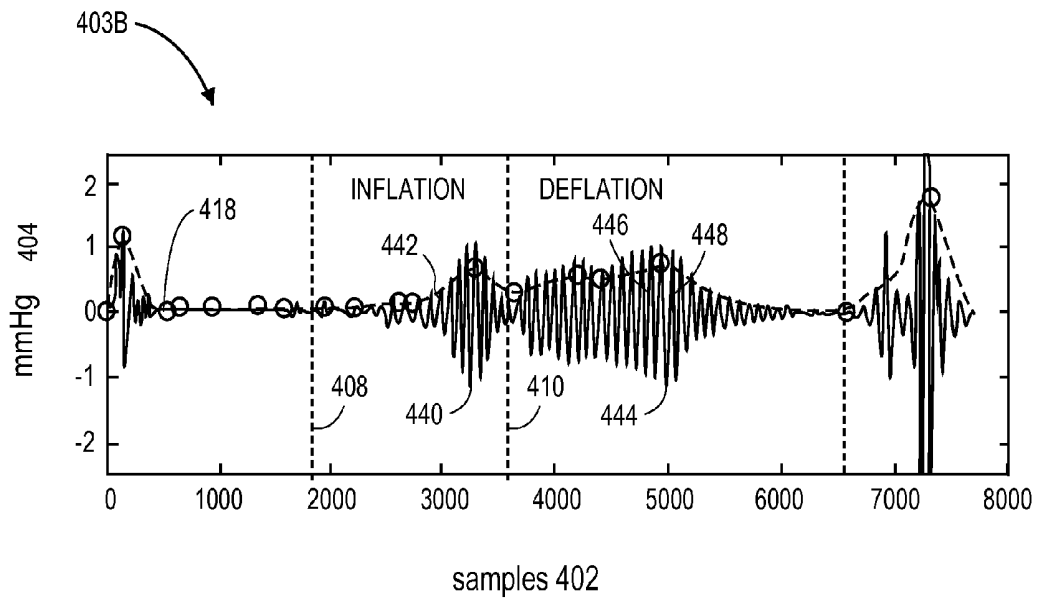
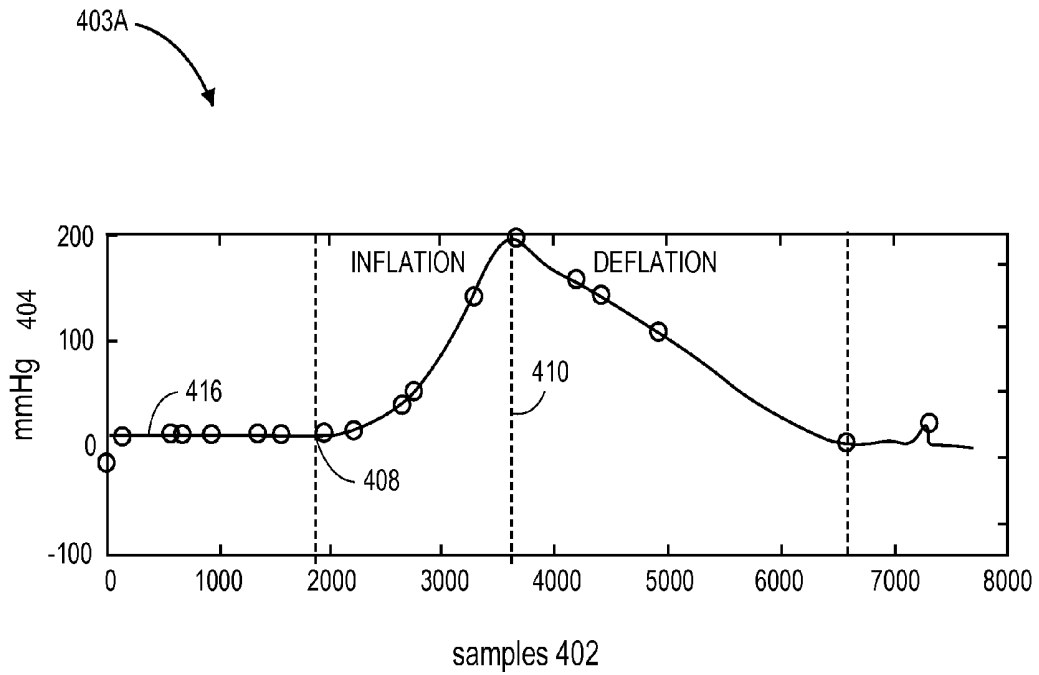


FIG. 4B

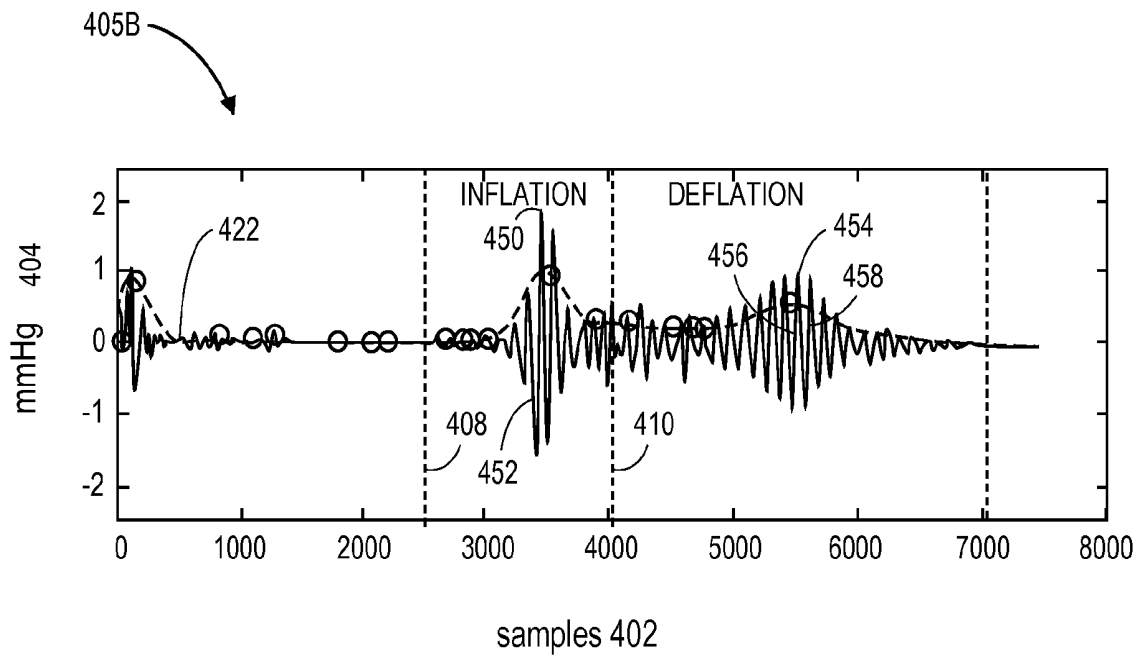
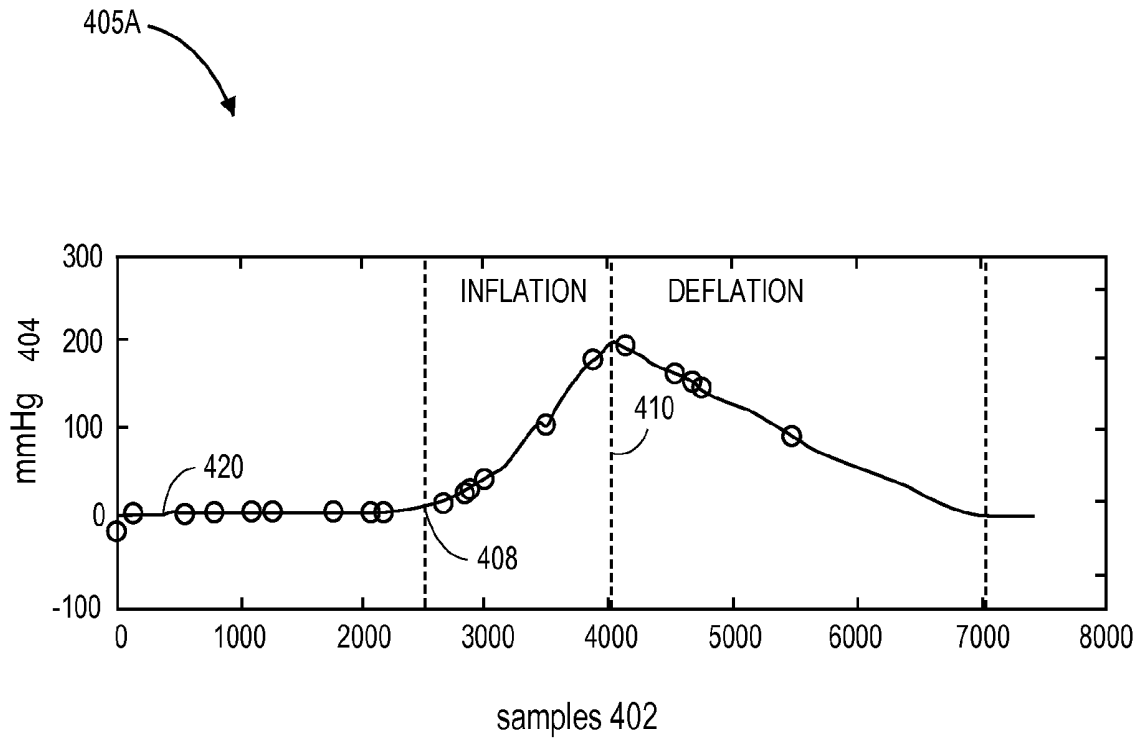


FIG. 4C

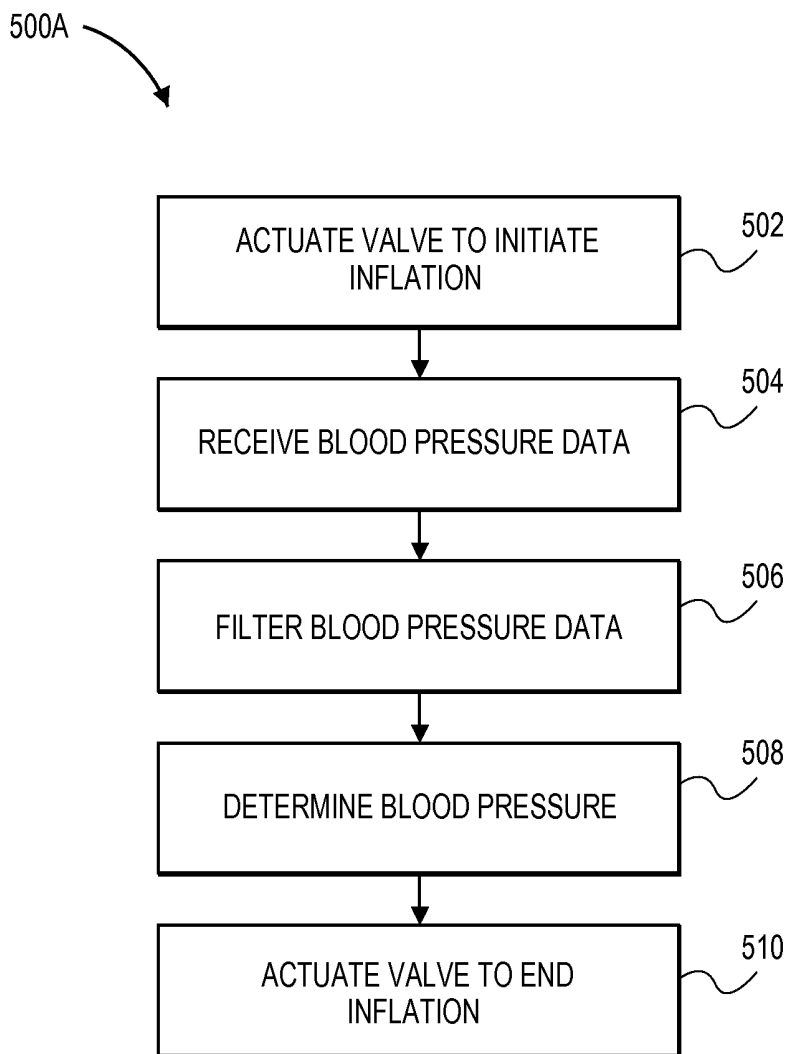


FIG. 5A

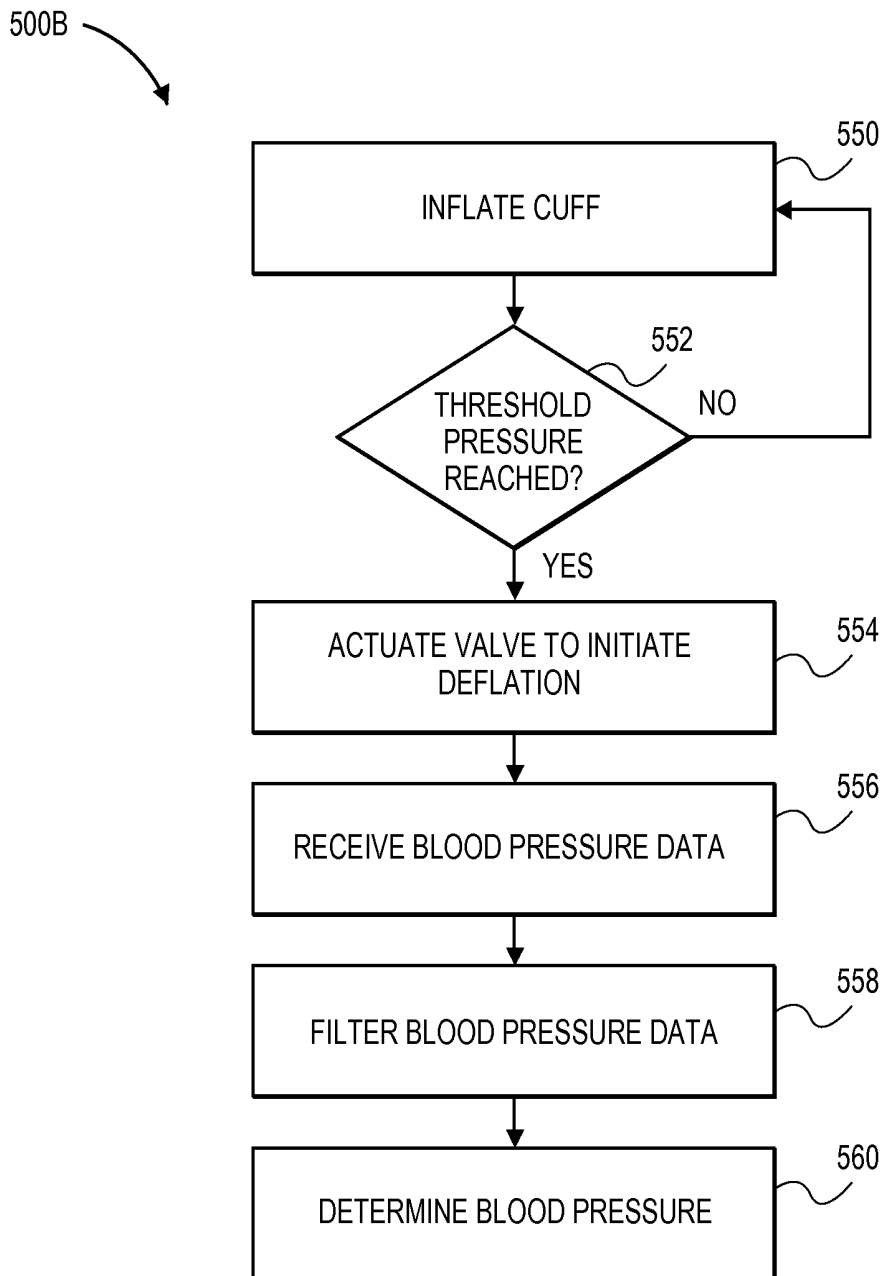


FIG. 5B

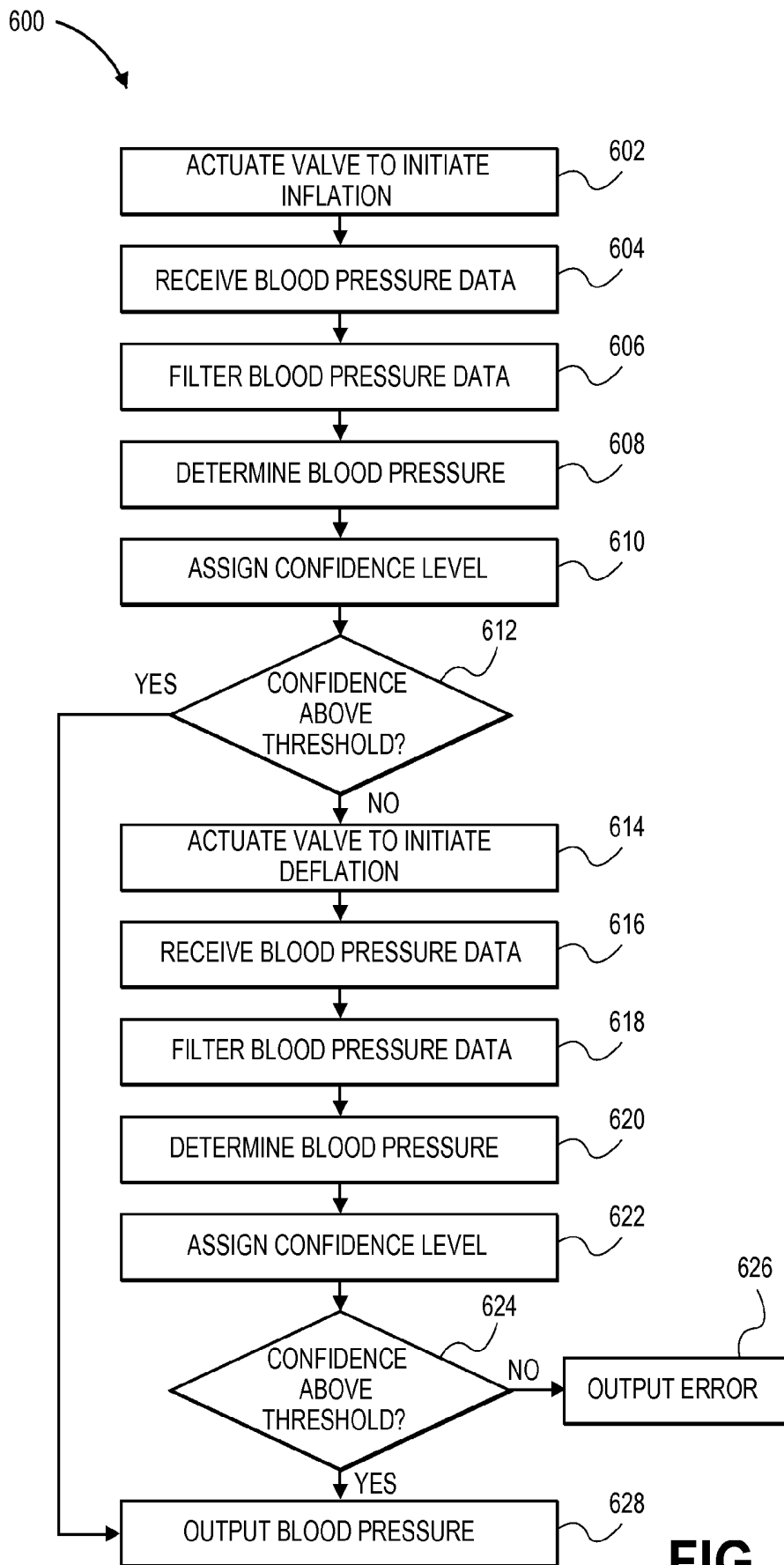


FIG. 6

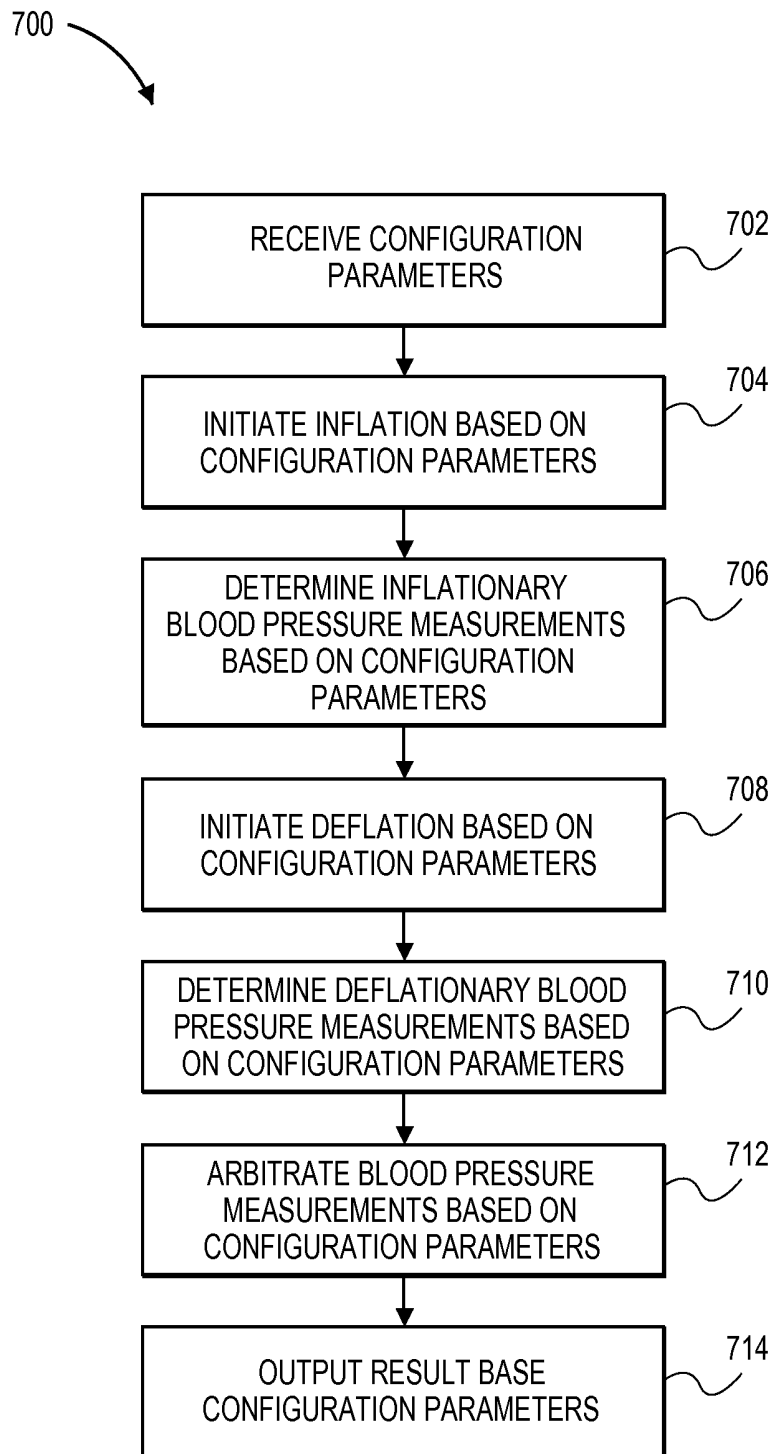


FIG. 7

PATIENT MONITORING SYSTEM

RELATED APPLICATIONS

The present application claims the benefit under 35 U.S.C. §119(e) to U.S. Provisional Application Nos. 61/499, 515, filed Jun. 21, 2011, entitled "Blood Pressure Monitoring System," and 61/645,570, filed May 10, 2012, entitled "Patient Monitoring System," each of which is hereby incorporated herein in its entirety.

BACKGROUND

Hospitals, nursing homes, and other wearer care facilities typically include patient monitoring devices at one or more bedsides in the facility. Patient monitoring devices generally include sensors, processing equipment, and displays for obtaining and analyzing a medical wearer's physiological parameters such as blood oxygen saturation level, respiratory rate, and the like. Clinicians, including doctors, nurses, and other users, use the physiological parameters obtained from patient monitors to diagnose illnesses and to prescribe treatments. Clinicians also use the physiological parameters to monitor wearers during various clinical situations to determine whether to increase the level of medical care given to wearers. Additionally, monitoring equipment is often used in corporate care facilities, fitness facilities, recreational and home care applications, as well as mobile or other emergency care environments.

Blood pressure (which can refer to diastolic pressure, systolic pressure, and/or some combination or mathematical representation of same) considered one of the principal vital signs, is one example of a physiological parameter that can be monitored. Blood Pressure monitoring is an important indicator of a wearer's cardiovascular status. Many devices allow blood pressure to be measured by manual or digital sphygmomanometer systems that utilize an inflatable cuff applied to a person's arm. The term "sphygmomanoter" is meant to receive its ordinary broad meaning known to an artisan to include devices used to measure blood pressure. These devices often include an inflatable cuff to restrict blood flow and a device capable of measuring the pressure. Other device(s) are used to determine at what pressure blood flow is just starting and at what pressure it is just unimpeded, commonly referred to as "systolic" and "diastolic," respectively. The term "systolic blood pressure" is meant to receive its ordinary broad meaning known to an artisan to include the pressure exerted on the bloodstream by the heart when it contracts, forcing blood from the ventricles of the heart into the pulmonary artery and the aorta. The term "diastolic blood pressure" is meant to receive its ordinary broad meaning known to an artisan to include the pressure in the bloodstream when the heart relaxes and dilates, filling with blood.

In a typical pressure monitoring system, a hand actuated pump or an electric motor inflates the inflatable cuff to a pressure level at or above the expected systolic pressure of the wearer and high enough to occlude an artery. Automated or motorized blood pressure monitoring systems use a motor or pump to inflate the inflatable cuff, while manual blood pressure monitors typically use an inflation bulb. As the air from the inflatable cuff is slowly released, the wearer's blood pressure can be determined by detecting Korotkoff sounds using a stethoscope or other detection device placed over an artery.

Alternatively, digital sphygmomanometers compute diastolic and systolic pressure as the inflatable cuff deflates

based on the oscillations observed by a pressure sensor on the cuff. For example, some digital sphygmomanometers calculate the systolic blood pressure as the pressure at which the oscillations become detectable and the diastolic pressure as the pressure at which the oscillations are no longer detectable. Other digital sphygmomanometers calculate the mean arterial pressure first (the pressure on the cuff at which the oscillations have the maximum amplitude). The diastolic and systolic pressures are then calculated based on their fractional relationship with the mean arterial pressure. Other algorithms are used, such as identifying the change in slope of the amplitude of the pressure fluctuations to calculate the diastolic pressure.

As mentioned above, the foregoing methods of determining blood pressure include inflating the cuff to a pressure high enough to occlude an artery and then determining blood pressure during deflation of the inflatable cuff. Occluding the artery and then determining blood pressure during deflation can have a number of drawbacks. For example, inflating the inflatable cuff to a pressure higher than systolic pressure can cause pain and discomfort to the wearer. Other adverse effects can include limb edema, venous stasis, peripheral neuropathy, etc, or simply wearer interruption. In addition, as the artery is completely occluded prior to each measurement, sufficient time must elapse between measurements to ensure accurate results. Furthermore, manual systems make it difficult to measure blood pressure during inflation of the inflatable cuff due to the difficult of inflating the inflatable cuff at an approximately constant rate using an inflation bulb.

Digital blood pressure monitors can have additional drawbacks. The motors used to pump gas into the cuff are often noisy and can disturb wearers at rest. This is especially problematic in recovery situations. In addition to auditory noise in automated or motorized systems, the motors can cause electrical noise in sensor signals making signal processing used to identify reference points for blood pressure detection unreliable and difficult. Furthermore, portable motorized blood pressure monitors require a significant amount of power to produce the air pressure required to inflate the cuff. Since batteries are often used to provide power, designers often use large batteries and/or batteries that frequently need to be recharged or replaced. When a large batter is chosen, its size often offsets the goals of portability as an appropriate housing becomes more cumbersome and less convenient.

SUMMARY

Based on at least the foregoing drawbacks, a need exists for a patient monitoring system that relatively quickly determines blood pressure measurements without necessarily greatly disturbing a patient. Moreover, a need exists for a portable patient monitoring system with battery longevity. Accordingly, the present disclosure includes embodiments of a patient monitoring system including a gas reservoir filled with a sufficient quantity of compressed gas to inflate an inflatable cuff and a sensor to detect blood pressure data. The gas in the gas reservoir can inflate the inflatable cuff at a controlled rate, such as, for example, at an approximately constant rate. Manual and/or electronically controlled regulators and/or valves can be used to control the flow rate of the gas into and out of the inflatable cuff. In some embodiments, the regulators and/or valves can be electronically controlled using pulse-width modulation (PWM) schemes.

A patient monitor can also be included as part of the patient monitoring system. During inflation or deflation of

the inflatable cuff, the patient monitor can receive the blood pressure data from the sensor and use the blood pressure data to determine output measurements responsive to the blood pressure of the wearer. The sensor can be a pressure sensor and can be used to detect pressure variations in the inflatable 5 cuff due to inflation, deflation, and blood flow in an artery of the wearer. Alternatively, the sensor can be an auditory sensor or stethoscope. A caregiver can use the stethoscope or auditory sensor to determine blood pressure measurements without the use of the patient monitor.

For purposes of summarizing the invention, certain aspects, advantages and novel features of the invention have been described herein. Of course, it is to be understood that not necessarily all such aspects, advantages or features will be embodied in any particular embodiment of the invention.

BRIEF DESCRIPTION OF THE DRAWINGS

Various embodiments will be described hereinafter with reference to the accompanying drawings. These embodiments are illustrated and described by example only, and are not intended to limit the scope of the disclosure. In the drawings, similar elements have similar reference numerals.

FIG. 1A is an exemplary block diagram illustrating an embodiment of a patient monitoring system;

FIG. 1B is an exemplary block diagram illustrating an embodiment of gas pathways between different components of the patient monitoring system of FIG. 1A;

FIG. 2 is an exemplary system diagram illustrating an embodiment of the patient monitoring system of FIG. 1;

FIGS. 3A-3G illustrate an exemplary embodiment of a patient monitoring system configured to be worn by a user;

FIGS. 4A-4C are plot diagrams illustrating embodiments of pressure variations of an inflatable cuff associated with a wearer during blood pressure measurement; and

FIGS. 5A and 5B are flow diagrams illustrating embodiments of a process implemented by a patient monitor for measuring the blood pressure of a wearer.

FIG. 6 is a flow diagram illustrating another embodiment of a process implemented by the patient monitor for measuring blood pressure of a wearer.

FIG. 7 is a flow diagram illustrating yet another embodiment of a process implemented by the patient monitor for measuring blood pressure of a wearer.

DETAILED DESCRIPTION

A patient monitoring system advantageously includes a gas reservoir filled with sufficient quantities of compressed gas to inflate an inflatable cuff. The gas reservoir provides several advantages to the blood pressuring monitoring system, including portability, reusability, disposability, reduction in auditory noise and electrical noise, and the ability to measure blood pressure during inflation of the blood pressure cuff.

In an embodiment, the gas reservoir of the patient monitoring system inflates the inflatable cuff at an approximately constant rate with less auditory noise. By providing a quieter environment, the patient monitoring system is capable of taking blood pressure measurements without significantly disturbing the wearer. In addition, the use of the gas reservoir can significantly reduce the amount of potentially interfering electrical noise on electrical signals from one or more sensors. Furthermore, the addition of the gas reservoir allows the patient monitor to take blood pressure measurements during inflation of the inflatable cuff.

Measuring blood pressure during inflation can reduce the time required for blood pressure measurements and the amount of pressure used. In some embodiments, the patient monitoring system can measure blood pressure in 15-20 seconds or less. Furthermore, measuring blood pressure during inflation can reduce or eliminate the need to occlude a wearer's artery.

In addition, the gas reservoir of the present disclosure can be manufactured as a smaller portable patient monitor. The gas reservoir can eliminate the need for a pump and/or motor in the portable patient monitor, thereby reducing its size. In an embodiment, the gas in the gas reservoir can be used to generate electricity for the portable patient monitor, thereby reducing or eliminating the need for a battery and further reducing the size of the portable patient monitor.

In addition to the foregoing, other embodiments of the present disclosure include patient monitoring systems with canister inflation and one or more backup inflation systems. For example, in an embodiment, when the patient monitor is for whatever reason without sufficient gas to make a reliable, accurate blood pressure measurement, a motor and pump and/or inflation bulb may advantageously be used in place of the canister. In an embodiment, the foregoing backup inflation system(s) is part of the patient monitoring system and is activated when gas from the gas canister is unavailable, unwanted, insufficient, or the like. For example, in an embodiment, a user may designate which inflation system they would prefer based on, for example, proximity to power, battery use desires, gas use management, portability, emergency, surgical, other critical monitoring environments, or the like. In still further additional embodiments, the foregoing backup inflation system(s) are separate systems that connect to the monitor in place of the canister.

In an embodiment, measurements by a patient monitoring system of the present disclosure may be controlled through applications or software executing on one or more computing devices, such as a smart phone, tablet computer, portable digital devices of all types, or other computing devices or systems or combinations of the same. In an embodiment, the computing device may include modules governing the measurement frequency during periodic measurements. In an embodiment, the applications or software may include exercise related software configured to use blood pressure measurements to enhance feedback to users on a performance of the exercise, such as, for example, calories spent, heart rate trending or the like. Additionally, inputs may include type of exercise, user demographics like height, sex, age, weight or the like. Based on the inputs, the portable digital device can provide exercise recommendations, such as walking, running, cycling or other physical activities.

In still additional embodiments of the disclosure, the patient monitoring system may communicate with electronics of the canister for quality control to ensure it is an authorized canister, for canister characteristics information, such as type, pressure, size, manufacturer, or the like. Simultaneously, the monitor may communicate with electronics of the cuff and or sensors.

In additional embodiments of the disclosure, a patient monitoring system may connect to a gas supply supplied at a premises. For example, a hospital or other caregiver environment may have pressurized gas available from connection in a room, group of rooms, beds, instruments, or the like and straightforward connection of the monitor to the gas supply may supplement or replace the canister.

In yet another embodiment, a display of a patient monitoring system may present measurement data in a manner that reduces a need for translation when used by speakers of

different languages. For example, the display may include icons, numbers, colors, analog style digital gauge icons, such as a dial, gas bar or the like, audible and/or visual alarms, combinations of the same or the like to convey measurement information to a user or caregiver.

In still further embodiments, the monitor may be entirely portable and configured to mount to an arm, wrist, waist or belt harness, carried in a pocket of the like.

Various embodiments will be described hereinafter with reference to the accompanying drawings. These embodiments are illustrated and described by example only, and are not intended to be limiting.

FIG. 1 is a block diagram illustrating an embodiment of a patient monitoring system 100 for measuring blood pressure of a wearer, which may also be referred to as taking blood pressure measurements, using an inflatable cuff 104. The patient monitoring system 100 can be used to measure the blood pressure of a wearer during inflation, deflation or both. In an embodiment, the patient monitoring system 100 includes a gas reservoir 102, the inflatable cuff 104 and a patient monitor 106.

The gas reservoir 102 houses compressed gas and is operatively connected to the inflatable cuff 104 via a gas pathway. In an embodiment, a regulator 103 is in the gas pathway between the inflatable cuff 104 and reservoir 102. In an embodiment, the regulator 103 provides a desired pressure or flow in the cuff-side so long as there is sufficient pressure on the reservoir side. Thus, gas flows from the gas reservoir 102, through the regulator 103 to the bladder of the inflatable cuff 104. In one embodiment, the gas pathway is an airtight pathway constructed of any number of materials including, but not limited to, metal, plastic, cloth, combinations of the same or some other airtight material.

The gas reservoir 102 can be implemented using one or more disposable or reusable gas tanks, cylinders, bottles, canisters, or cartridges, of any number of shapes or sizes, and can be located in the same room as the wearer, or can be remotely located from the wearer, such as in a different room or even in a different building. For example, the gas reservoir 102 can include a large gas tank that remains in a stationary location. The gas reservoir 102 can be large enough to contain sufficient gas for a large number of blood pressure readings (e.g. more than 100). Furthermore, the gas reservoir 102 can store compressed gas at any number of PSI levels. For example, the gas reservoir can store compressed gas up to about 6000 PSI or more, depending on the safety conditions of the environment. Furthermore, the gas tank can be configured to supply gas to multiple inflatable cuffs 104, thereby limiting the number of gas tanks used for multiple wearers. When the pressure levels in the gas tank reach a threshold, the gas tank can either be refilled, replaced or a combination of both. For example a rotating cache of gas tanks can be used as the gas reservoir 102.

Alternatively, the gas reservoir 102 can be implemented using a small gas tank of any number of sizes. For example, the gas reservoir 102 can be implemented using a gas tank that is small enough to fit in the palm of a hand, such as a carbon dioxide (CO₂) cartridges similar to or the same as those used for paint ball guns, tire inflation, or the like. CO₂ cartridges are available from a number of different manufacturers and distributors, such as the AirSource 88 Gram Pre-filled Disposable CO₂ cartridge available from Crosman (Product Code: CRO-88-GRAM). The PSI levels for smaller gas tanks can also differ greatly and can store compressed gas up to about 2000 PSI or more. In one embodiment, the gas reservoir 102 is implemented using a gas tank of compressed gas at about 1000 PSI. The small gas reservoir

102 can be used where mobility is desired. For example, paramedics or first responders can carry a small gas reservoir 102 for measuring blood pressure of persons needing emergency medical care. Using the gas reservoir 102, the emergency personnel (or some other user) can measure the blood pressure of the wearer during inflation of the inflatable cuff, deflation, or a combination of the two. The measurements can be taken using a patient monitor 106, manually using a stethoscope, or other methods.

In one embodiment, a pressure regulator, or regulator 103, placed at an opening of the gas reservoir 102 controls whether gas can exit the gas reservoir and the amount of gas allowed to exit. In one embodiment, the regulator 103 is a valve. The regulator 103 can also be configured to control the rate at which gas flows to the inflatable cuff 104, as well as the pressure of the gas or PSI level. The regulator 103 can include a second regulator near the opening of the gas reservoir 102 or in the gas pathway to form a two-stage pressure regulator. Additional regulators can be added as desired. The regulator 103 and/or valve can be implemented using any number of different valves, such as a globe valve, butterfly valve, poppet valve, needle valve, etc., or any other type of valve capable of operating as a variable restriction to the gas flow. Furthermore, the regulator 103 can include a pressure gauge to identify the pressure levels of the gas exiting the gas reservoir 102 and/or in the gas pathway.

Using the regulator 103, the inflatable cuff 104 can be inflated at a controlled rate, such as, for example, an approximately constant rate or linear rate. By inflating the inflatable cuff at a controlled rate, the wearer's blood pressure can be measured during inflation and without occluding the artery. The regulator 103 can further include a wireless transmitter for communication with the patient monitor 106, which in turn may electronically control and/or monitor the flow of gas through the regulator 103. Alternatively, the regulator 103 can communicate with the patient monitor via wired communication. Additionally, the gas reservoir 102 can include a pressure gauge to monitor the remaining pressure and/or the amount of compressed gas remaining in the gas reservoir 102. The pressure gauge can communicate the pressure levels to the patient monitor 106 via wired or wireless communication, similar to the regulator 103. Once the pressure gauge indicates a threshold pressure level or gas level has been reached, the patient monitor 106 can indicate that the gas reservoir 102 should be replaced or refilled.

The gas reservoir 102 can contain any number of compressed gases to inflate the inflatable cuff 104. For example, the gas reservoir 102 can contain compressed air, carbon dioxide, nitrogen, oxygen, helium, hydrogen, etc. Any number of other gases can be used to inflate the inflatable cuff 104. Furthermore, the gas reservoir 102 may house enough gas to inflate the inflatable cuff 104 without the use of a motor or pump during the inflation. The gas reservoir 102 can be pre-filled with gas near the wearer or at a remote site away from the wearer. In one embodiment, the gas reservoir 102 is filled with gas prior to being associated with the inflatable cuff 104. Pre-filling the gas reservoir 102 prior to use can significantly reduce the ambient noise caused during inflation of the inflatable cuff 104. In addition, by using the gas reservoir 102, the electrical noise from a motor can be removed. The reduction in ambient and electrical noise and the approximately constant rate of inflation of the inflatable cuff 104 allows the patient monitor 106 to measure the wearer's blood pressure while the inflatable cuff 104 is inflating. In addition, the gas reservoir 102 can be used to

quickly inflate the inflatable cuff **104** for blood pressure measurements taken during deflation of the inflatable cuff **104**.

In some embodiments, multiple gas reservoirs **102** are included as part of the patient monitoring system **100**. The multiple gas reservoirs **102** can be used for backup purposes or for different tasks. For example, a first gas reservoir **102** can be a large gas reservoir and can be used to supply gas to the inflatable cuff **104** when the user is stationary. A second optionally smaller gas reservoir **102** can also be provided. When the user moves away from the first gas reservoir **102**, the first gas reservoir can be disconnected from the inflatable cuff **104** and the second gas reservoir **102** will supply the gas to the inflatable cuff **104**. In certain embodiments, a pump may be connected to the inflatable cuff **104** and used when the user is stationary. When the user moves, the pump is disconnected and the gas reservoir **102** supplies the gas to the inflatable cuff **104**.

In some embodiments the gas reservoir **102** includes an identifier that identifies the gas reservoir **102** to the patient monitor **106**. The identifier can be implemented using one or more memory chips or RFIDS located on the gas reservoir and/or one or more circuit elements, such as resistors, capacitors, inductors, op-amps, etc. The identifier can include additional information regarding the gas reservoir **102**, such as the type of gas reservoir, manufacturing date and/or location, storage capacity or amount of gas that the gas reservoir **102** can hold, the quantity of gas in the gas reservoir, PSI levels, usage data, expiration dates, product histories, etc.

The patient monitor **106** can use the identifier to determine whether to use the gas reservoir **102**, whether the gas reservoir **102** is compatible with the patient monitor **106**, or whether the reservoir **102** is from an authorized supplier. The identifier can be unique for each gas reservoir **106** or for a set of gas reservoirs **102**. In some embodiments, the identifier indicates that the gas reservoir can be used with the patient monitor **106**. In certain embodiments, only gas reservoirs **102** with a particular identifier are used with the patient monitor **106**. Accordingly, gas reservoirs **102** that do not include the particular identifier can be rejected and/or ignored by the patient monitor **106**. In an embodiment, an emergency use override may allow for measurements, or a specific number of measurements in an emergency situation, even when, for example, the identifier does not indicate an authorized supplier but is otherwise safe for use.

It is to be understood that other techniques exist for implementing the gas reservoir **102** without departing from the spirit and scope of the description. For example, the gas reservoir **102** can be implemented using the central gas line of a building, such as a hospital or other healthcare facility. Alternatively, the gas reservoir **102** can be implemented using a bulb, bladder, pump, or the like. In still further embodiments, the foregoing alternatives may serve as backup options if the reservoir **102** is empty or otherwise not functional.

The inflatable cuff **104** includes a bladder and fills with gas in a manner controlled by the patient monitor **106** or manually, and is used to at least partially obstruct the flow of blood through a wearer's artery in order to measure the wearer's blood pressure. The inflatable cuff **104** can be attached to a wearer's arm or other location, and can be inflated automatically (e.g., via intelligent cuff inflation) or manually to obtain blood pressure data. Blood pressure data can include any type of signal received from a sensor sufficiently responsive to blood pressure to provide an

indicator thereof to a user. Blood pressure data can be in the form of pressure sensor data, auditory sensor data, and the like.

The inflatable cuff **104** can further include a wireless transmitter for wireless communication with the patient monitor **106**. Alternatively, the inflatable cuff can include cables for sending and receiving information to and from the patient monitor **106**. The inflatable cuff can receive gas from a gas reservoir **102** via a gas pathway. Furthermore, the inflatable cuff can include a release valve for releasing the gas stored in the inflatable cuff once inflated. The release valve can be actuated electronically by the patient monitor **106** or manually by a user. In some embodiments, the release valve can be used when the pressure in the inflatable cuff **104** reaches unsafe levels or when the inflatable cuff **104** has been inflated beyond a threshold period of time. In certain embodiments, the release valve can be actuated electronically using PWM signals. In some embodiments, the inflatable cuff **104** is a disposable cuff that can be discarded after a one or a few uses. In certain embodiments, the inflatable cuff **104** can be reused many times and cleaned or sterilized between uses.

A sensor **108** can be placed in close proximity to the inflatable cuff **104** to monitor the inflatable cuff **104** during inflation and deflation. Alternatively, the sensor **108** can be located in the patient monitor **106** along a gas pathway between the gas reservoir **102** and inflatable cuff **104**, or at some other location where it is able to collect sufficient data for the patient monitor **106** to determine the blood pressure of the wearer.

The sensor **108** can be a pressure sensor or an auditory sensor. In one embodiment, the sensor **108** communicates signals responsive to the pressure in the inflatable cuff **104** to the patient monitor **106** via wired or wireless communication. The patient monitor uses the signal to determine a blood pressure measurement or change in blood pressure of the wearer. The patient monitor **106** can additionally use the pressure measurements to determine if the pressure in the inflatable cuff **104** is above a threshold or is at an unsafe level. If the pressure in the inflatable cuff **104** is above a threshold or is at an unsafe level, the patient monitor **106** can actuate an emergency release valve to deflate the inflatable cuff **104**. In an embodiment where the sensor **108** is an auditory sensor, the sensor **108** can be used to detect Korotkoff sounds. In one embodiment, the sensor **108** comprises a stethoscope.

In an embodiment, the patient monitor **106** includes a display device **110**, a user interface **112**, and a microprocessor or microcontroller or combination thereof **114**. The patient monitor **106** can further include a number of components implemented by the microprocessor **114** for filtering the blood pressure data received from the sensor **108** and determining the blood pressure of the wearer. The patient monitor **106** can be a dedicated device for determining blood pressure and other physiological parameters, a portable electronic device configured to execute a program or application that determines blood pressure and other physiological parameters, or can be part of a larger patient monitoring device, such as those devices described in U.S. patent application Ser. No. 09/516,110, titled "Universal/Upgrading Pulse Oximeter," filed Mar. 1, 2000; U.S. patent application Ser. No. 12/534,827, titled "Multi-Stream Data Collection System For Noninvasive Measurement Of Blood Constituents," filed Aug. 3, 2009; U.S. patent application Ser. No. 12/497,523, titled "Contoured Protrusion For Improving Spectroscopic Measurement Of Blood Constituents," filed Jul. 2, 2009; U.S. patent application Ser. No.

12/882,111, titled "Spot Check Monitor Credit System," filed Sep. 14, 2010; U.S. patent application Ser. No. 13/308,461, titled "Handheld Processing Device Including Medical Applications For Minimally And Non Invasive Glucose Measurements," filed Nov. 30, 2011 and U.S. patent application Ser. No. 11/366,995, titled "Multiple Wavelength Sensor Equalization," filed Mar. 1, 2006. Each of which is incorporated by reference herein.

In some embodiments, the patient monitor **106** is configured to communicate with the inflatable cuff **104** and/or the gas reservoir **102** via wired or wireless communication, such as LAN, WAN, Wi-Fi, infra-red, Bluetooth, radio wave, cellular, or the like, using any number of communication protocols. The patient monitor **106** can further be configured to determine blood pressure measurements of a wearer when the inflatable cuff **104** is being inflated with gas from the gas reservoir **102**, during deflation of the inflatable cuff **104**, or a combination of both. The patient monitor **106** can use the microprocessor **114**, the filtering component, and blood pressure monitoring component to determine the blood pressure measurements. The blood pressure measurements determined by the patient monitor **106** can be displayed on the display **110**. In addition, the display **110** can display blood pressure data and filtered blood pressure data in the form of plots of the pressure of the inflatable cuff and plots of the pressure oscillations in the inflatable cuff **104** caused by blood flowing through an artery of the wearer. Furthermore, the patient monitor **106** can calculate and the display **110** can display additional physiological parameters, such as heart rate, perfusion, oxygen saturation, respiration rate, activity information, temperature, and the like, combinations thereof or the trend of any of the above.

The user interface **112** can be used to allow a user to operate the patient monitor **106** and obtain the blood pressure measurements and/or other physiological parameters. Furthermore, the user interface **112** can allow a user to set or change any number of configuration parameters. For example, using the user interface **112**, a user can determine what is displayed on the display **110**, such as the blood pressure measurements during inflation and/or deflation, additional physiological parameters, the pressure plots, and/or other physiological parameters, etc. Furthermore, the user interface **112** can allow a user to set what measurements of what parameters the patient monitor **106** should take. For example, the user can set the configuration parameters to take blood pressure measurements only during inflation or deflation. Alternatively, the user can use the user interface **112** to set the configuration parameters to take blood pressure measurements during inflation and deflation and then use both measurements to determine an appropriate blood pressure. In addition, using the user interface **112**, the user can determine how often the patient monitor **106** takes blood pressure measurements, or other physiological parameter measurements. The user interface **112** can further be used for any other type of configuration parameters that can be set or changed by a user. In some embodiments, the user interface **112** is implemented as an application of a portable electronic device.

In some embodiments, the patient monitor **106** monitors the use of the gas reservoir. To monitor the use of the gas reservoir **102**, the patient monitor can monitor the number of times that the gas reservoir **102** is used to fill the inflatable cuff **104**, the amount of time that the gas reservoir **102** is supplying gas, current pressure levels within the gas reservoir **102**, and the like.

The patient monitor **106** can store usage data of the gas reservoir **102** in a memory device located on or in the gas

reservoir **102**. In some embodiments, the memory device is the identifier discussed previously. In certain embodiments, the memory device is located in the patient monitor **106** or some other location, and a unique identifier of the gas reservoir **102** can be used to correlate a particular gas reservoir **102** with its usage data.

Each time the gas reservoir **102** is used to inflate the inflatable cuff **104**, the patient monitor **106** can update the usage data. In some embodiments, the usage data reflects a total number of instances in which the gas reservoir has been used to inflate the cuff **104**. In certain embodiments, the usage data reflects the amount of time that the gas reservoir **102** has been supplying gas and the rate at which the gas has been supplied. Further embodiments can use any combination of the embodiments described herein.

Using the number of times that the gas reservoir has been used to fill the inflatable cuff **104** and other data regarding the gas reservoir **102**, the patient monitor **106** can determine when the gas reservoir **102** will run out of gas and/or the number of remaining uses. In certain embodiments, the patient monitor **106** uses the storage capacity of the gas reservoir **102** and the amount of gas used to fill the inflatable cuff **104** to determine the number of times the gas reservoir can be used to fill the inflatable cuff **104** before it should be replaced. In some embodiments, the patient monitor **106** calculates the total amount of time the gas reservoir **102** is able to output gas before it should be replaced based on the storage capacity and the rate of flow of the gas. The patient monitor **106** can also account for any change to the rate of flow. Additional methods can be used to calculate whether the gas reservoir **102** should be replaced. For example, a pressure sensor can be used to determine the pressure levels within the gas reservoir **102**.

When the usage data indicates that the capacity of the gas reservoir **102** is about to be (or has been) met, the patient monitor **106** can alert a user that the gas reservoir **102** should be replaced. The patient monitor **106** can alert a user by sounding an alarm, flashing a light, sending an email, text message, fax, page, or the like to a user.

In an embodiment where many canisters may be in circulation with one or more monitors, the monitor may use a canister ID to track usages for different canisters, such as, for example, the identifier. In embodiments where each canister includes accessible memory storage, the usage information stored in such memory may be updated by the monitor or canister during use.

FIG. 1B illustrates a block diagram of gas pathways between different components of the patient monitoring system **100**. As described previously, the patient monitoring system **100** can include a gas reservoir **102**, an inflatable cuff **104**, a patient monitor (not shown), a pressure sensor **108**, a flow valve **120**, an emergency shutoff **122**, and gas pathways **124**. The gas from the gas reservoir **102** travels via the gas pathways **124** and valve **120** to the inflatable cuff **104**.

The flow valve **120** can direct the gas from the gas reservoir **102** to the cuff **104** or to an exit pathway. During deflation of the cuff **104**, the flow valve can direct the gas from the cuff **104** to the exit pathway. In some embodiments, the flow valve is controlled using PWM signals. The pressure sensor **108** measures the pressure within the gas pathway as well as the changes in pressure due to the blood pressure of the wearer. The emergency shutoff **122** can be used to quickly deflate the cuff **104** as desired. The components illustrated in FIG. 1B can be located in different positions. For example, the pressure sensor **108** and emergency shutoff **122** can be located on or in the cuff **104**.

FIG. 2 illustrates a patient monitoring system 200 similar to the patient monitoring system 100 of FIG. 1. Similar to the patient monitoring system 100 of FIG. 1, the patient monitoring system 200 of FIG. 2 includes a gas reservoir 202, an inflatable cuff 204, a patient monitor 206, and a sensor 226 a like gas pathway between the reservoir 202 and cuff 204. In addition, the patient monitoring system 200 includes the gas pathway having a number of gas pathway segments 210, 214, 218 and valves 212, 216, 222 facilitating the movement of gas throughout the system. The gas reservoir 202, the inflatable cuff 204, the patient monitor 206, the valve 216, and the sensor 226 can communicate using wired or wireless communication. Cables 228 can be used to facilitate communication between the various components of the patient monitoring system 200. The various components can be connected to each other or connected to a central location, such as the patient monitor 206. Alternatively, the cables 228 can be removed and the patient monitor 202 can communicate with the other components of the patient monitoring system via wireless communication.

As mentioned previously with reference to FIG. 1, the gas reservoir 202 can be implemented using one or more gas tanks of any number of different sizes. In addition, the gas reservoir 202 can be located in the same room as the wearer or can be located at a remote location, such as in a different room or different building from the wearer. In such an embodiment, the gas pathway runs from the wearer to the remote location where the gas reservoir 202 is located. In addition, the gas reservoir 202 can be filled with any number of different gases prior to use with the wearer 218. In other words, the gas reservoir 202 can be filled with gas prior to installation with the other components of the patient monitoring system 200. In one embodiment, the gas reservoir 202 is filled with a compressed gas.

Furthermore, in an embodiment, the gas from the gas reservoir 202 can be used to generate electricity for the patient monitoring system 200. A small turbine can be located near the opening of the gas reservoir 202, along the gas pathway, or near an opening of the inflatable cuff 204. As the gas flows by the turbine and into the inflatable cuff 202, the turbine rotates. The rotation of the turbine can be used to generate electricity for the patient monitoring system 200. The electricity can be fed to the patient monitor 206 so that the patient monitor 206 can process received signals and determine output measurements for the blood pressure of the wearer as the inflatable cuff inflates. Another turbine can be located near the release valve 224 of the inflatable cuff 204 or the gas pathway segment 220. When the release valve 224 of the inflatable cuff 204 is opened or the valve 216 is actuated, the exiting gas causes the turbine to rotate, thereby generating electricity. The generated electricity can be fed to the patient monitor 206, allowing the patient monitor to process received signals and determine output measurements for the blood pressure of the wearer as the inflatable cuff 204 deflates.

Using the gas reservoir 202 to inflate the inflatable cuff 204 can significantly reduce the ambient noise caused by the patient monitoring system, resulting in a quieter environment for the wearer. In addition, the gas reservoir 202 can supply gas at an approximately constant pressure and rate. Thus, the patient monitoring system 200 can inflate the inflatable cuff at an approximately constant rate without the auditory and electrical interfering noise of a motor or pump, resulting in a cleaner signal for the patient monitor 206. Furthermore, by using the gas reservoir 202, the patient monitor can measure the wearer's blood pressure during inflation of the inflatable cuff 204.

By measuring the blood pressure during inflation of the inflatable cuff, the patient monitoring system 200 can measure the blood pressure in less time and using less pressure. Furthermore, measuring blood pressure during inflation of the inflatable cuff can reduce, and in some embodiments completely remove, the amount of time that the artery is occluded, allowing for more frequent blood pressure readings and reduced discomfort for the patient.

The gas reservoir 202 is operatively connected with the inflatable cuff 204 via the regulator 208, gas pathway segments 210, 214, 218 and valves 212, 216. The gas pathway and gas pathway segments 210, 214, 218 can be made of any air-tight material, such as a plastic tube, metal, cloth, combinations or the like. Gas from the gas reservoir 202 flows through the gas pathway segments 210, 214, 218 to inflate the inflatable cuff 204. In an embodiment, the regulator 208, the gas pathway segments 210, 214, 218 and the valves 212, 216, 222 control the direction and rate of gas flow throughout the patient monitoring system 200. The regulator 208, which can also be a valve, located near the opening of the gas reservoir 202 controls the pressure of the gas exiting the gas reservoir 202 and along the gas pathway segment 210. The valve 212 controls the pressure of the gas exiting gas pathway segment 210 and along gas pathway segments 214, 218 to the inflatable cuff 204. The regulator 208 and valve 212 can be configured as a two-stage pressure regulator and used to maintain an approximately constant pressure of gas entering the inflatable cuff 204. The approximately constant pressure of gas may advantageously lead to an approximately constant rate of inflation of the inflatable cuff 204. The regulator 208 and valve 212 can be configured to maintain any number of pressure levels in the gas pathway segments 210, 214, 218. In one embodiment, the regulator 208 and valve 212 are configured to maintain a pressure of approximately 6 PSI (pounds per square inch) along the gas pathway segment 214 and gas pathway segment 218.

The valve 216 located along the gas pathway segments 210, 214, 218 can be used to control the direction of the gas flow throughout the patient monitoring system 200. In an "on" configuration, the valve 216 allows the gas to pass from the gas pathway segment 214 to the gas pathway segment 218 into the inflatable cuff 204. In an "off" configuration, the valve 216 closes the gas pathway between the gas reservoir 202 and the inflatable cuff 204 and opens a gas pathway from the inflatable cuff 204 and gas pathway segment 218 to the gas pathway segment 220 and through valve 222. The valve 216 can be actuated electronically using the patient monitor 206 or manually by a user. For safety, the default position for the valve 216 can be the "off" configuration. In this way, should there be any malfunctions, the inflatable cuff 204 can deflate. In an embodiment, the valve 216 is a three-way valve. The valve 216 can be implemented in a number of different ways without departing from the spirit and scope of the description.

The valve 222 is similar in most respects to the valve 212 and can control the rate at which gas is allowed to exit the inflatable cuff 204. The valves 212, 222 can be implemented as any number of different valves, such as globe valve, butterfly valves, poppet valves, needle valves, proportional valves, etc., or any other type of valve capable of operating as a variable restriction to the gas flow. Furthermore, the valves 212, 222 can be actuated manually by a user or electronically by the patient monitor 206.

A number of alternative embodiments exist for implementing the patient monitoring system 200 without departing from the spirit and scope of the description. For example, the valve 216 can be located in the inflatable cuff 204 or

nearby. In addition, the valves **216**, **222** can be removed completely. In this embodiment, the patient monitor **206** can actuate the regulator **208** and/or valve **212** to inflate the inflatable cuff **204**. When the inflatable cuff **204** is to be deflated, the patient monitor **206** can actuate the regulator **208** and/or valve **212** a second time, as well as actuate the release valve **224**. Alternatively, two valves can be used in place of the valve **216**. One valve can be used to allow gas to flow from the gas reservoir to the inflatable cuff. The second valve can be used to release gas from the inflatable cuff. The two valves can be actuated independently or at the same time. Furthermore, the two valves can be actuated electronically using the patient monitor **206** or manually by a user.

In addition, the regulator **208** and valve **212** can be implemented using any number of different configurations. For example, regulator **208** and valve **212** can be implemented as two separate devices as shown or as one single device. Alternatively, the patient monitoring system **200** can be implemented using only the regulator **208** and/or the valve **212**. In addition, the regulator **208** or any of the valves **212**, **216**, **222** can further include a pressure gauge to identify the pressure levels of the gas. In addition, the regulator **208** and each valve **212**, **216**, **222** can communicate with the patient monitor **206** via wired or wireless communication.

As mentioned previously, the inflatable cuff **204** is used to at least partially obstruct an artery of a wearer to measure the wearer's blood pressure. In an embodiment, the inflatable cuff **204** partially obstructs the wearer's artery without occluding, or completely closing, the artery to determine a blood pressure measurement of the wearer.

In one embodiment, the inflatable cuff **204** includes a bladder, a release valve **224** and an attachment mechanism. The bladder contains the gas received from the gas reservoir **202**, via the gas pathway and can be made of any material capable of holding gas. For example, the bladder can be made of plastic, cloth, or some other airtight material. Furthermore, the bladder can be configured to hold gas at any number of PSI levels. In one embodiment, the bladder is capable of holding gas at about 4 PSI. However, it is to be understood that the bladder can hold gas at greater than or less than about 4 PSI. An opening in the bladder allows the gas from the gas reservoir to enter exit.

The attachment mechanism allows the inflatable cuff **204** to be attached to a wearer. The attachment mechanism can be made of hook and loop type fasteners, cloth, a clip, flexible materials, water wicking materials, or other material that allows the inflatable cuff **204** to attach to a wearer. The release valve **224** can be actuated manually by a user, electronically by the patient monitor **206**, or automatically based on a predefined threshold pressure level. The release valve **224** can be used to release the gas from the inflatable cuff **204** when the pressure reaches a predetermined threshold or unsafe level, or when the inflatable cuff **204** has been inflated above a threshold pressure for a predetermined amount of time.

The sensor **226** can be located on the inside of the inflatable cuff **204**, at the patient monitor **206**, along the gas pathway segments **210**, **214**, **218** or along a separate gas pathway segment, as illustrated in FIG. 2. Alternatively, the sensor **226** can be located at the wearer's ear, wrist, finger, or other location. When obtaining blood pressure data from the finger, wrist, or ear less pressure is needed to identify the blood pressure of a wearer, which increases the amount of blood pressure measurements that can be taken by the gas reservoir **202**. As mentioned previously, the sensor **226** can

be used to collect blood pressure data from the wearer. In an embodiment, the sensor **226** is a pressure sensor capable of measuring the pressure of the inflatable cuff **204** as the inflatable cuff **204** inflates and/or deflates. In another embodiment, the sensor **226** is an auditory sensor used to identify Korotkoff sounds as the inflatable cuff **204** inflates and/or deflates. The cables **228** can be used to communicate the information from the sensor **226** to the patient monitor **206**. Alternatively, the sensor **226** can use a wireless transmitter to communicate the blood pressure data to the patient monitor **206**.

As mentioned previously, the patient monitor **206** includes a display **230** capable of displaying the diastolic and systolic pressure **232** of the wearer as determined by the patient monitor **206** during inflation and/or deflation. Furthermore, the patient monitor **206** can display the blood pressure measured during inflation and deflation, thereby allowing the user to compare the values. The display **230** of the patient monitor **206** can further be configured to display pressure plots, which can include plots of the blood pressure data **236A** and filtered blood pressure data **236B**. The plots of the blood pressure data **236A** can include the pressure of the inflatable cuff **204** over time, and the plots of the filtered blood pressure data **236B** can include the pressure oscillations observed by the sensor, as will be described in greater detail below with reference to FIGS. 3A-3C. In addition, the patient monitor **206** can be configured to display additional physiological parameters **234** as further illustrated on the display device **208**. These physiological parameters can include, but are not limited to, heart rate, oxygen saturation, perfusion, glucose measurements, and the like. In addition, the patient monitor **206** can include configuration parameters to control the display **230**, as well as the patient monitor **206**. Using the configuration parameters, a user can initiate blood pressure measurements of the wearer **218** to control the patient monitor **206**.

The patient monitor can also include a user interface for setting or changing the configuration parameters. The configuration parameters can be used to set the frequency and type of blood pressure measurements taken as well as the manner in which to display the measurements. In an embodiment, a periodic or other schedule can be set to obtain measurement; for example, times of day, duration between, or the like may be used to set measurement schedules. In other embodiments, the monitor may monitor other parameters, such for example, oxygen saturations, where a predetermined change in the other parameters triggers a blood pressure measurement.

The configuration parameters can determine how often a blood pressure measurement should be taken, whether it should be taken during inflation, deflation or both. Furthermore the configuration parameters can determine how the patient monitor calculates the blood pressure measurements, such as using the inflationary blood pressure measurements, the deflationary blood pressure measurements, arbitrating between the two, or using a combination such as any a statistical combination of the two or additional measurements like, for example, past measurements. Furthermore, the configuration parameters can determine how the blood pressure measurements should be displayed. For example, the configuration parameters can dictate that only inflationary blood pressure measurements, deflationary blood pressure measurements, the more reliable measurement, or combinations thereof are to be displayed. Furthermore, the configuration parameters can determine if and how the pressure plots, and other physiological parameters are to be displayed.

In addition, the patient monitor **206** can be configured to determine blood pressure measurements while the inflatable cuff **204** is inflating and without occluding the wearer's artery. The patient monitor **206** can be configured to actuate a valve connected to the gas reservoir **202**, causing gas to flow from the gas reservoir **202** to the inflatable cuff **204**. As the inflatable cuff **204** inflates, the patient monitor **206** can calculate the diastolic pressure and systolic pressure of the wearer **218** using any number of techniques, as described in greater detail below with reference to FIGS. 4A and 4B. For example, the patient monitor **206** can calculate the diastolic pressure and systolic pressure by measuring oscillations of blood flow in an artery or auditory cues as the inflatable cuff **204** inflates and/or deflates. By measuring the wearer's blood pressure during inflation of the inflatable cuff, both the diastolic and systolic pressure can be determined by partially obstructing the wearer's artery and without occluding it. Once the systolic pressure is measured, the patient monitor can actuate the valve **216** or a release valve **224** on the inflatable cuff **204** to release the gas within the inflatable cuff **204**.

FIGS. 3A-3G illustrate an embodiment of a patient monitoring system **300** configured to be worn by a user. FIG. 3A is a front perspective view of an embodiment of the patient monitoring system **300**. The patient monitoring system **300** includes a patient monitor **302**, an inflatable cuff **304**, and a chamber **306** to retain a gas reservoir **308**. The inflatable cuff **304** and chamber **306** can be removably attached to the patient monitor **302**. The patient monitor **302**, chamber **306**, and gas reservoir **308** will be described in greater detail below, with reference to FIGS. 3B-3G.

The inflatable cuff **304** is similar to the inflatable cuffs described in greater detail above, with respect to FIGS. 1A, 1B, and 2. In the illustrated embodiment, the inflatable cuff **304** includes an arm band and can be wrapped around an arm of a user. The inflatable cuff **304** can include one or more attachment surfaces **326A**, **326B** to maintain the inflatable cuff **304** in a relatively fixed position around the arm of the user. In the illustrated embodiment, the attachment surfaces **326A**, **326B** are located on either side of the patient monitor **302**. In some embodiments, the attachment surfaces **326A**, **326B** are located on one side of the patient monitor **302**, or there is only one attachment surface. The attachment surfaces **326A**, **326B** can be made from a variety of different materials, such as, but not limited to, hook and loop type fasteners, buttons, snaps, hooks, latches, tape, or other device capable of maintaining the inflatable cuff **304** in a substantially fixed position about the user.

Although not illustrated in FIG. 3A, the patient monitoring system **300** can further include one or more sensors capable of detecting one or more physiological parameters of the user. The sensors can communicate with the patient monitor **302** via wired or wireless communication using a variety of protocols, including, but not limited to, TCP/IP, Bluetooth, ANT, ANT+, USB, Firewire, etc. For example, the patient monitoring system **300** can include one or more pressure sensors, auditory sensors, pulse oximetry sensors, thermometers, accelerometers, and/or gyroscopes. The physiological parameters detected by the various sensors can include, but are not limited to, blood pressure, heart rate, temperature, perfusion, respiration, activity rate, etc. One or more of the sensors can be located within the inflatable cuff **304** or elsewhere on the user. For example, an auditory sensor can be located on the chest of the user to collect respiration data about the user. Another auditory sensor can be located within the inflatable cuff **304** to collect blood pressure data.

FIG. 3B is a front perspective view of an embodiment of the patient monitor **302** and the chamber **306**. In the illustrated embodiment, the patient monitor **302** includes a display **310**, a communications link indicator **312**, and user interface objects **314**, **316**. In some embodiments, the patient monitor **302** can further include a power monitor that determines the amount of power remaining for use by the patient monitor **302**. When the patient monitor is battery-operated, the power monitor can determine the amount of time or the number of blood pressure measurements that remain before the batteries are to be replaced or recharged.

The patient monitor **302** can be a device dedicated to the measurement of physiological parameters or can be a portable electronic device configured to measure physiological parameters. In some embodiments, the patient monitor **302** is a portable electronic device, such as a smartphone, tablet, or the like, running a program or application configured to calculate physiological parameters based on signals received from the sensors.

The patient monitor **302** receives data from one or more sensors and processes the data to extract physiological parameters of the user. For example, the patient monitor **302** can receive data from a pressure and/or auditory sensor and calculate the patient's blood pressure. In some embodiments, the patient monitor **302** uses accelerometer and gyroscope data to calculate an activity level of the user.

The patient monitor **302** can also provide activity recommendations based on the physiological parameters of the user. For example, the patient monitor can use the patient's height, weight, age, sex, blood pressure readings, heart rate, etc., to recommend a physical activity such as walking, running, or cycling. Furthermore, during an activity the patient monitor **302** can provide recommendations as to whether the patient should increase or decrease their activity levels.

The display **310** is an embodiment of the display **110** described above with reference to FIG. 1A. The display **310** can be implemented using a touch screen, LCD screen, LED screen, or other type of screen and can be used to display one or more physiological parameters, plot diagrams, or user interface information, etc. The display **310** can be any number of different sizes, and in some embodiments, covers a majority of one side of the patient monitor **302**. In the illustrated embodiment, the display **310** displays heart rate data **318**, blood pressure data **320**, **322**, and a health indicator **324**. However, additional physiological parameters can be displayed, such as, but not limited to, temperature, respiration data, perfusion index data, plethysmograph data, metabolism data, such as calories/hour, etc.

The health indicator **324** can be based on the heart rate data **318**, blood pressure data **320**, **322**, other physiological parameters, or any combination thereof, and can indicate an overall well being of a user. For example, if the patient monitor **302** determines that the blood pressure data **320**, **322** is normal, an arrow can point to the middle of the health indicator **324** or the health indicator **324** can be green, etc. If the patient monitor **302** determines that the blood pressure data **320**, **322** is high or low, the arrow can point to the top or bottom health or the health indicator **324** can be red or blue, etc. Similarly, other physiological parameters or a combination of physiological parameters can be used by the health indicator **324**.

The communication link indicator **312** can be used to indicate whether a communication link is established with one or more devices, such as the sensors, a computer, a portable electronic device, etc. The communication link indicator **312** can change colors or blink depending on the

status of the communication link. For example, the communication link indicator **312** can blink during initialization, can turn green once connected, and turn red when a signal is lost or is below a threshold level.

The user interface objects **314**, **316** can be implemented using hardware or software. For example, the user interface objects **314**, **316** can be buttons or keys, form part of the display **310**, or any combination thereof. The user interface objects **314**, **316** can be used to interface with the patient monitor **302**. For example, the user interface object **314** can be used to select one or more options from the patient monitor **302**, such as which physiological parameters to display, how to display the physiological parameters, toggle between which sensors to use, view historical physiological parameter data, etc. In addition, the user interface objects **314**, **316** can be used to determine the frequency with which blood pressure measurements should be taken. For example, using the user interface objects **314**, **316** the patient monitor **302** can be configured to automatically take blood pressure measurements sequentially as determined by a user, or can be configured to take only one blood pressure measurement before requiring additional input from the user. For example, in some embodiments, by pushing or holding down a user interface object, the patient monitor **302** will automatically toggle between a single measurement mode and a sequential measurement mode. Furthermore, the user interface objects **316** can be used to scroll through one or more options displayed on the display **310**. Other user interface objects can be used as desired.

With continued reference to FIG. 3B, the chamber **306** can be in physical contact with the patient monitor **302**. In some embodiments, the patient monitor **302** fits into a pre-formed case, which also contains the chamber **306**. In certain embodiments, the patient monitor **302** includes attachment mechanisms to connect with the chamber **306**. The attachment mechanisms can include, but are not limited to, clips, screws, screw holes, bars, snaps, buttons, and the like. The gas reservoir **308** fits into the chamber **308** as illustrated and as will be described in greater detail with reference to FIG. 3C. Furthermore, the chamber **306** can be adjusted to fit different sized gas reservoirs **308**.

FIG. 3C is a back perspective view of the patient monitor **302** and chamber **306**. The illustrated embodiment further includes a gas reservoir interface **307** as part of the chamber **306**. The gas reservoir interface **307** interacts with the gas reservoir **308** to maintain the gas reservoir within the chamber **306**. The gas reservoir interface **307** can include a locking mechanism that prevents the use of unapproved or unauthorized gas reservoirs **208**. The locking mechanism can be a mechanical or electronic locking mechanism.

A mechanical locking mechanism can include many forms, such as threads, a clamp, lock and key designs, etc. For example, in some embodiments, the gas reservoir interface **307** can include threads that complement threads of the gas reservoir **308**. Accordingly, the gas reservoir **308** can be screwed into the chamber **306** using the gas reservoir interface **307**. In some embodiments, gas reservoirs **308** that include a different number of threads, a different design of threads, or that do not include threads will not properly interface with the gas reservoir interface **307**. In certain embodiments, a clamp can act as the locking mechanism to keep the gas reservoir **308** in place. In certain embodiments, the mechanical locking mechanism can be in the form of a proprietary connector. The gas reservoir interface **307** can include a particular physical layout that is uniquely designed to interface with approved or authorized gas reservoirs **308**, similar to a lock and key design.

The locking mechanism can also be implemented as an electronic locking mechanism. The electronic locking mechanism of the gas reservoir interface **307** can include an electronic interface that allows the patient monitor **302** to communicate with the gas reservoir **308**. The electronic interface can include a memory chip, processor, RFID, resistor, or other circuit elements that can interface with electronics on the gas reservoir **308**. Authorized or approved gas reservoirs **308** can include the circuit elements that can unlock the electronic locking mechanism of the gas reservoir interface **307** and allow the gas reservoir **308** to be used with the patient monitor **302**.

The illustrated embodiment also includes an interface **330** attached to the patient monitor **302** and used to maintain the patient monitor **302** in close proximity to the inflatable cuff **304**. The recess **332** of interface **330** can complement a portion of the cuff **304** to lock the patient monitor **302** in place with the cuff **304**. Screws **334** can be used to maintain the interface **330** attached to the patient monitor **302**.

FIGS. 3D and 3E are side perspective views of the patient monitor **302** and chamber **308**. FIGS. 3F and 3G are top and bottom perspectives of the patient monitor and chamber **308**, respectively. With reference to FIG. 3G, the patient monitor **302** can include an electronic interface **336**, such as a USB or mini-USB port. The electronic interface **336** can be used to communicate with another electronic device, such as a computer or portable electronic device. FIG. 3G further illustrates that the chamber **306** can be rotated forwards and backwards as desired. For example, the chamber **306** can be physically attached to the patient monitor **302** via a pivot that allows the chamber **306** to swing about one or more axes. The pivot can be implemented using a hinge, ball-and-socket joint, link, pin, spring, swivel, bolt, and the like. The pivot can also include a locking mechanism that can lock the chamber **306** in a certain position with respect to the patient monitor **302**. The locking mechanism can be implemented using a clamp, ratchet, pin, grooves within a link, pin, spring, or bolt, and the like. In this way, the chamber **306** can be rotated to a preferred position and then locked in place for use. For example, a user can adjust the chamber **306** so that it fits snugly against their arm, or other limb, and then lock the chamber in that position so that it stays in its position when the user moves.

As mentioned previously, the display **230**, can be configured to display additional information regarding the wearer. FIGS. 4A-3C are plot diagrams illustrating embodiments of various plots that can be displayed by the display **230**, **310**. The plots in FIGS. 4A-3C are plot diagrams illustrating some embodiments of the pressure at the inflatable cuff **204**, including the oscillations of pressure, observed by the sensor **226** during inflation and deflation.

Plot **401A** is a plot diagram illustrating an embodiment of the pressure of the inflatable cuff **204** during inflation and deflation, which can also be referred to as blood pressure data. The x-axis of plot **401A** represents the number of samples taken by the patient monitor **206** over time. The patient monitor **206** can be configured to take samples at any number of increments to achieve a desired data resolution. For example, the patient monitor **206** can sample the inflatable cuff every second, millisecond, microsecond, etc. Although illustrated in increments of samples, time can also be used for the x-axis **402**. The y-axis **404A** of plot **401A** represents the pressure level, in mmHg, of the inflatable cuff **204**. The line **412** represents the pressure level of the inflatable cuff **204** over time.

Prior to point **408**, signals on the line **412** represent electronic noise caused by the environment or the patient

monitoring system 200. At point 408, the valve 216 is actuated. The valve 216 can be actuated electronically by the patient monitor 206 or manually by a user. Once actuated, gas from the gas reservoir 202 begins to inflate the inflatable cuff 204 at a rate determined by a user electronically using the patient monitor 206 or manually using the regulator 208 and/or valve 212. In one embodiment, the inflation rate is an approximately constant rate, which leads to an approximately constant increase in pressure in the inflatable cuff 204, as indicated by the rise in line 412 of the plot 401A. Thus, from point 408 to point 410, the inflatable cuff is in an inflation mode and is inflating.

At point 410, the valve 216 is actuated again, ending the inflation of the inflatable cuff 204. Although illustrated at 200 mmHg, the point 410 can be located at any desired pressure level. In one embodiment, the 216 valve is actuated when the measured pressure level within the inflatable cuff 204 is greater than the expected systolic pressure of the wearer. The expected systolic pressure of the wearer can be determined by previous blood pressure measurements, historical information, clinical data from one or more wearers, or the like. In one embodiment, the point 410 changes between blood pressure measurements. For example, the inflatable cuff can be configured to inflate to 200 mmHg for the first measurement. If it is determined during the first measurement that the wearer's systolic pressure is measurably less than 200, then during the proximate measurement, the inflatable cuff 204 can be inflated to a lower pressure. Varying the pressure level to which the inflatable cuff 204 inflates can conserve gas. Likewise, if the wearer's measured systolic pressure is greater than the expected systolic pressure, the inflatable cuff 204 can be inflated to a greater pressure during the proximate measurement. Alternatively, the valve 216 can be actuated once the inflatable cuff 204 reaches any desired or predefined pressure level, such as 160 mmHg, 200 mmHg, 400 mmHg, etc.

In some embodiments, in addition to ending the inflation of the inflatable cuff, actuating the valve 216 also begins a deflation mode of the inflatable cuff. For example, actuating the valve 216 can close the gas pathway between the gas reservoir 202 and the inflatable cuff 204 and open the gas pathway between the inflatable cuff 204 and ambient air, allowing the gas to exit the inflatable cuff 204. Once the valve 216 is actuated, the inflatable cuff 204 deflates leading to a decrease in pressure within the inflatable cuff 204. Actuating the valve 216, as well as the valve 222 can be configured so that the pressure within the inflatable cuff 204 decreases at any desired rate. In one embodiment, the pressure within the inflatable cuff 204 decreases at an approximately constant rate. Additional blood pressure measurements can be taken during the deflation of the inflatable cuff 204, as described in greater detail below with reference to FIGS. 5A and 5B.

The patient monitor 206 can calculate the blood pressure of the wearer at any time during inflation and/or deflation, once it has received sufficient blood pressure data. In some embodiments, the patient monitor 206 can calculate the diastolic pressure followed by the systolic pressure during inflation of the inflatable cuff 204. In certain embodiments, the patient monitor can calculate both diastolic and systolic pressure simultaneously once the valve 216 is actuated or during inflation, once the patient monitor 206 has sufficient blood pressure data. The patient monitor 206 can alternatively wait until additional measurements are taken during the deflation of the inflatable cuff 204 before calculating the diastolic and systolic pressure. In this way, the patient

monitor can compare or arbitrate the diastolic and systolic measurements during inflation and deflation of the inflatable cuff 204 to achieve greater reliability in the measurements.

With continued reference to FIG. 4A, the plot 401B is a plot diagram illustrating an embodiment of the change in pressure in the inflatable cuff 204 due to blood flow in the artery during inflation and deflation of the inflatable cuff 204. In one embodiment, the line 414 is obtained by filtering the plot 401A and normalizing the data based on the change in pressure due to the inflation and deflation of the inflatable cuff 204 and can be referred to as filtered blood pressure data. The plot 401B of the pressure oscillations due to the blood flow in the artery of the wearer, or filtered blood pressure data, can be displayed on the display 230, 310 along with the plot 401A, the blood pressure readings, and/or other physiological parameters. Similar to plot 401A, the x-axis 402 of plot 401B represents the number of samples taken by the patient monitor 206 over time. The y-axis 404B of plot 401B represents normalized changes in pressure in the inflatable cuff 204.

As illustrated in the plot 401B, when the valve 216 is actuated at point 408, the inflatable cuff 204 inflates and exerts pressure against the wearer's artery. As the inflatable cuff 204 exerts pressure against the wearer's artery, the sensor 226 is able to detect the variations in pressure in the inflatable cuff 204 due to blood flow within the artery, which are also referred to as pressure variations or pressure oscillations. The pressure oscillations are illustrated in plot 401A as small deviations or bumps in the line 412.

As further illustrated by the plot 401B, as the inflatable cuff 204 continues to inflate, the artery becomes increasingly obstructed, leading to greater pressure variations observed by the pressure sensor, which leads to greater oscillations in the line 414. With continued inflation of the inflatable cuff, the variations in pressure eventually begin to decrease as the blood flow becomes occluded. At point 410, the pressure exerted by the inflatable cuff completely occludes the artery. As mentioned previously, in one embodiment, once the artery is occluded, the valve 216 is actuated allowing the gas to exit the inflatable cuff 204 and the inflatable cuff 204 to deflate. In another embodiment, the valve 216 is actuated prior to the occlusion of the artery.

As further illustrated by the plot 401, as the inflatable cuff 204 begins to deflate, the oscillations of the pressure observed by the pressure sensor 226 again begin to increase significantly as blood flow in the artery increases. As the inflatable cuff 204 further deflates, the pressure exerted on the artery decreases leading to a decrease in pressure variation observed by the pressure sensor 226. Eventually, the inflatable cuff 204 exerts little to no pressure on the artery, and the blood flow in the artery has little to no effect on the pressure in the inflatable cuff 226. The patient monitor 206 uses the characteristics of the oscillations of pressure due to blood flow through an artery of the wearer, such as the slope of the oscillations and/or the magnitude or amplitude of the oscillations, to determine the blood pressure. The patient monitor 206 can use the blood pressure data obtained during inflation and/or deflation of the inflatable cuff to determine the blood pressure.

In one embodiment, to determine the blood pressure during inflation, the patient monitor identifies the pressure in the inflatable cuff at which the largest magnitude oscillation, also referred to as the maximum deflection point or largest amplitude oscillation, during inflation is detected. In the illustrated embodiment, the pressure monitor identifies the largest magnitude oscillation at point 430. The pressure in the inflatable cuff at which the largest magnitude oscillation

during inflation is detected approximately coincides with the systolic blood pressure of the wearer. In one embodiment, the patient monitor also identifies the pressure in the inflatable cuff at which the largest slope in the oscillations prior to the largest magnitude oscillation during inflation is detected. In the illustrated embodiment, the pressure monitor identifies the largest slope in the oscillations prior to the largest magnitude oscillation at point **432**. The largest slope in the oscillations prior to the largest magnitude oscillation during inflation approximately coincides with the diastolic pressure of the wearer.

In addition, the patient monitor can determine the blood pressure of the wearer during deflation. In one embodiment, to determine the blood pressure during deflation, the patient monitor identifies the largest magnitude oscillation during deflation (point **434** in the illustrated embodiment). The patient monitor further identifies the pressure in the inflatable cuff at which the largest slope in the oscillations prior to the largest magnitude oscillation during deflation is detected (point **436** in the illustrated embodiment). The largest slope in the oscillations prior to the largest magnitude oscillation during deflation approximately coincides with the systolic pressure of the wearer. The patient monitor also identifies the pressure in the inflatable cuff at which the largest slope in the oscillations after the largest magnitude oscillation during deflation (point **436** in the illustrated embodiment). The largest slope in the oscillations after the largest magnitude oscillation during approximately deflation coincides with the diastolic pressure of the wearer.

A number of alternate methods exist for determining blood pressure during inflation and deflation of the inflatable cuff. For example, during deflation the patient monitor can calculate the systolic blood pressure as the pressure at which the oscillations become detectable and the diastolic pressure as the pressure at which the oscillations are no longer detectable. Alternatively, the patient monitor can calculate the mean arterial pressure first (the pressure on the cuff at which the oscillations have the maximum amplitude). The patient monitor can then calculate the diastolic and systolic pressures based on their relationship with the mean arterial pressure. Additional methods can be used without departing from the spirit and scope of the description. For example, pressure values at locations other than the largest magnitude oscillation or maximum deflection point and largest slope can also be used.

Plots **401A** and **401B** further illustrate the potentially adverse effect signal noise can have on the blood pressure measurements. As illustrated, signal noise is detected at least twice in line **414** prior to inflation. The detected signal noise in at least one instance exceeds the maximum deflection point during inflation. In addition, the signal noise may also contain the largest slope prior to the maximum deflection. In either event, if the signal noise is not accounted for, the patient monitor **206** is in danger of calculating diastolic and systolic pressures of the wearer at points other than during inflation or deflation. In some embodiments, based on the amount and magnitude of signal noise detected, the patient monitor can assign confidence levels to the blood pressure measurements. Based on line **414**, the patient monitor **206** can place a lower confidence level in the blood pressure measurement during inflation due to the observed signal noise.

As mentioned above, the plots **401A**, **401B** can both be displayed on the display **230**, **310** of the patient monitor **206**, **302**. The plots **401A**, **401B** can be displayed simultaneously or consecutively. In addition the plots **401A**, **401B** can be displayed along with the diastolic pressure and systolic

pressure as measured by the patient monitor **206**. Furthermore, the measured diastolic pressure and systolic pressure during inflation can be displayed along with the measured diastolic pressure and systolic pressure during deflation. In addition, the patient monitor **206** can further display additional physiological parameters measured by the patient monitor **206**.

FIGS. **4B** and **4C** include plot diagrams illustrating additional embodiments of the pressure of the inflatable cuff **204** during inflation and deflation. Plots **403A** and **405A** correspond to plot **401A**, and plots **403B** and **405B** correspond to plot **401B**. Similar to plots **401A** and **401B**, plots **403A**, **403B**, **405A**, and **405B** illustrate the inflation of the inflatable cuff **204** beginning at point **408** and ending at point **410**. In addition the deflation of the inflatable cuff begins at point **410** in plots **403A**, **403B**, **405A**, and **405B**.

Plots **403A** and **403B** further illustrate signal noise being exhibited at different points throughout the lines **416** and **418**. The first observed signal noise occurs near the beginning of the lines **418** and another occurs near the end. Similar to the oscillations due to blood flow in the artery, signal noise is exhibited as small displacements on the line **416** and oscillations in the line **418**. As illustrated, unless accounted for, the signal noise occurring in plots **403A** and **403B** can have an adverse affect on blood pressure measurements due at least to their magnitude. The first detected signal noise results in the maximum deflection point prior to deflation and the last detected signal noise results in the maximum deflection point after deflation. In embodiments, where maximum deflection points are used, if inflation and deflation are not demarcated appropriately or if signal noise is not accounted for, the patient monitor **206** can erroneously determine the blood pressure measurements based on the signal noise.

The plot **403B** further illustrates an example where a blood pressure measurement taken during inflation can in some instance have a higher confidence level than the blood pressure measurement taken during deflation. As mentioned previously, during inflation, the diastolic pressure can be determined as the pressure at which the largest slope in line **418** prior to the maximum deflection point during inflation occurs (point **442** in the illustrated embodiment). The systolic pressure can be calculated as the pressure at which the maximum deflection point of line **418** occurs during inflation (point **440** in the illustrated embodiment). Upon deflation, the systolic pressure is calculated as the pressure at which the largest slope in line **418** prior to the maximum deflection point (point **444** in the illustrated embodiment) during deflation occurs (point **446** in the illustrated embodiment). Similarly, the diastolic pressure is calculated as the pressure at which the largest slope in line **418** after the maximum deflection point during deflation occurs (point **448** in the illustrated embodiment). As illustrated in plot **403B**, the maximum deflection point during deflation can be difficult to identify, which can make it difficult to calculate the diastolic and systolic pressure of the wearer accurately. Accordingly, the confidence placed in the blood pressure measurement during deflation can be relatively low compared to the confidence level placed in the blood pressure measurement during inflation. Accordingly, the patient monitor **204** can determine that the blood pressure measurement taken during inflation is likely more accurate. In addition, depending on the amount and magnitude of the signal noise detected, the patient monitor **206** can determine that neither blood pressure measurement reaches a threshold confidence level and that blood pressure measurements should be retaken.

Plots 405A and 405B illustrate yet another example of blood pressure measurements taken during inflation and deflation of the inflatable cuff 204. As illustrated, signal noise is detected near the beginning of lines 420 and 422, resulting in oscillations observed in line 422. As mentioned previously, if not accounted for, the signal noise can adversely affect the blood pressure measurements during inflation. However, in the line 422, the maximum deflection point prior to deflation occurs during inflation. Thus, the signal noise at the beginning of the line 422 should not affect the blood pressure measurements. Plots 405A and 405B further illustrate an example where the blood pressure measurement taken during inflation can have a similar confidence level as the confidence level of the blood pressure measurement taken during deflation. As illustrated, the line 418 exhibits a distinctive maximum amplitude during inflation (point 450 in the illustrated embodiment) and during deflation (point 454 in the illustrated embodiment). In the illustrated embodiment, the patient monitor calculates the largest slope during inflation as the slope at point 452. During deflation, the patient monitor calculates the largest slope prior to the maximum amplitude at point 456 and the largest slope following the maximum amplitude at point 458.

FIG. 5A is a flow diagram illustrating an embodiment of a process 500A for measuring blood pressure during inflation of an inflatable cuff 204. As illustrated in FIG. 5A, the process 500A begins at block 502 by actuating a valve, which allows gas to flow from a gas reservoir 202 to the inflatable cuff 204, causing the inflatable cuff 204 to inflate. The valve can be located near an opening of the gas reservoir 202, at some point along the gas pathway or at the inflatable cuff 204. In one embodiment, multiple valves 212, 216 and/or regulators 208 can be included between the gas reservoir 202 and the inflatable cuff 204. Each valve and/or regulator can be actuated prior to inflating the inflatable cuff 204. The valve(s) can be actuated manually by a user or electronically by a patient monitor 206. For example, a user can manually open the valve 216 to allow gas to flow from the gas reservoir 202 to the inflatable cuff 204. The user can open the valve in a way that allows for the inflation of the inflatable cuff 204 at an approximately constant rate of inflation. A regulator 208 can also be used to achieve the approximately constant rate of inflation. Alternatively, a patient monitor 206 in communication with the gas reservoir can actuate the valve 216, allowing the gas to flow from the gas reservoir 202 to the inflatable cuff 206. Communication from the patient monitor 206 can occur by wired or wireless communication, such as a LAN, WAN, Wi-Fi, infra-red, Bluetooth, radio wave, cellular, or the like, using any number of communication protocols.

To actuate the valve, an input to the patient monitor 206 such as a button can be used. Alternatively, the patient monitor can automatically actuate the valve once the patient monitor is turned on or based on one or more configuration parameters. For example, the patient monitor can be configured to determine the blood pressure of a wearer once every time period. The timer period can be configured as any period of time, such as 6 minutes, 15 minutes, 60 minutes, etc. In yet another embodiment, the patient monitor 206 determines if the inflatable cuff is attached to a wearer. If the patient monitor 206 determines that the inflatable cuff is attached to a wearer, the patient monitor 206 can actuate the valve at predefined time intervals. Any number of methods can be used to determine if the inflatable cuff is attached to a wearer. For example, the patient monitor 206 can determine whether the inflatable cuff is attached to a wearer using

infra-red sensors, pressure sensors, capacitive touch, skin resistance, processor polling or current sensing or the like.

Once the inflatable cuff 204 is inflating, the patient monitor 206 receives blood pressure data from the sensors, as illustrated in block 504. The blood pressure data can be obtained at the inflatable cuff 204 using any number of different sensors or methods. For example, a pressure sensor can be used to identify the air pressure due to the inflation and deflation of the inflatable cuff 204. The pressure sensor can be located at the inflatable cuff, the patient monitor 206, at some point along the gas pathway, or some other location where it is capable of measuring the pressure of the inflatable cuff 204. Alternatively, an auditory sensor communicatively coupled to the patient monitor 206 can be used to detect Korotkoff sounds, similar to the method used for manual determination of blood pressure using a stethoscope.

At block 506, the patient monitor 206 filters the blood pressure data. Filtering the blood pressure data can reduce the effects of, or completely remove, environmental noise and/or the electrical noise found within the patient monitoring system. Furthermore, during filtering, the patient monitor 206 can normalize the blood pressure data to account for the changes in pressure due to the inflation and deflation of the inflatable cuff. In one embodiment, after filtering the blood pressure data, only the pressure oscillations in the inflatable cuff 204 due to blood flow in an artery of the wearer remain, and in some instances signal noise. Upon filtering the blood pressure data, the patient monitor 206 can determine the blood pressure of the wearer, as illustrated in block 508.

The patient monitor 206 can determine the blood pressure using any number of different methods as described above with reference to FIGS. 4A-3C. For example, the patient monitor 206 can determine the blood pressure of the wearer using the slopes and/or amplitude of the pressure oscillations, the mean arterial pressure, and/or the Korotkoff sounds.

Once the patient monitor 206 determines the blood pressure of the wearer, the patient monitor 206 can actuate a valve to stop gases from flowing from the gas reservoir to the inflatable cuff, as illustrated in block 510. In one embodiment, the valve is a three-way valve 216 and actuating the valve to stop the gases from flowing from the gas reservoir to the inflatable cuff also opens the gas pathway segment 220 to release the gas from the inflatable cuff.

Fewer, more, or different blocks can be added to the process 500A without departing from the spirit and scope of the description. For example, the patient monitor 206 can filter the blood pressure data to determine the diastolic pressure first. As the diastolic pressure is being calculated, the patient monitor 206 can continue receiving and filtering the blood pressure data to determine the systolic pressure. In an embodiment, the patient monitor can determine the blood pressure without filtering the blood pressure data. In addition, a user can determine the blood pressure measurements without the use of the patient monitor 206. In an embodiment, a user using a stethoscope can determine the diastolic and systolic pressure during inflation of the inflatable cuff without filtering the blood pressure data.

As mentioned previously, by measuring the blood pressure during inflation of the inflatable cuff 204, the blood pressure of the wearer can be measured in less time and using less pressure. Furthermore, because the artery is occluded for less time, or not occluded at all, the blood pressure can be measured more frequently.

FIG. 5B illustrates a flow diagram of a process 500B for measuring blood pressure during deflation of an inflatable

cuff. At block 550, the inflatable cuff 204 is inflated. In one embodiment, the inflatable cuff 204 is inflated using gas from a gas reservoir 202. Using the gas from the gas reservoir 202, the inflatable cuff 204 can be inflated very quickly leading to a relatively short wait time before blood pressure measurements can be taken.

As the inflatable cuff 204 inflates, the patient monitor determines whether a threshold pressure has been reached, as illustrated in block 552. The threshold pressure can be any pressure level and can vary between blood pressure measurements. Furthermore, the threshold pressure can be determined based on previous blood pressure measurements, historical information, clinical data from one or more wearers, or the like. In one embodiment, the threshold pressure is above an expected systolic pressure of the wearer. In another embodiment, the threshold pressure is above an expected occlusion pressure or the pressure at which the artery is occluded. The inflation can be initiated in a manner similar to that described above with reference to FIG. 5A. If the patient monitor 206 determines that the threshold pressure has not been reached, the inflatable cuff 204 continues to inflate. However, if the patient monitor 206 determines that the threshold pressure has been reached, the process moves to block 554.

At block 554, the patient monitor 206 actuates the valve to initiate deflation of the inflatable cuff 206. In one embodiment, the valve is a three-way valve similar to valve 216 of FIG. 2, such that the inflation of the inflatable cuff 204 ends at the same time deflation begins. Once the deflation of the inflatable cuff 204 begins, the process moves to block 556 and the patient monitor receives blood pressure data, filters the blood pressure data 558, and determines blood pressure 560. Greater detail regarding receiving blood pressure data 556, filtering the blood pressure data 558 and determining blood pressure is described above with reference to blocks 504-408 of FIG. 5A.

Fewer, more, or different blocks can be added to the process 500B without departing from the spirit and scope of the description. For example, the patient monitor 206 can determine the systolic pressure prior to receiving the blood pressure data or filtering the blood pressure data to determine the diastolic pressure. In addition, the process 500B can be implemented without the use of the patient monitor 206. For example, a user can receive blood pressure data via a stethoscope. The user can determine the blood pressure of the wearer using Korotkoff sounds, and can also determine the blood pressure of the wearer without filtering the blood pressure data. Furthermore, process 500A and 500B can be combined and measurements taken during inflation and deflation of the inflatable cuff. Furthermore, the measurements taken during deflation of the inflatable cuff can be used to verify the blood pressure readings taken during inflation of the inflatable cuff 204.

FIG. 6 is a flow diagram illustrating another embodiment of a process 600 implemented by the patient monitor for measuring blood pressure of a wearer. FIG. 6 is similar in many respects to FIGS. 5A and 5B. For example, blocks 602-508 of FIG. 6 correspond to blocks 502-408 of FIG. 5A, respectively. Furthermore, blocks 614-520 correspond to blocks 554-460 of FIG. 5B, respectively.

As described above with reference to FIG. 5A and illustrated in blocks 602-508, the patient monitor 206 actuates a valve to initiate inflation, receives blood pressure data during inflation, filters the blood pressure data, and determines the blood pressure of the wearer. Upon determining the blood pressure of the wearer, the patient monitor assigns a confidence level to the blood pressure measurements, as

illustrated in block 610. The confidence level assigned can be determined in any number of ways. For example, based on the amount and magnitude of the noise observed in the blood pressure data, the patient monitor can assign the confidence level. Alternatively, if an anomaly in the blood pressure data is detected or if the blood pressure data deviates beyond a threshold level a lower confidence level can be assigned to the blood pressure measurements. In an embodiment, prior measurements or other expectations or trend information may be used to determine confidence levels.

At determination block 612, the patient monitor 206 determines if the confidence level assigned to the inflationary blood pressure measurements are above a threshold confidence level. The threshold confidence level can be determined based on previous blood pressure measurements, historical information, clinical data from one or more wearers, or the like. If the confidence level assigned to the blood pressure measurements during inflation exceeds the threshold confidence level, the patient monitor 206 outputs the inflationary blood pressure measurements, as illustrated in block 628. The inflationary blood pressure measurements can be output to a display, a printer, another patient monitor, etc. Once output, the patient monitor 206 can actuate a valve to deflate the inflatable cuff 204 at a rate greater than would be used if the blood pressure measurements were taken during deflation. Alternatively, the patient monitor 206 can deflate the inflatable cuff 204 at the same rate as when blood pressure measurements taken during deflation.

If on the other hand, the confidence level assigned to the inflationary blood pressure measurements is less than the threshold confidence level, then the patient monitor can actuate the valve to initiate deflation of the inflatable cuff, as illustrated in block 614. As blocks 614-520 correspond to blocks 554-460 of FIG. 5B, additional details with respect to blocks 614-520 are provided above with reference to FIG. 5B.

Upon determining the blood pressure during deflation, the patient monitor 206 can assign a confidence level to the deflationary blood pressure measurements, as illustrated in block 622 and described in greater detail above with reference to block 610. Upon assigning the confidence level to the deflationary blood pressure measurements, the patient monitor 206 determines if the confidence level exceeds a threshold confidence, as illustrated in determination block 624, similar to the determination made in block 612. If the patient monitor 206 determines that the confidence level assigned to the deflationary blood pressure measurements does not exceed the confidence threshold, the patient monitor 206 can output an error, as illustrated in block 626. The error can indicate that neither the inflationary blood pressure measurements nor the deflationary blood pressure measurements exceeded the confidence threshold. In addition, the patient monitor 206 can recommend that additional blood pressure measurements be taken.

If on the other hand, the patient monitor determines that the confidence level assigned to the deflationary blood pressure measurements exceeds the confidence threshold, the patient monitor outputs the deflationary blood pressure measurements, as shown in block 628.

Fewer, more, or different blocks can be added to the process 600 without departing from the spirit and scope of the description. For example, in an embodiment, the patient monitor 206 automatically returns to step 602 upon outputting the error or determining that the confidence level did not exceed the confidence threshold, and repeats the process 600. In yet another embodiment, the patient monitor 206

outputs the error as well as the blood pressure measurements having the highest confidence level.

FIG. 7 is a flow diagram illustrating yet another embodiment of a process 700 implemented by the patient monitor 206 for measuring blood pressure of a wearer. At block 702, the patient monitor 206 receives configuration parameters. The configuration parameters can be set by a user, another patient monitor, or preset. The configuration parameters can include when to measure blood pressure, how to calculate the diastolic and systolic blood pressure, what measurements to display, confidence thresholds, etc. For example the configuration parameters can include whether to take blood pressure measurements during inflation, deflation, or both. In addition, the configuration parameters can include information regarding what process to use to determine the blood pressure measurements. For example, the patient monitor can determine the blood pressure measurements using the measured arterial pressure, the slopes of the pressure oscillations, maximum deflection points of the filtered blood pressure data, or other criteria. The configuration parameters can also include the confidence level to be used in determining whether the blood pressure measurements should be accepted. Furthermore, the configuration parameters can include what blood pressure measurements are to be output and how to determine which blood pressure measurements to output. For example, the configuration parameters can dictate that only blood pressure measurements having a confidence level greater than a threshold are to be output, or that the blood pressure measurements having the highest threshold are to be output. Additionally, the configuration parameters can dictate that both blood pressure measurements, average blood pressure measurements, and the like are to be output. Furthermore, the configuration parameters can include the frequency with which the blood pressure measurements are to be taken.

At block 704, the patient monitor initiates inflation based on the received configuration parameters. For example, the configuration parameters can dictate the rate at which the inflatable cuff 204 is to be inflated using the gas reservoir 202. In an embodiment, the inflatable cuff 204 is inflated at an approximately constant rate. In another embodiment, the inflatable cuff is not inflated at an approximately constant rate. In an embodiment, the inflatable cuff 204 is inflated in a relatively short amount of time or at a very high rate of inflation. In another embodiment, the inflatable cuff 204 is inflated more slowly.

At block 706 the inflationary blood pressure measurements are determined by the patient monitor 706 based on the configuration parameters. The configuration parameters can dictate whether and what method to use in determining the inflationary blood pressure measurements. Furthermore, the configuration parameters can dictate whether the blood pressure data is filtered and how. In an embodiment, the configuration parameters dictate that the inflationary blood pressure measurements are not to be taken based on the inflation rate. In another embodiment, the patient monitor determines the inflationary blood pressure measurements based on the slope and magnitude of the oscillations of the filtered blood pressure data during inflation based on the configuration parameters. In addition, the patient monitor can set confidence levels and perform other operations based on the configuration parameters.

Upon determining the inflationary blood pressure measurements, the patient monitor initiates deflation of the inflatable cuff 204 based on the configuration parameters. The configuration parameters can dictate the time and rate at which the inflatable cuff 204 deflates. For example, the

configuration parameters can dictate a threshold pressure that when reached initiates the deflation. The threshold pressure can be based on personal information of the wearer or general safety levels. In an embodiment, the patient monitor initiates deflation based on a threshold pressure being reached for a predefined period of time based on the configuration parameters. In another embodiment, the patient monitor initiates deflation once the inflationary blood pressure measurements are taken.

Upon initiating deflation, the patient monitor determines deflationary blood pressure measurements based on one or more configuration parameters, as illustrated in block 710. As discussed previously, with reference to block 706 the configuration parameters can include any number of parameters that determine if and how the deflationary blood pressure measurements are taken, as well as if and how the blood pressure data is filtered. In addition, the patient monitor can set confidence levels and perform other operations based on the configuration parameters.

Upon determining the deflationary blood pressure measurements, the patient monitor arbitrates blood pressure measurements based on the configuration parameters. The patient monitor can arbitrate the blood pressure measurements based on any number of configuration parameters. For example, the patient monitor can arbitrate the blood pressure measurements based on the highest confidence level or whether a threshold confidence level was reached. Furthermore, the patient monitor can arbitrate based on expected values, previous values, averages or the like. Alternatively, the patient monitor can select both the inflationary and deflationary blood pressure measurements.

At block 714, the patient monitor outputs the results of the arbitration based on the configuration parameters. The output can include the inflationary blood pressure measurements, the deflationary blood pressure measurements, both or a combination of the two. The output can further include additional information, such as inflation rate, deflation rate, average blood pressure measurements depending on whether they were determined during inflation or deflation, etc.

Fewer, more, or different blocks can be added to the process 700 without departing from the spirit and scope of the description. For example, based on the blood pressure measurements, the configuration parameters can be changed and the process 700 can begin again.

Depending on the embodiment, certain acts, events, or functions of any of the methods described herein can be performed in a different sequence, can be added, merged, or left out all together (e.g., not all described acts or events are necessary for the practice of the method). Moreover, in certain embodiments, acts or events can be performed concurrently, e.g., through multi-threaded processing, interrupt processing, or multiple processors, rather than sequentially.

The various illustrative logical blocks, modules, circuits, and algorithm steps described in connection with the embodiments disclosed herein can be implemented as electronic hardware, computer software, or combinations of both. To clearly illustrate this interchangeability of hardware and software, various illustrative components, blocks, modules, circuits, and steps have been described above generally in terms of their functionality. Whether such functionality is implemented as hardware or software depends upon the particular application and design constraints imposed on the overall system. The described functionality can be implemented in varying ways for each particular application, but such implementation decisions should not be interpreted as causing a departure from the scope of the disclosure.

The various illustrative logical blocks, modules, and circuits described in connection with the embodiments disclosed herein can be implemented or performed with a general purpose processor, a digital signal processor (DSP), an application specific integrated circuit (ASIC), a field programmable gate array (FPGA) or other programmable logic device, discrete gate or transistor logic, discrete hardware components, or any combination thereof designed to perform the functions described herein. A general purpose processor can be a microprocessor, but in the alternative, the processor can be any conventional processor, controller, microcontroller, or state machine. A processor can also be implemented as a combination of computing devices, e.g., a combination of a DSP and a microprocessor, a plurality of microprocessors, one or more microprocessors in conjunction with a DSP core, or any other such configuration.

The steps of a method or algorithm described in connection with the embodiments disclosed herein can be embodied directly in hardware, in a software module executed by a processor, or in a combination of the two. A software module can reside in RAM memory, flash memory, ROM memory, EPROM memory, EEPROM memory, registers, hard disk, a removable disk, a CD-ROM, or any other form of storage medium known in the art. An exemplary storage medium is coupled to the processor such the processor can read information from, and write information to, the storage medium. In the alternative, the storage medium can be integral to the processor. The processor and the storage medium can reside in an ASIC. The ASIC can reside in a user terminal. In the alternative, the processor and the storage medium can reside as discrete components in a user terminal.

Conditional language used herein, such as, among others, "can," "could," "might," "may," "e.g.," and the like, unless specifically stated otherwise, or otherwise understood within the context as used, is generally intended to convey that certain embodiments include, while other embodiments do not include, certain features, elements and/or steps. Thus, such conditional language is not generally intended to imply that features, elements and/or steps are in any way required for one or more embodiments or that one or more embodiments necessarily include logic for deciding, with or without author input or prompting, whether these features, elements and/or steps are included or are to be performed in any particular embodiment.

While the above detailed description has shown, described, and pointed out novel features as applied to various embodiments, it will be understood that various omissions, substitutions, and changes in the form and details of the device or process illustrated can be made without departing from the spirit of the disclosure. As will be recognized, certain embodiments of the inventions described herein can be embodied within a form that does not provide all of the features and benefits set forth herein, as some features can be used or practiced separately from others. The scope of the inventions is indicated by the appended claims rather than by the foregoing description. All changes which come within the meaning and range of equivalency of the claims are to be embraced within their scope.

What is claimed is:

1. A blood pressure monitoring system wearable by a monitored patient, the system comprising:

- a housing;
- an inflatable cuff configured to encompass a limb of a monitored patient;
- a removable gas reservoir storing pressurized gas;

a chamber positioning the gas reservoir, wherein the housing is operably coupled with the chamber and the inflatable cuff to allow the blood pressure monitoring system to be worn on the limb of the monitored patient; a gas pathway between the gas reservoir and the inflatable cuff;

at least one sensor outputting data signals responsive to pressure of the gas inside the inflatable cuff; and a processing device configured to:

- receive said signal from said at least one sensor,
- determine a first blood pressure of the monitored patient prior to deflation of the inflatable cuff based at least on data signals received during inflation of the inflatable cuff;
- assign a confidence level to the first blood pressure,
- determine whether the confidence level satisfies a threshold confidence level, and
- based at least upon a determination that the confidence level does not satisfy the threshold confidence level,
- determine a second blood pressure of the monitored patient based at least on data signals received during the deflation of the inflatable cuff.

2. The system of claim 1, wherein said processing device is further configured to cause a display to display at least one of the first blood pressure and the second blood pressure.

3. The system of claim 1, wherein said processing device comprises a personal computing device.

4. The system of claim 1, wherein said processing device comprises a phone executing one or more applications capable of said processing and said determining.

5. The system of claim 1, wherein said processing device controls the inflation and the deflation of the cuff through communication with one or more valves in said gas pathway.

6. The system of claim 1, wherein said processing device determines the first blood pressure during inflation.

7. The system of claim 6, wherein said processing device determines a systolic pressure as a magnitude oscillation of the signal and a diastolic pressure as a slope of the signal prior to the magnitude oscillation.

8. The system of claim 7, wherein the magnitude oscillation is the largest magnitude oscillation of the signal during inflation and the slope is the largest slope of the signal prior to the largest magnitude oscillation.

9. The system of claim 1, wherein said processing device determines the second blood pressure during deflation.

10. The system of claim 9, wherein said processing device determines a systolic pressure as a pressure of the inflatable cuff corresponding to a first slope of the signal prior to a magnitude oscillation and a diastolic pressure as a pressure of the inflatable cuff corresponding to a second slope of the signal following the magnitude oscillation.

11. The system of claim 10, wherein the magnitude oscillation is the largest magnitude oscillation of the signal during deflation, the first slope is the largest slope of the signal prior to the largest magnitude oscillation, and the second slope is the largest slope of the signal following the largest magnitude oscillation.

12. The system of claim 1, wherein said processing device implements a measurement protocol.

13. The system of claim 12, wherein the measurement protocol includes periodic measurements.

14. The system of claim 13, wherein the measurement protocol monitors other physiological parameters and initiates a blood pressure measurement when other physiological parameters exhibit a predetermined behavior.

15. The system of claim 14, wherein the other physiological parameters are responsive to oxygen saturation.

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16. The system of claim 1, wherein said processing device communicates with electronics associated with the gas reservoir.

17. The system of claim 16, wherein the electronics associated with the gas reservoir indicate whether the gas reservoir is authorized.

18. The system of claim 16, wherein the electronics associated with the gas reservoir indicate gas reservoir usage.

19. The system of claim 18, wherein updated data responsive to usage is written to the electronics associated with the gas reservoir.

20. The system of claim 16, wherein the electronics associated with the gas reservoir indicate reservoir characteristics.

21. The system of claim 1, wherein said processing device is configured to display a waveform on a display device.

22. The system of claim 21, wherein the waveform is responsive to arterial pulse.

23. The system of claim 21, wherein the display device is multi-lingual.

24. The system of claim 21, wherein the display device includes a wellness indicator.

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25. The system of claim 1, wherein the confidence level is based at least on a signal-to-noise ratio of the data signals received during inflation of the inflatable cuff.

26. The system of claim 1, wherein the confidence level is a first confidence level and said processing device is further configured to:

assign a second confidence level to the second blood pressure; and

cause a display to display at least one of the first blood pressure and the second blood pressure based at least on a comparison of the first confidence level and the second confidence level.

27. The system of claim 26, wherein the first confidence level is based at least on a signal-to-noise ratio of the data signals received during inflation of the inflatable cuff and the second confidence level is based at least on a signal-to-noise ratio of the data signals received during deflation of the inflatable cuff.

28. The system of claim 1, wherein the confidence level is based at least on a magnitude of noise in the data signals received during inflation of the inflatable cuff.

* * * * *

专利名称(译)	病人监护系统		
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申请(专利权)人(译)	CERCACOR LABORATORIES , INC.		
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摘要(译)

患者监测系统包括可充气袖带，包含压缩气体的气体储存器和传感器。当可充气袖带连接到穿着者时，气体储存器将气体供应到可充气袖带以通过气体路径使可充气袖带充气。当可充气袖带充气时，患者监测器可以从传感器接收血压数据并使用血压数据来确定佩戴者的血压。患者监测器还可以在可充气袖带的放气期间接收血压数据以确定佩戴者的血压。

