



US010332630B2

(12) **United States Patent**
Al-Ali

(10) **Patent No.:** **US 10,332,630 B2**
(45) **Date of Patent:** **Jun. 25, 2019**

(54) **MEDICAL CHARACTERIZATION SYSTEM**

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(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 562 days.

(21) Appl. No.: **13/371,767**

(22) Filed: **Feb. 13, 2012**

(65) **Prior Publication Data**

US 2012/0209082 A1 Aug. 16, 2012

Related U.S. Application Data

(60) Provisional application No. 61/442,264, filed on Feb. 13, 2011.

(51) **Int. Cl.**

A61B 5/00 (2006.01)
A61B 5/022 (2006.01)
A61B 5/087 (2006.01)
G16H 50/20 (2018.01)
G16H 50/30 (2018.01)
A61B 5/0205 (2006.01)
A61B 5/0432 (2006.01)

(Continued)

(52) **U.S. Cl.**

CPC **G16H 50/20** (2018.01); **A61B 5/02055** (2013.01); **A61B 5/7275** (2013.01); **G06F 19/00** (2013.01); **A61B 5/022** (2013.01); **A61B 5/0432** (2013.01); **A61B 5/087** (2013.01); **A61B 5/14551** (2013.01); **G16H 50/30** (2018.01)

(58) **Field of Classification Search**

USPC 705/2; 702/19
See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

4,960,128 A 10/1990 Gordon et al.
4,964,408 A 10/1990 Hink et al.
5,041,187 A 8/1991 Hink et al.

(Continued)

FOREIGN PATENT DOCUMENTS

WO WO 03/091838 11/2003
WO WO 03/091932 11/2003

(Continued)

OTHER PUBLICATIONS

US 8,845,543 B2, 09/2014, Diab et al. (withdrawn)
International Search Report and Written Opinion for PCT/US2012/024908 dated Jul. 20, 2012 in 14 pages.

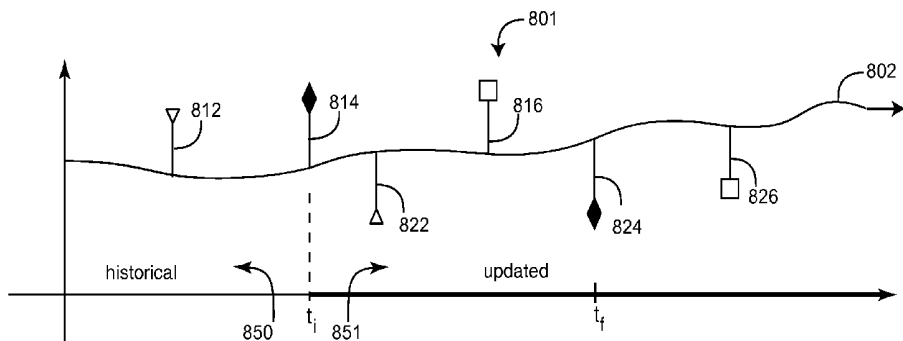
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(57) **ABSTRACT**

A medical characterization system is configured to input medical-related continuous parameters and discrete data so as to calculate a characterization timeline indicative of a physiological condition of a living being. A data source is in sensor communications with a patient so as to generate a continuous parameter. The data source also provides test data responsive to the patient at a test time. The test data is available to a characterization processor at a result time. The characterization processor is also responsive to the continuous parameter so as to generate a medical characterization as a function of time. A characterization analyzer enables the characterization processor to update the medical characterization in view of the test data as of the test time.

22 Claims, 15 Drawing Sheets



(51)	Int. Cl.								
	A61B 5/1455	(2006.01)							
	G06F 19/00	(2018.01)							
(56)	References Cited								
	U.S. PATENT DOCUMENTS								
	5,069,213 A	12/1991	Polczynski	6,232,609 B1	5/2001	Snyder et al.			
	5,163,438 A	11/1992	Gordon et al.	6,236,872 B1	5/2001	Diab et al.			
	5,319,355 A	6/1994	Russek	6,241,683 B1	6/2001	Macklem et al.			
	5,337,744 A	8/1994	Branigan	6,253,097 B1	6/2001	Aronow et al.			
	5,341,805 A	8/1994	Stavridi et al.	6,256,523 B1	7/2001	Diab et al.			
	D353,195 S	12/1994	Savage et al.	6,263,222 B1	7/2001	Diab et al.			
	D353,196 S	12/1994	Savage et al.	6,278,522 B1	8/2001	Lepper, Jr. et al.			
	5,377,676 A	1/1995	Vari et al.	6,280,213 B1	8/2001	Tobler et al.			
	D359,546 S	6/1995	Savage et al.	6,285,896 B1	9/2001	Tobler et al.			
	5,431,170 A	7/1995	Mathews	6,301,493 B1	10/2001	Marro et al.			
	D361,840 S	8/1995	Savage et al.	6,317,627 B1	11/2001	Ennen et al.			
	D362,063 S	9/1995	Savage et al.	6,321,100 B1	11/2001	Parker			
	5,452,717 A	9/1995	Branigan et al.	6,325,761 B1	12/2001	Jay			
	D363,120 S	10/1995	Savage et al.	6,334,065 B1	12/2001	Al-Ali et al.			
	5,456,252 A	10/1995	Vari et al.	6,343,224 B1	1/2002	Parker			
	5,479,934 A	1/1996	Imran	6,349,228 B1	2/2002	Kiani et al.			
	5,482,036 A	1/1996	Diab et al.	6,360,114 B1	3/2002	Diab et al.			
	5,490,505 A	2/1996	Diab et al.	6,368,283 B1	4/2002	Xu et al.			
	5,494,043 A	2/1996	O'Sullivan et al.	6,371,921 B1	4/2002	Caro et al.			
	5,533,511 A	7/1996	Kaspari et al.	6,377,829 B1	4/2002	Al-Ali			
	5,534,851 A	7/1996	Russek	6,388,240 B2	5/2002	Schulz et al.			
	5,561,275 A	10/1996	Savage et al.	6,397,091 B2	5/2002	Diab et al.			
	5,562,002 A	10/1996	Lalin	6,430,437 B1	8/2002	Marro			
	5,590,649 A	1/1997	Caro et al.	6,430,525 B1	8/2002	Weber et al.			
	5,602,924 A	2/1997	Durand et al.	6,463,311 B1	10/2002	Diab			
	5,632,272 A	5/1997	Diab et al.	6,470,199 B1	10/2002	Kopotic et al.			
	5,638,816 A	6/1997	Kiani-Azarbayjany et al.	6,501,975 B2	12/2002	Diab et al.			
	5,638,818 A	6/1997	Diab et al.	6,505,059 B1	1/2003	Kollias et al.			
	5,645,440 A	7/1997	Tobler et al.	6,515,273 B2	2/2003	Al-Ali			
	5,685,299 A	11/1997	Diab et al.	6,519,487 B1	2/2003	Parker			
	D393,830 S	4/1998	Tobler et al.	6,525,386 B1	2/2003	Mills et al.			
	5,743,262 A	4/1998	Lepper, Jr. et al.	6,526,300 B1	2/2003	Kiani et al.			
	5,758,644 A	6/1998	Diab et al.	6,541,756 B2	4/2003	Schulz et al.			
	5,760,910 A	6/1998	Lepper, Jr. et al.	6,542,764 B1	4/2003	Al-Ali et al.			
	5,769,785 A	6/1998	Diab et al.	6,580,086 B1	6/2003	Schulz et al.			
	5,782,757 A	7/1998	Diab et al.	6,584,336 B1	6/2003	Ali et al.			
	5,785,659 A	7/1998	Caro et al.	6,595,316 B2	7/2003	Cybulski et al.			
	5,791,347 A	8/1998	Flaherty et al.	6,597,932 B2	7/2003	Tian et al.			
	5,810,734 A	9/1998	Caro et al.	6,597,933 B2	7/2003	Kiani et al.			
	5,823,950 A	10/1998	Diab et al.	6,606,511 B1	8/2003	Ali et al.			
	5,830,131 A	11/1998	Caro et al.	6,632,181 B2	10/2003	Flaherty et al.			
	5,833,618 A	11/1998	Caro et al.	6,639,668 B1	10/2003	Trepagnier			
	5,860,919 A	1/1999	Kiani-Azarbayjany et al.	6,640,116 B2	10/2003	Diab			
	5,890,929 A	4/1999	Mills et al.	6,643,530 B2	11/2003	Diab et al.			
	5,904,654 A	5/1999	Wohlmann et al.	6,650,917 B2	11/2003	Diab et al.			
	5,919,134 A	7/1999	Diab	6,654,624 B2	11/2003	Diab et al.			
	5,934,925 A	8/1999	Tobler et al.	6,658,276 B2	12/2003	Kiani et al.			
	5,940,182 A	8/1999	Lepper, Jr. et al.	6,661,161 B1	12/2003	Lanzo et al.			
	5,995,855 A	11/1999	Kiani et al.	6,671,531 B2	12/2003	Al-Ali et al.			
	5,997,343 A	12/1999	Mills et al.	6,678,543 B2	1/2004	Diab et al.			
	6,002,952 A	12/1999	Diab et al.	6,684,090 B2	1/2004	Ali et al.			
	6,011,986 A	1/2000	Diab et al.	6,684,091 B2	1/2004	Parker			
	6,027,452 A	2/2000	Flaherty et al.	6,697,656 B1	2/2004	Al-Ali			
	6,036,642 A	3/2000	Diab et al.	6,697,657 B1	2/2004	Shehada et al.			
	6,045,509 A	4/2000	Caro et al.	6,697,658 B2	2/2004	Al-Ali			
	6,067,462 A	5/2000	Diab et al.	RE38,476 E	3/2004	Diab et al.			
	6,081,735 A	6/2000	Diab et al.	6,699,194 B1	3/2004	Diab et al.			
	6,088,607 A	7/2000	Diab et al.	6,714,804 B2	3/2004	Al-Ali et al.			
	6,110,522 A	8/2000	Lepper, Jr. et al.	RE38,492 E	4/2004	Diab et al.			
	6,124,597 A	9/2000	Shehada	6,721,582 B2	4/2004	Trepagnier et al.			
	6,128,521 A	10/2000	Marro et al.	6,721,585 B1	4/2004	Parker			
	6,129,675 A	10/2000	Jay	6,725,075 B2	4/2004	Al-Ali			
	6,144,868 A	11/2000	Parker	6,728,560 B2	4/2004	Kollias et al.			
	6,151,516 A	11/2000	Kiani-Azarbayjany et al.	6,735,459 B2	5/2004	Parker			
	6,152,754 A	11/2000	Gerhardt et al.	6,745,060 B2	6/2004	Diab et al.			
	6,157,850 A	12/2000	Diab et al.	6,760,607 B2	7/2004	Al-Ali			
	6,165,005 A	12/2000	Mills et al.	6,770,028 B1	8/2004	Ali et al.			
	6,184,521 B1	2/2001	Coffin, IV et al.	6,771,994 B2	8/2004	Kiani et al.			
	6,206,830 B1	3/2001	Diab et al.	6,792,300 B1	9/2004	Diab et al.			
	6,229,856 B1	5/2001	Diab et al.	6,813,511 B2	11/2004	Diab et al.			
				6,816,741 B2	11/2004	Diab			
				6,822,564 B2	11/2004	Al-Ali			
				6,826,419 B2	11/2004	Diab et al.			
				6,830,711 B2	12/2004	Mills et al.			
				6,850,787 B2	2/2005	Weber et al.			
				6,850,788 B2	2/2005	Al-Ali			
				6,852,083 B2	2/2005	Caro et al.			
				6,861,639 B2	3/2005	Al-Ali			
				6,898,452 B2	5/2005	Al-Ali et al.			

(56)

References Cited

U.S. PATENT DOCUMENTS

6,920,345 B2	7/2005	Al-Ali et al.	7,489,958 B2	2/2009	Diab et al.
6,931,268 B1	8/2005	Kiani-Azarbayjany et al.	7,496,391 B2	2/2009	Diab et al.
6,934,570 B2	8/2005	Kiani et al.	7,496,393 B2	2/2009	Diab et al.
6,939,305 B2	9/2005	Flaherty et al.	D587,657 S	3/2009	Al-Ali et al.
6,943,348 B1	9/2005	Coffin, IV	7,499,741 B2	3/2009	Diab et al.
6,950,687 B2	9/2005	Al-Ali	7,499,835 B2	3/2009	Weber et al.
6,961,598 B2	11/2005	Diab	7,500,950 B2	3/2009	Al-Ali et al.
6,970,792 B1	11/2005	Diab	7,509,154 B2	3/2009	Diab et al.
6,979,812 B2	12/2005	Al-Ali	7,509,494 B2	3/2009	Al-Ali
6,985,764 B2	1/2006	Mason et al.	7,510,849 B2	3/2009	Schurman et al.
6,993,371 B2	1/2006	Kiani et al.	7,526,328 B2	4/2009	Diab et al.
6,996,427 B2	2/2006	Ali et al.	7,530,942 B1	5/2009	Diab
6,999,904 B2	2/2006	Weber et al.	7,530,949 B2	5/2009	Al Ali et al.
7,003,338 B2	2/2006	Weber et al.	7,530,955 B2	5/2009	Diab et al.
7,003,339 B2	2/2006	Diab et al.	7,563,110 B2	7/2009	Al-Ali et al.
7,015,451 B2	3/2006	Dalke et al.	7,596,398 B2	9/2009	Al-Ali et al.
7,024,233 B2	4/2006	Ali et al.	7,618,375 B2	11/2009	Flaherty
7,027,849 B2	4/2006	Al-Ali	D606,659 S	12/2009	Kiani et al.
7,030,749 B2	4/2006	Al-Ali	7,647,083 B2	1/2010	Al-Ali et al.
7,039,449 B2	5/2006	Al-Ali	7,647,185 B2 *	1/2010	Tarassenko et al. 702/19
7,041,060 B2	5/2006	Flaherty et al.	D609,193 S	2/2010	Al-Ali et al.
7,044,918 B2	5/2006	Diab	D614,305 S	4/2010	Al-Ali et al.
7,067,893 B2	6/2006	Mills et al.	RE41,317 E	5/2010	Parker
7,096,052 B2	8/2006	Mason et al.	7,729,733 B2	6/2010	Al-Ali et al.
7,096,054 B2	8/2006	Abdul-Hafiz et al.	7,734,320 B2	6/2010	Al-Ali
7,132,641 B2	11/2006	Schulz et al.	7,761,127 B2	7/2010	Al-Ali et al.
7,142,901 B2	11/2006	Kiani et al.	7,761,128 B2	7/2010	Al-Ali et al.
7,149,561 B2	12/2006	Diab	7,764,982 B2	7/2010	Dalke et al.
7,186,966 B2	3/2007	Al-Ali	D621,516 S	8/2010	Kiani et al.
7,190,261 B2	3/2007	Al-Ali	7,791,155 B2	9/2010	Diab
7,215,984 B2	5/2007	Diab	7,801,581 B2	9/2010	Diab
7,215,986 B2	5/2007	Diab	7,801,591 B1	9/2010	Shusterman
7,221,971 B2	5/2007	Diab	7,822,452 B2	10/2010	Schurman et al.
7,225,006 B2	5/2007	Al-Ali et al.	RE41,912 E	11/2010	Parker
7,225,007 B2	5/2007	Al-Ali	7,844,313 B2	11/2010	Kiani et al.
RE39,672 E	6/2007	Shehada et al.	7,844,314 B2	11/2010	Al-Ali
7,239,905 B2	7/2007	Kiani-Azarbayjany et al.	7,844,315 B2	11/2010	Al-Ali
7,245,953 B1	7/2007	Parker	7,865,222 B2	1/2011	Weber et al.
7,254,429 B2	8/2007	Schurman et al.	7,873,497 B2	1/2011	Weber et al.
7,254,431 B2	8/2007	Al-Ali	7,880,606 B2	2/2011	Al-Ali
7,254,433 B2	8/2007	Diab et al.	7,880,626 B2	2/2011	Al-Ali et al.
7,254,434 B2	8/2007	Schulz et al.	7,891,355 B2	2/2011	Al-Ali et al.
7,272,425 B2	9/2007	Al-Ali	7,894,868 B2	2/2011	Al-Ali et al.
7,274,955 B2	9/2007	Kiani et al.	7,899,507 B2	3/2011	Al-Ali et al.
D554,263 S	10/2007	Al-Ali	7,899,518 B2	3/2011	Trepagnier et al.
7,280,858 B2	10/2007	Al-Ali et al.	7,904,132 B2	3/2011	Weber et al.
7,289,835 B2	10/2007	Mansfield et al.	7,909,772 B2	3/2011	Popov et al.
7,292,883 B2	11/2007	De Felice et al.	7,910,875 B2	3/2011	Al-Ali
7,295,866 B2	11/2007	Al-Ali	7,919,713 B2	4/2011	Al-Ali et al.
7,328,053 B1	2/2008	Diab et al.	7,937,128 B2	5/2011	Al-Ali
7,332,784 B2	2/2008	Mills et al.	7,937,129 B2	5/2011	Mason et al.
7,340,287 B2	3/2008	Mason et al.	7,937,130 B2	5/2011	Diab et al.
7,341,559 B2	3/2008	Schulz et al.	7,941,199 B2	5/2011	Kiani
7,343,186 B2	3/2008	Lamego et al.	7,951,086 B2	5/2011	Flaherty et al.
D566,282 S	4/2008	Al-Ali et al.	7,957,780 B2	6/2011	Lamego et al.
7,355,512 B1	4/2008	Al-Ali	7,962,188 B2	6/2011	Kiani et al.
7,356,365 B2	4/2008	Schurman	7,962,190 B1	6/2011	Diab et al.
7,371,981 B2	5/2008	Abdul-Hafiz	7,976,472 B2	7/2011	Kiani
7,373,193 B2	5/2008	Al-Ali et al.	7,988,637 B2	8/2011	Diab
7,373,194 B2	5/2008	Weber et al.	7,990,382 B2	8/2011	Kiani
7,376,453 B1	5/2008	Diab et al.	7,991,446 B2	8/2011	Ali et al.
7,377,794 B2	5/2008	Al Ali et al.	8,000,761 B2	8/2011	Al-Ali
7,377,899 B2	5/2008	Weber et al.	8,008,088 B2	8/2011	Bellott et al.
7,383,070 B2	6/2008	Diab et al.	RE42,753 E	9/2011	Kiani-Azarbayjany et al.
7,415,297 B2	8/2008	Al-Ali et al.	8,019,400 B2	9/2011	Diab et al.
7,428,432 B2	9/2008	Ali et al.	8,028,701 B2	10/2011	Al-Ali et al.
7,438,683 B2	10/2008	Al-Ali et al.	8,029,765 B2	10/2011	Bellott et al.
7,440,787 B2	10/2008	Diab	8,036,728 B2	10/2011	Diab et al.
7,454,240 B2	11/2008	Diab et al.	8,046,040 B2	10/2011	Ali et al.
7,467,002 B2	12/2008	Weber et al.	8,046,041 B2	10/2011	Diab et al.
7,469,157 B2	12/2008	Diab et al.	8,046,042 B2	10/2011	Diab et al.
7,471,969 B2	12/2008	Diab et al.	8,048,040 B2	11/2011	Kiani
7,471,971 B2	12/2008	Diab et al.	8,050,728 B2	11/2011	Al-Ali et al.
7,483,729 B2	1/2009	Al-Ali et al.	RE43,169 E	2/2012	Parker
7,483,730 B2	1/2009	Diab et al.	8,118,620 B2	2/2012	Al-Ali et al.
			8,126,528 B2	2/2012	Diab et al.
			8,128,572 B2	3/2012	Diab et al.
			8,130,105 B2	3/2012	Al-Ali et al.
			8,145,287 B2	3/2012	Diab et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

8,150,487 B2	4/2012	Diab et al.	8,581,732 B2	11/2013	Al-Ali et al.
8,175,672 B2	5/2012	Parker	8,588,880 B2	11/2013	Abdul-Hafiz et al.
8,180,420 B2	5/2012	Diab et al.	8,600,467 B2	12/2013	Al-Ali et al.
8,182,443 B1	5/2012	Kiani	8,606,342 B2	12/2013	Diab
8,185,180 B2	5/2012	Diab et al.	8,626,255 B2	1/2014	Al-Ali et al.
8,190,223 B2	5/2012	Al-Ali et al.	8,630,691 B2	1/2014	Lamego et al.
8,190,227 B2	5/2012	Diab et al.	8,634,889 B2	1/2014	Al-Ali et al.
8,203,438 B2	6/2012	Kiani et al.	8,641,631 B2	2/2014	Sierra et al.
8,224,411 B2	7/2012	Al-Ali et al.	8,652,060 B2	2/2014	Al-Ali
8,228,181 B2	7/2012	Al-Ali	8,663,107 B2	3/2014	Kiani
8,229,533 B2	7/2012	Diab et al.	8,666,468 B1	3/2014	Al-Ali
8,233,955 B2	7/2012	Al-Ali et al.	8,667,967 B2	3/2014	Al-Ali et al.
8,244,325 B2	8/2012	Al-Ali et al.	8,670,811 B2	3/2014	O'Reilly
8,255,026 B1	8/2012	Al-Ali	8,670,814 B2	3/2014	Diab et al.
8,255,027 B2	8/2012	Al-Ali et al.	8,676,286 B2	3/2014	Weber et al.
8,255,028 B2	8/2012	Al-Ali et al.	8,682,407 B2	3/2014	Al-Ali
8,260,577 B2	9/2012	Weber et al.	RE44,823 E	4/2014	Parker
8,265,723 B1	9/2012	McHale et al.	RE44,875 E	4/2014	Kiani et al.
8,274,360 B2	9/2012	Sampath et al.	8,690,799 B2	4/2014	Telfort et al.
8,301,217 B2	10/2012	Al-Ali et al.	8,700,112 B2	4/2014	Kiani
8,306,596 B2	11/2012	Schurman et al.	8,702,627 B2	4/2014	Telfort et al.
8,310,336 B2	11/2012	Muhsin et al.	8,706,179 B2	4/2014	Parker
8,315,683 B2	11/2012	Al-Ali et al.	8,712,494 B1	4/2014	MacNeish, III et al.
RE43,860 E	12/2012	Parker	8,715,206 B2	5/2014	Telfort et al.
8,337,403 B2	12/2012	Al-Ali et al.	8,718,735 B2	5/2014	Lamego et al.
8,346,330 B2	1/2013	Lamego	8,718,737 B2	5/2014	Diab et al.
8,353,842 B2	1/2013	Al-Ali et al.	8,718,738 B2	5/2014	Blank et al.
8,355,766 B2	1/2013	MacNeish, III et al.	8,720,249 B2	5/2014	Al-Ali
8,359,080 B2	1/2013	Diab et al.	8,721,541 B2	5/2014	Al-Ali et al.
8,364,223 B2	1/2013	Al-Ali et al.	8,721,542 B2	5/2014	Al-Ali et al.
8,364,226 B2	1/2013	Diab et al.	8,723,677 B1	5/2014	Kiani
8,374,665 B2	2/2013	Lamego	8,740,792 B1	6/2014	Kiani et al.
8,385,995 B2	2/2013	Al-Ali et al.	8,754,776 B2	6/2014	Poeze et al.
8,385,996 B2	2/2013	Smith et al.	8,755,535 B2	6/2014	Telfort et al.
8,388,353 B2	3/2013	Kiani et al.	8,755,856 B2	6/2014	Diab et al.
8,399,822 B2	3/2013	Al-Ali	8,755,872 B1	6/2014	Marinow
8,401,602 B2	3/2013	Kiani	8,761,850 B2	6/2014	Lamego
8,405,608 B2	3/2013	Al-Ali et al.	8,764,671 B2	7/2014	Kiani
8,414,499 B2	4/2013	Al-Ali et al.	8,768,423 B2	7/2014	Shakespeare et al.
8,418,524 B2	4/2013	Al-Ali	8,771,204 B2	7/2014	Telfort et al.
8,423,106 B2	4/2013	Lamego et al.	8,777,634 B2	7/2014	Kiani et al.
8,428,967 B2	4/2013	Olsen et al.	8,781,543 B2	7/2014	Diab et al.
8,430,817 B1	4/2013	Al-Ali et al.	8,781,544 B2	7/2014	Al-Ali et al.
8,437,825 B2	5/2013	Dalvi et al.	8,781,549 B2	7/2014	Al-Ali et al.
8,455,290 B2	6/2013	Siskavich	8,788,003 B2	7/2014	Schurman et al.
8,457,703 B2	6/2013	Al-Ali	8,790,268 B2	7/2014	Al-Ali
8,457,707 B2	6/2013	Kiani	8,801,613 B2	8/2014	Al-Ali et al.
8,463,349 B2	6/2013	Diab et al.	8,821,397 B2	9/2014	Al-Ali et al.
8,466,286 B2	6/2013	Bellot et al.	8,821,415 B2	9/2014	Al-Ali et al.
8,471,713 B2	6/2013	Poeze et al.	8,830,449 B1	9/2014	Lamego et al.
8,473,020 B2	6/2013	Kiani et al.	8,831,700 B2	9/2014	Schurman et al.
8,483,787 B2	7/2013	Al-Ali et al.	8,840,549 B2	9/2014	Al-Ali et al.
8,489,364 B2	7/2013	Weber et al.	8,847,740 B2	9/2014	Kiani et al.
8,498,684 B2	7/2013	Weber et al.	8,849,365 B2	9/2014	Smith et al.
8,504,128 B2	8/2013	Blank et al.	8,852,094 B2	10/2014	Al-Ali et al.
8,509,867 B2	8/2013	Workman et al.	8,852,994 B2	10/2014	Wojtczuk et al.
8,515,509 B2	8/2013	Bruinsma et al.	8,868,147 B2	10/2014	Stippick et al.
8,523,781 B2	9/2013	Al-Ali	8,868,150 B2	10/2014	Al-Ali et al.
8,529,301 B2	9/2013	Al-Ali et al.	8,870,792 B2	10/2014	Al-Ali et al.
8,532,727 B2	9/2013	Ali et al.	8,886,271 B2	11/2014	Kiani et al.
8,532,728 B2	9/2013	Diab et al.	8,888,539 B2	11/2014	Al-Ali et al.
D692,145 S	10/2013	Al-Ali et al.	8,888,708 B2	11/2014	Diab et al.
8,547,209 B2	10/2013	Kiani et al.	8,892,180 B2	11/2014	Weber et al.
8,548,548 B2	10/2013	Al-Ali	8,897,847 B2	11/2014	Al-Ali
8,548,549 B2	10/2013	Schurman et al.	8,909,310 B2	12/2014	Lamego et al.
8,548,550 B2	10/2013	Al-Ali et al.	8,911,377 B2	12/2014	Al-Ali
8,560,032 B2	10/2013	Al-Ali et al.	8,912,909 B2	12/2014	Al-Ali et al.
8,560,034 B1	10/2013	Diab et al.	8,920,317 B2	12/2014	Al-Ali et al.
8,570,167 B2	10/2013	Al-Ali	8,921,699 B2	12/2014	Al-Ali et al.
8,570,503 B2	10/2013	Vo et al.	8,922,382 B2	12/2014	Al-Ali et al.
8,571,617 B2	10/2013	Reichgott et al.	8,929,964 B2	1/2015	Al-Ali et al.
8,571,618 B1	10/2013	Lamego et al.	8,942,777 B2	1/2015	Diab et al.
8,571,619 B2	10/2013	Al-Ali et al.	8,948,834 B2	2/2015	Diab et al.
8,584,345 B2	10/2013	Al-Ali et al.	8,948,835 B2	2/2015	Diab
8,577,431 B2	11/2013	Lamego et al.	8,965,471 B2	2/2015	Lamego
			8,983,564 B2	3/2015	Al-Ali
			8,989,831 B2	3/2015	Al-Ali et al.
			8,996,085 B2	3/2015	Kiani et al.
			8,998,809 B2	4/2015	Kiani

(56)

References Cited

U.S. PATENT DOCUMENTS

9,028,429 B2	5/2015	Telfort et al.	2011/0213212 A1	9/2011	Al-Ali
9,037,207 B2	5/2015	Al-Ali et al.	2011/0230733 A1	9/2011	Al-Ali
9,060,721 B2	6/2015	Reichgott et al.	2011/0237911 A1	9/2011	Lamego et al.
9,066,666 B2	6/2015	Kiani	2012/0059267 A1	3/2012	Lamego et al.
9,066,680 B1	6/2015	Al-Ali et al.	2012/0116175 A1	5/2012	Al-Ali et al.
9,072,474 B2	7/2015	Al-Ali et al.	2012/0179006 A1	7/2012	Jansen et al.
9,078,560 B2	7/2015	Schurman et al.	2012/0209082 A1	8/2012	Al-Ali
9,084,569 B2	7/2015	Weber et al.	2012/0209084 A1	8/2012	Olsen et al.
9,095,316 B2	8/2015	Welch et al.	2012/0227739 A1	9/2012	Kiani
9,106,038 B2	8/2015	Telfort et al.	2012/0283524 A1	11/2012	Kiani et al.
9,107,625 B2	8/2015	Telfort et al.	2012/0296178 A1	11/2012	Lamego et al.
9,107,626 B2	8/2015	Al-Ali et al.	2012/0319816 A1	12/2012	Al-Ali
9,113,831 B2	8/2015	Al-Ali	2012/0330112 A1	12/2012	Lamego et al.
9,113,832 B2	8/2015	Al-Ali	2013/0023775 A1	1/2013	Lamego et al.
9,119,595 B2	9/2015	Lamego	2013/0045685 A1	2/2013	Kiani
9,131,881 B2	9/2015	Diab et al.	2013/0046204 A1	2/2013	Lamego et al.
9,131,882 B2	9/2015	Al-Ali et al.	2013/0041591 A1	3/2013	Lamego
9,131,883 B2	9/2015	Al-Ali	2013/0060147 A1	3/2013	Welch et al.
9,131,917 B2	9/2015	Telfort et al.	2013/0096405 A1	4/2013	Garfio
9,138,180 B1	9/2015	Coverston et al.	2013/0096936 A1	4/2013	Sampath et al.
9,138,182 B2	9/2015	Al-Ali et al.	2013/0109935 A1	5/2013	Al-Ali et al.
9,138,192 B2	9/2015	Weber et al.	2013/0162433 A1	6/2013	Muhsin et al.
9,142,117 B2	9/2015	Muhsin et al.	2013/0190581 A1	7/2013	Al-Ali et al.
9,153,112 B1	10/2015	Kiani et al.	2013/0197328 A1	8/2013	Diab et al.
9,153,121 B2	10/2015	Kiani et al.	2013/0211214 A1	8/2013	Olsen
9,161,696 B2	10/2015	Al-Ali et al.	2013/0243021 A1	9/2013	Siskavich
9,161,713 B2	10/2015	Al-Ali et al.	2013/0253334 A1	9/2013	Al-Ali et al.
9,167,995 B2	10/2015	Lamego et al.	2013/0274571 A1	10/2013	Diab et al.
9,176,141 B2	11/2015	Al-Ali et al.	2013/0296672 A1	11/2013	O'Neil et al.
9,186,102 B2	11/2015	Bruinsma et al.	2013/0317370 A1	11/2013	Dalvi et al.
9,192,312 B2	11/2015	Al-Ali	2013/0324808 A1	12/2013	Al-Ali et al.
9,192,329 B2	11/2015	Al-Ali	2013/0331670 A1	12/2013	Kiani
9,192,351 B1	11/2015	Telfort et al.	2013/0338461 A1	12/2013	Lamego et al.
9,195,385 B2	11/2015	Al-Ali et al.	2014/0012100 A1	1/2014	Al-Ali et al.
9,211,072 B2	12/2015	Kiani	2014/0025306 A1	1/2014	Weber et al.
9,211,095 B1	12/2015	Al-Ali	2014/0034353 A1	2/2014	Al-Ali et al.
9,218,454 B2	12/2015	Kiani et al.	2014/0051953 A1	2/2014	Lamego et al.
9,226,696 B2	1/2016	Kiani	2014/0058230 A1	2/2014	Abdul-Hafiz et al.
9,241,662 B2	1/2016	Al-Ali et al.	2014/0066783 A1	3/2014	Kiani et al.
9,245,668 B1	1/2016	Vo et al.	2014/0077956 A1	3/2014	Sampath et al.
9,259,185 B2	2/2016	Abdul-Hafiz et al.	2014/0081100 A1	3/2014	Muhsin et al.
9,267,572 B2	2/2016	Barker et al.	2014/0081175 A1	3/2014	Telfort
9,277,880 B2	3/2016	Poeze et al.	2014/0094667 A1	4/2014	Schurman et al.
9,289,167 B2	3/2016	Diab et al.	2014/0100434 A1	4/2014	Diab et al.
9,295,421 B2	3/2016	Kiani et al.	2014/0114199 A1	4/2014	Lamego et al.
9,307,928 B1	4/2016	Al-Ali et al.	2014/0120564 A1	5/2014	Workman et al.
9,323,894 B2	4/2016	Kiani	2014/0121482 A1	5/2014	Merritt et al.
D755,392 S	5/2016	Hwang et al.	2014/0121483 A1	5/2014	Kiani
9,326,712 B1	5/2016	Kiani	2014/0127137 A1	5/2014	Bellott et al.
9,333,316 B2	5/2016	Kiani	2014/0128696 A1	5/2014	Al-Ali
9,339,220 B2	5/2016	Lamego et al.	2014/0128699 A1	5/2014	Al-Ali et al.
9,341,565 B2	5/2016	Lamego et al.	2014/0129702 A1	5/2014	Lamego et al.
9,351,673 B2	5/2016	Diab et al.	2014/0135588 A1	5/2014	Al-Ali et al.
9,351,675 B2	5/2016	Al-Ali et al.	2014/0142401 A1	5/2014	Al-Ali et al.
9,364,181 B2	6/2016	Kiani et al.	2014/0142402 A1	5/2014	Al-Ali et al.
9,368,671 B2	6/2016	Wojtczuk et al.	2014/0163344 A1	6/2014	Al-Ali
9,370,325 B2	6/2016	Al-Ali et al.	2014/0163402 A1	6/2014	Lamego et al.
9,370,326 B2	6/2016	McHale et al.	2014/0166076 A1	6/2014	Kiani et al.
9,370,335 B2	6/2016	Al-Ali et al.	2014/0171763 A1	6/2014	Diab
9,375,185 B2	6/2016	Ali et al.	2014/0180038 A1	6/2014	Kiani
9,386,953 B2	7/2016	Al-Ali	2014/0180154 A1	6/2014	Sierra et al.
9,386,961 B2	7/2016	Al-Ali et al.	2014/0194709 A1	7/2014	Al-Ali et al.
9,392,945 B2	7/2016	Al-Ali et al.	2014/0194711 A1	7/2014	Al-Ali
9,397,448 B2	7/2016	Al-Ali et al.	2014/0194766 A1	7/2014	Al-Ali et al.
2007/0021678 A1*	1/2007	Beck et al. 600/510	2014/0206963 A1	7/2014	Al-Ali
2009/0247984 A1	10/2009	Lamego et al.	2014/0213864 A1	7/2014	Abdul-Hafiz et al.
2009/0275844 A1	11/2009	Al-Ali	2014/0243627 A1	8/2014	Diab et al.
2009/0281838 A1*	11/2009	Lynn et al. 705/3	2014/0266790 A1	9/2014	Al-Ali et al.
2010/0004518 A1	1/2010	Vo et al.	2014/0275808 A1	9/2014	Poeze et al.
2010/0030040 A1	2/2010	Poeze et al.	2014/0275835 A1	9/2014	Lamego et al.
2010/0261979 A1	10/2010	Kiani	2014/0275871 A1	9/2014	Lamego et al.
2011/0001605 A1	1/2011	Kiani et al.	2014/0275872 A1	9/2014	Merritt et al.
2011/0082711 A1	4/2011	Poeze et al.	2014/0275881 A1	9/2014	Lamego et al.
2011/0105854 A1	5/2011	Kiani et al.	2014/0288400 A1	9/2014	Diab et al.
2011/0208015 A1	8/2011	Welch et al.	2014/0296664 A1	10/2014	Bruinsma et al.
			2014/0303520 A1	10/2014	Telfort et al.
			2014/0309506 A1	10/2014	Lamego et al.
			2014/0316228 A1	10/2014	Blank et al.
			2014/0323825 A1	10/2014	Al-Ali et al.

(56)

References Cited

U.S. PATENT DOCUMENTS

2014/0330092 A1 11/2014 Al-Ali et al.
 2014/0330098 A1 11/2014 Merritt et al.
 2014/0330099 A1 11/2014 Al-Ali et al.
 2014/0333440 A1 11/2014 Kiani
 2014/0336481 A1 11/2014 Shakespeare et al.
 2014/0343436 A1 11/2014 Kiani
 2015/0018650 A1 1/2015 Al-Ali et al.
 2015/0351697 A1 12/2015 Weber et al.
 2015/0351704 A1 12/2015 Kiani et al.
 2015/0359429 A1 12/2015 Al-Ali et al.
 2015/0366472 A1 12/2015 Kiani
 2015/0366507 A1 12/2015 Blank
 2015/0374298 A1 12/2015 Al-Ali et al.
 2015/0380875 A1 12/2015 Coverston et al.
 2016/0000362 A1 1/2016 Diab et al.
 2016/0007930 A1 1/2016 Weber et al.
 2016/0029932 A1 2/2016 Al-Ali
 2016/0029933 A1 2/2016 Al-Ali et al.
 2016/0045118 A1 2/2016 Kiani
 2016/0051205 A1 2/2016 Al-Ali et al.
 2016/0058338 A1 3/2016 Schurman et al.
 2016/0058347 A1 3/2016 Reichgott et al.

2016/0066823 A1 3/2016 Kind et al.
 2016/0066824 A1 3/2016 Al-Ali et al.
 2016/0066879 A1 3/2016 Telfort et al.
 2016/0072429 A1 3/2016 Kiani et al.
 2016/0073967 A1 3/2016 Lamego et al.
 2016/0081552 A1 3/2016 Wojtczuk et al.
 2016/0095543 A1 4/2016 Telfort et al.
 2016/0095548 A1 4/2016 Al-Ali et al.
 2016/0103598 A1 4/2016 Al-Ali et al.
 2016/0113527 A1 4/2016 Al-Ali et al.
 2016/0143548 A1 5/2016 Al-Ali
 2016/0166183 A1 6/2016 Poeze et al.
 2016/0166188 A1 6/2016 Bruinsma et al.
 2016/0166210 A1 6/2016 Al-Ali
 2016/0192869 A1 7/2016 Kiani et al.
 2016/0196388 A1 7/2016 Lamego
 2016/0197436 A1 7/2016 Barker et al.
 2016/0213281 A1 7/2016 Eckerbom et al.

FOREIGN PATENT DOCUMENTS

WO WO 2007/011930 1/2007
 WO WO 2012/109671 8/2012

* cited by examiner

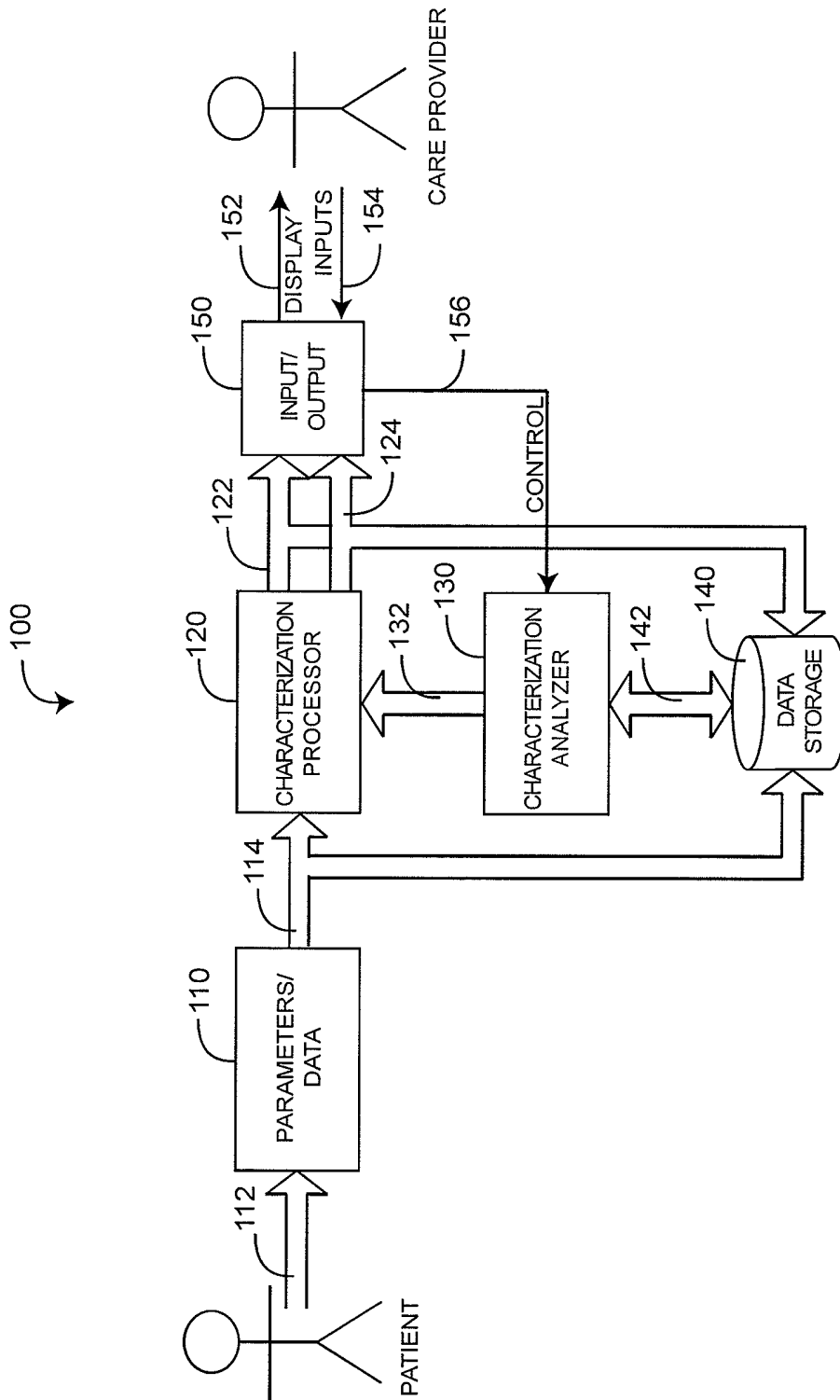


FIG. 1

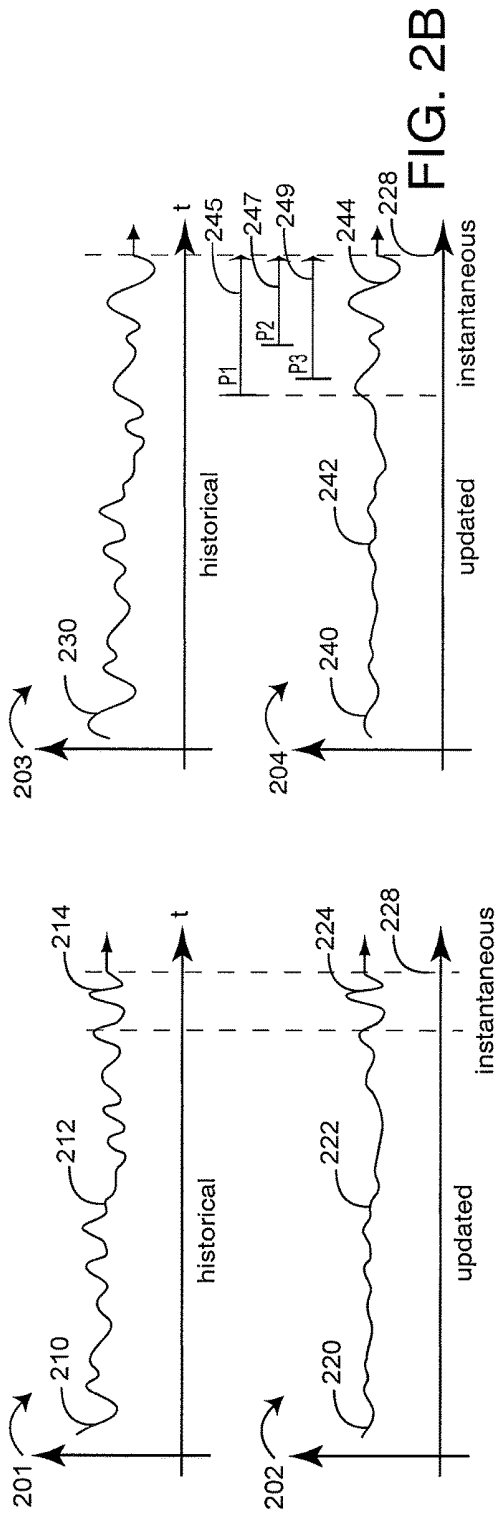


FIG. 2A

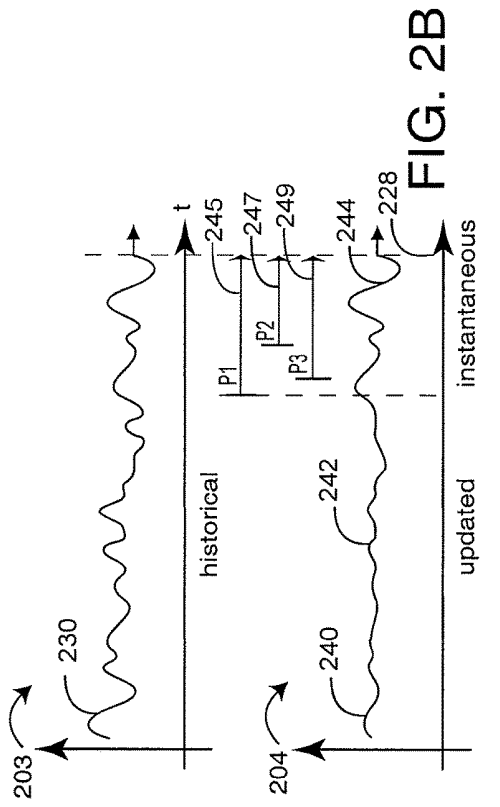


FIG. 2B

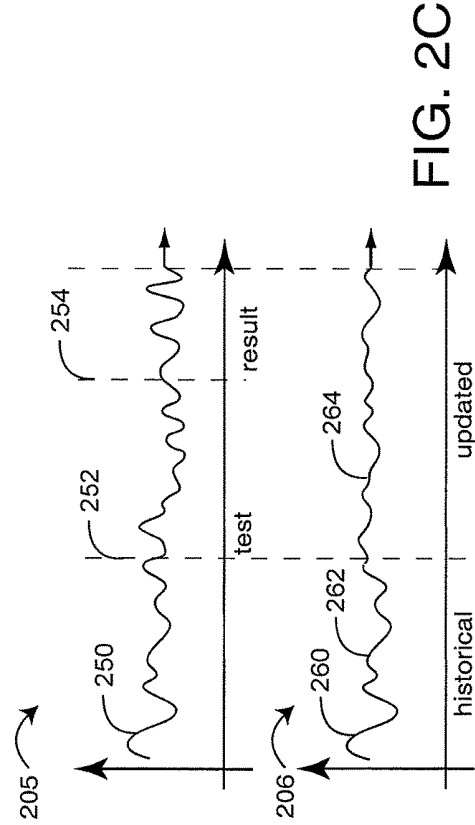


FIG. 2C

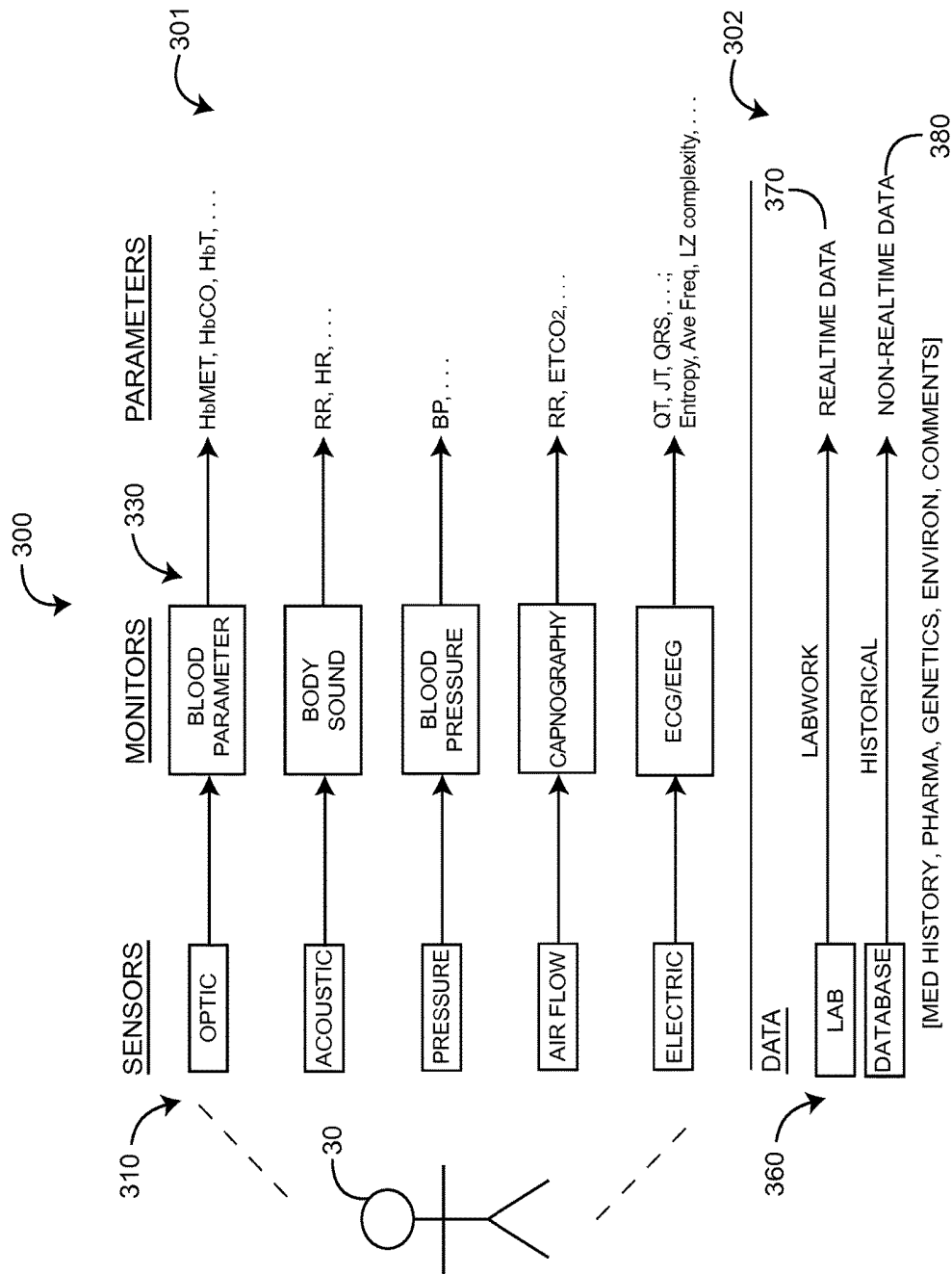


FIG. 3

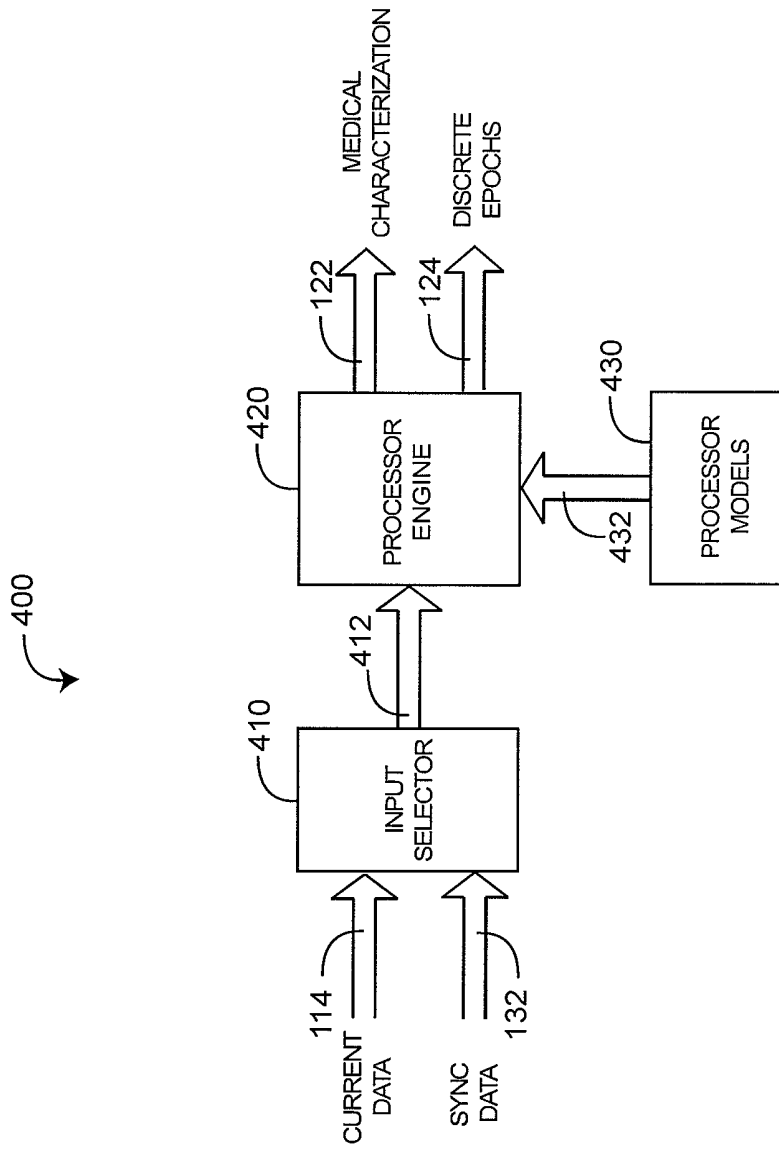


FIG. 4

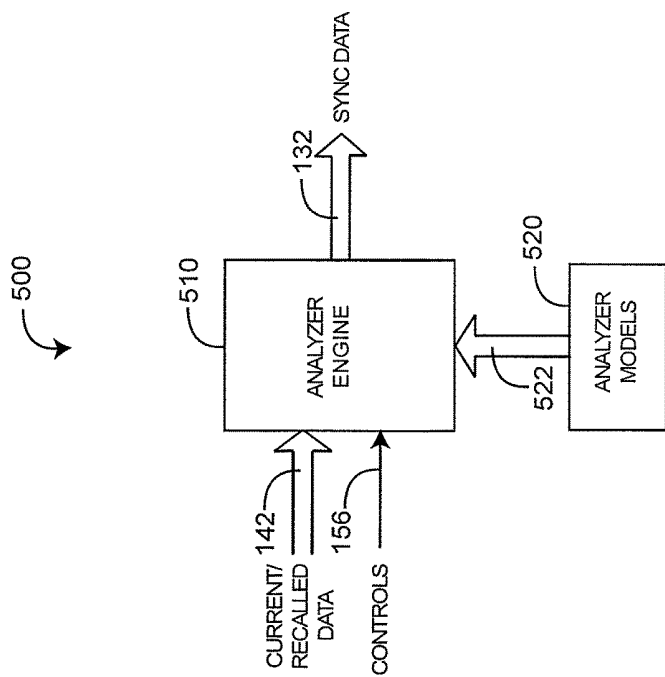


FIG. 5

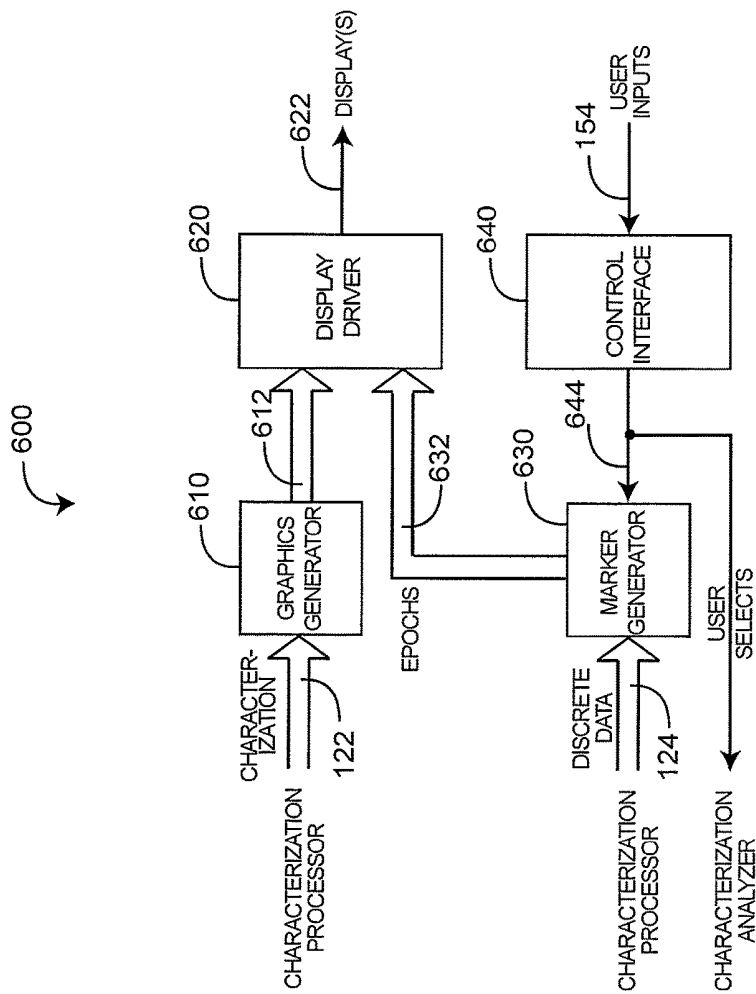


FIG. 6

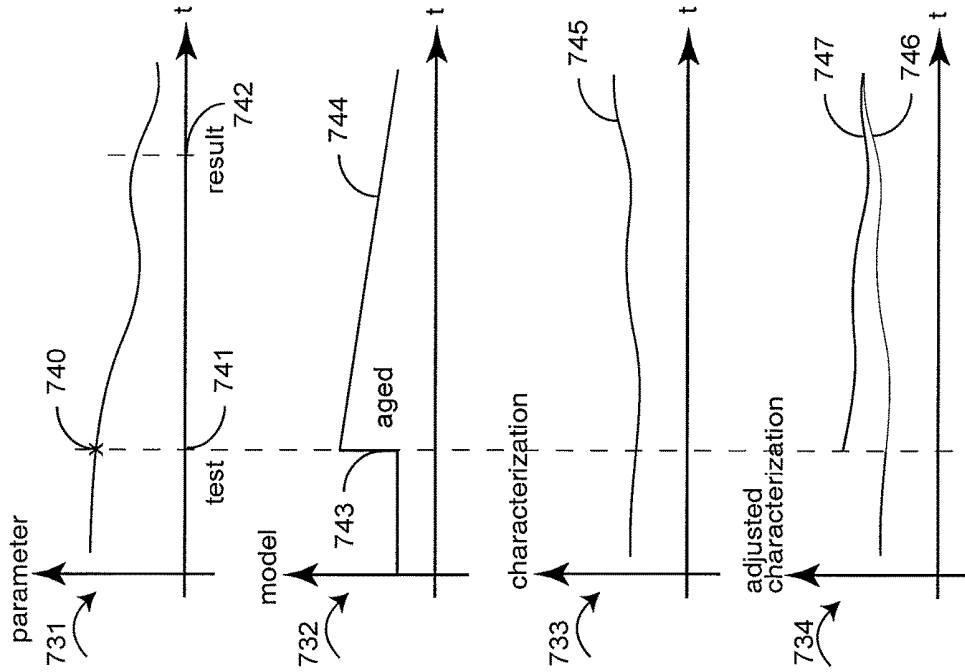


FIG. 7A

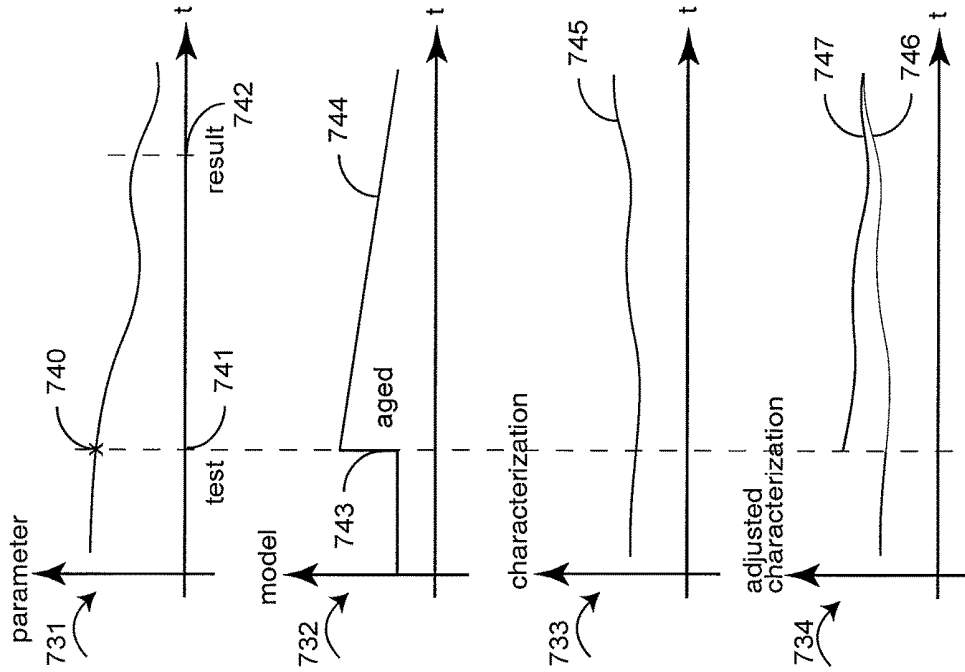


FIG. 7B

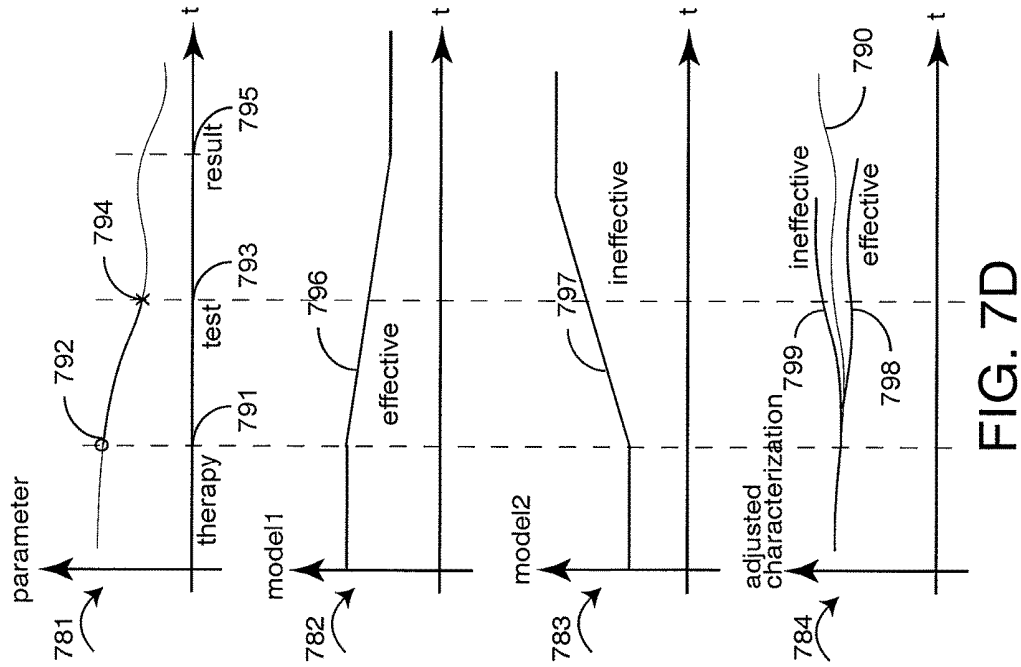


FIG. 7C

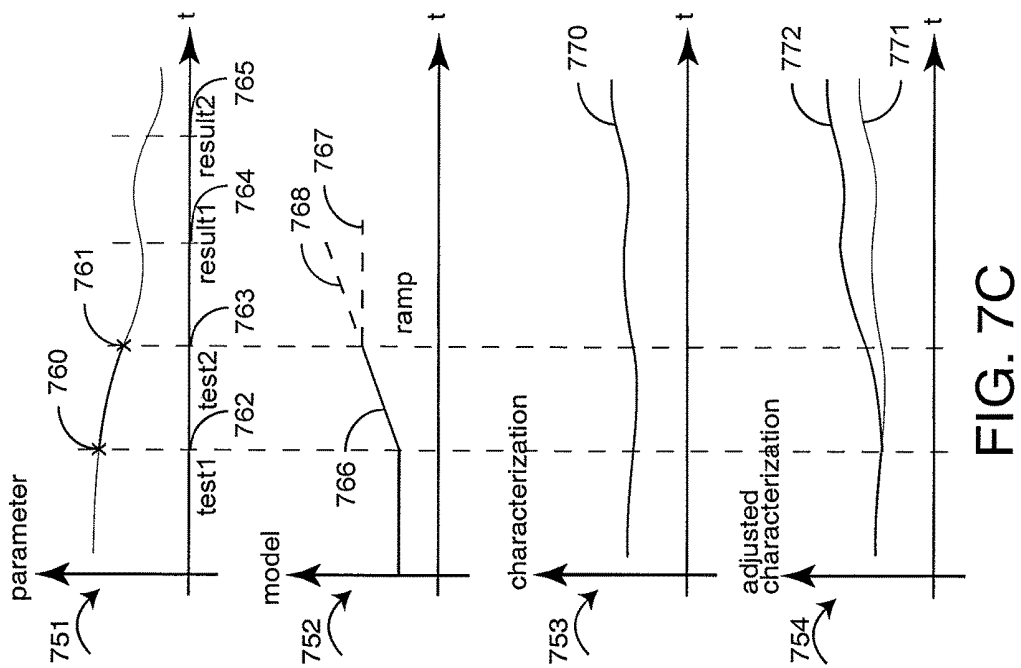


FIG. 7D

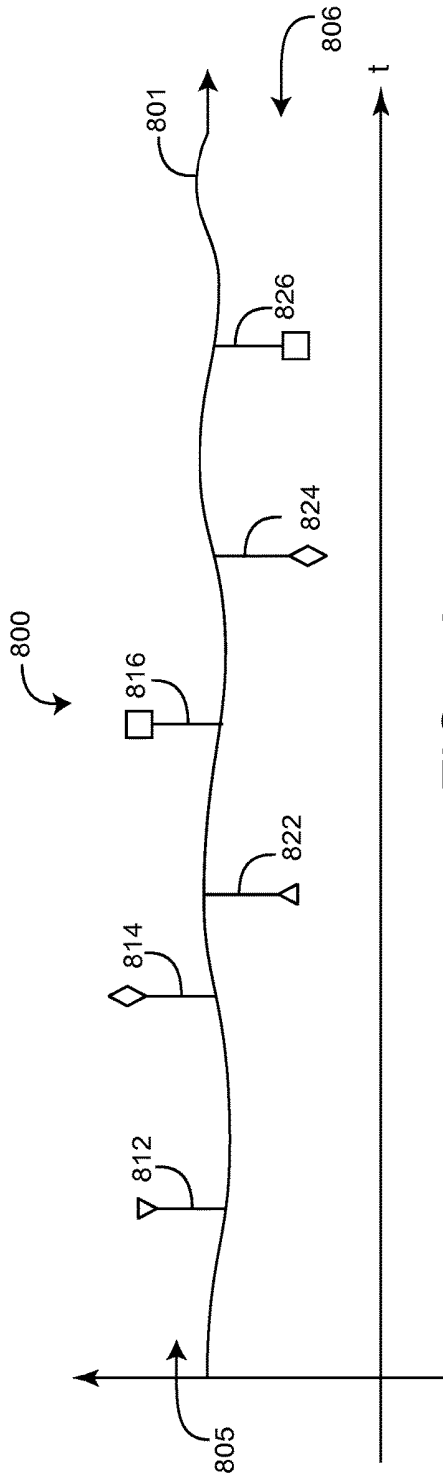


FIG. 8A

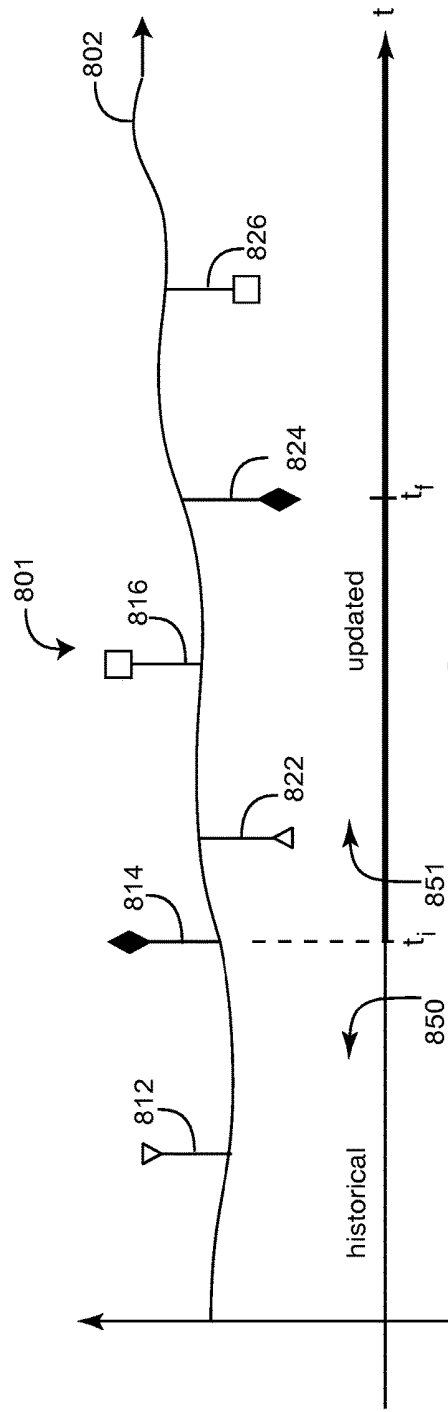


FIG. 8B

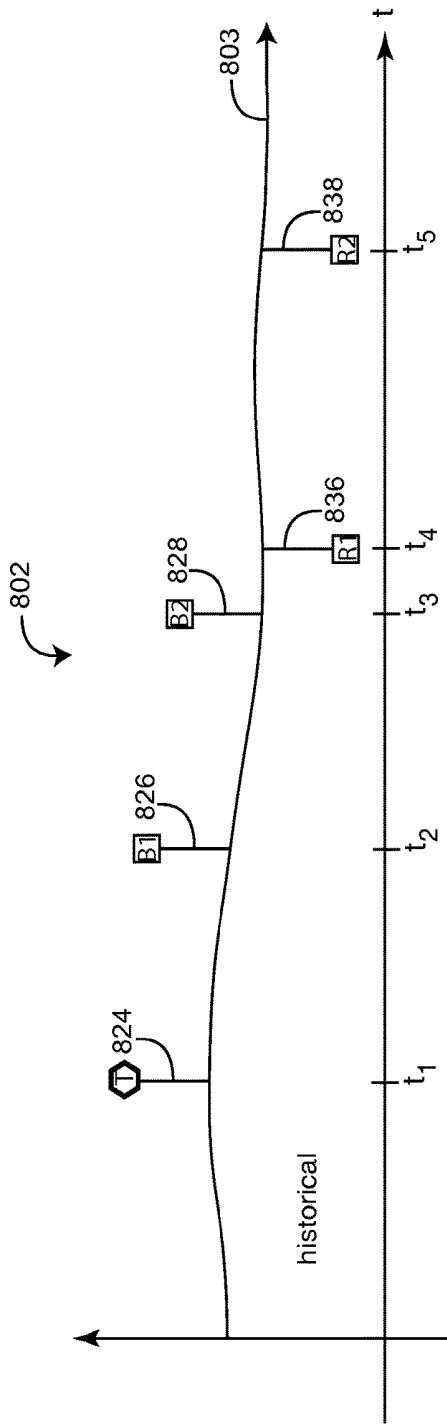


FIG. 8C

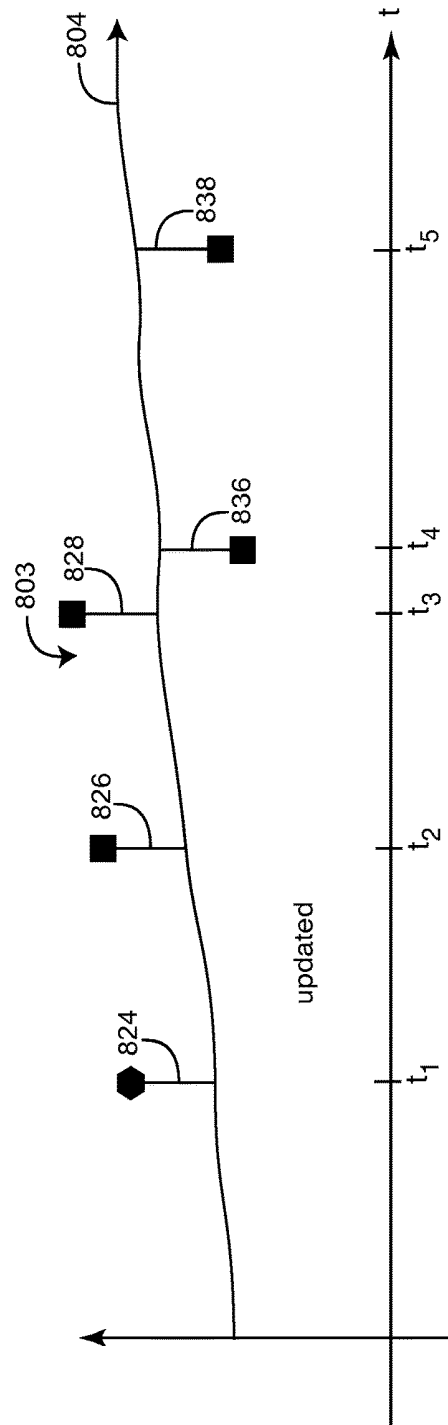


FIG. 8D

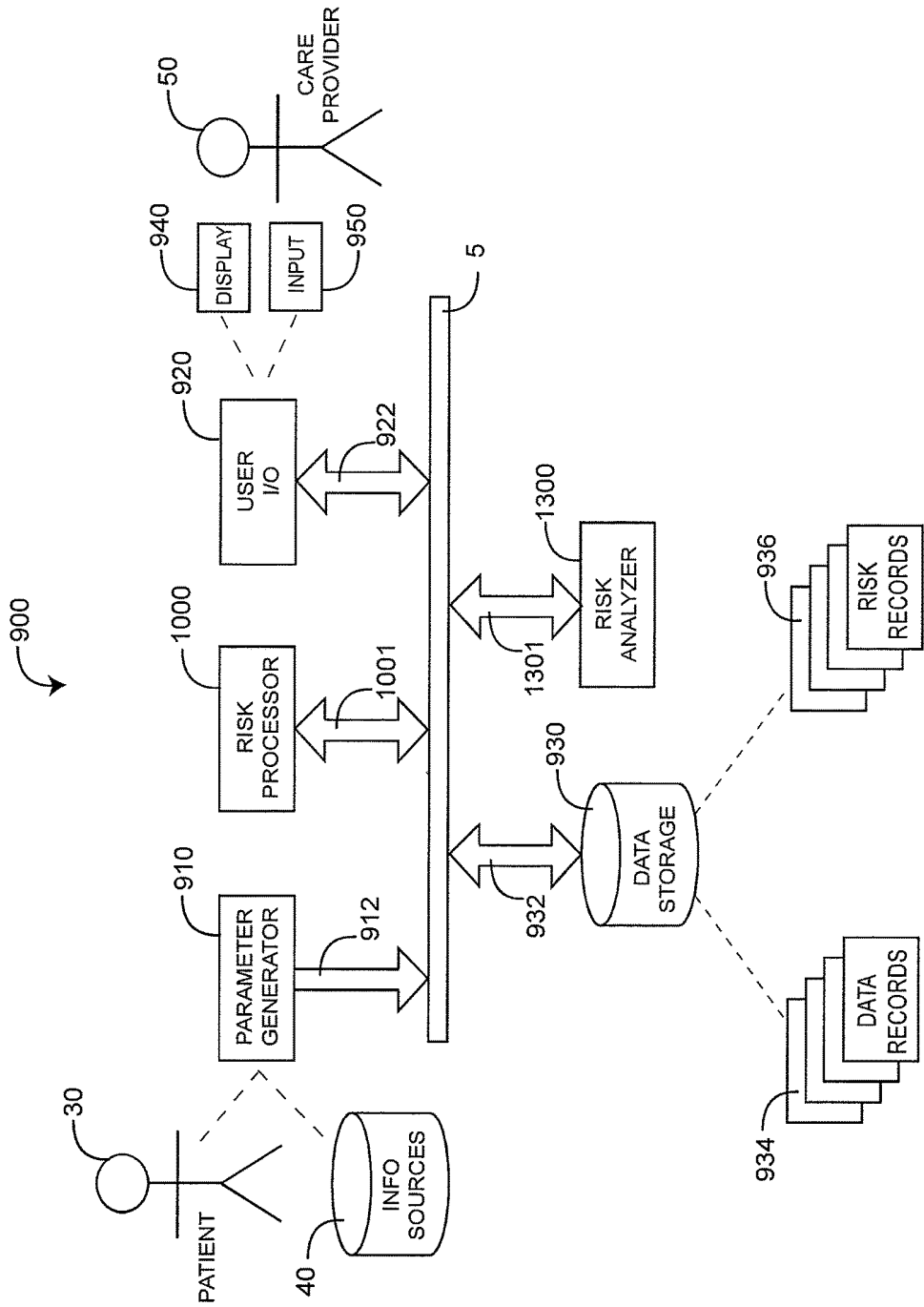


FIG. 9

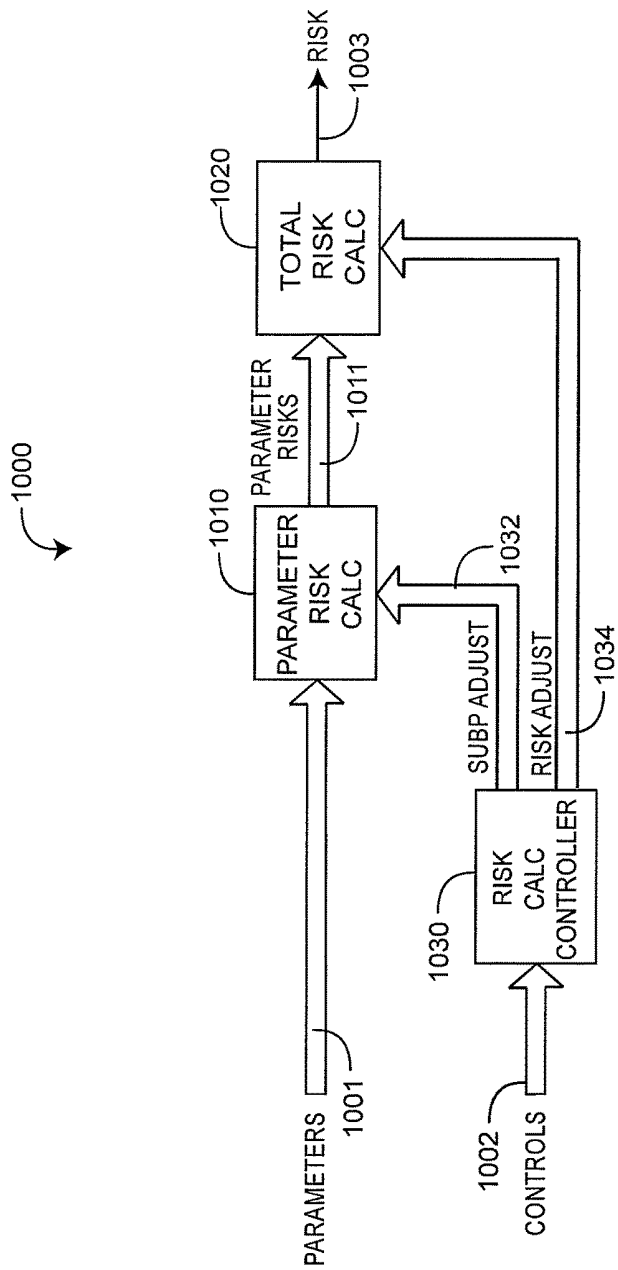


FIG. 10

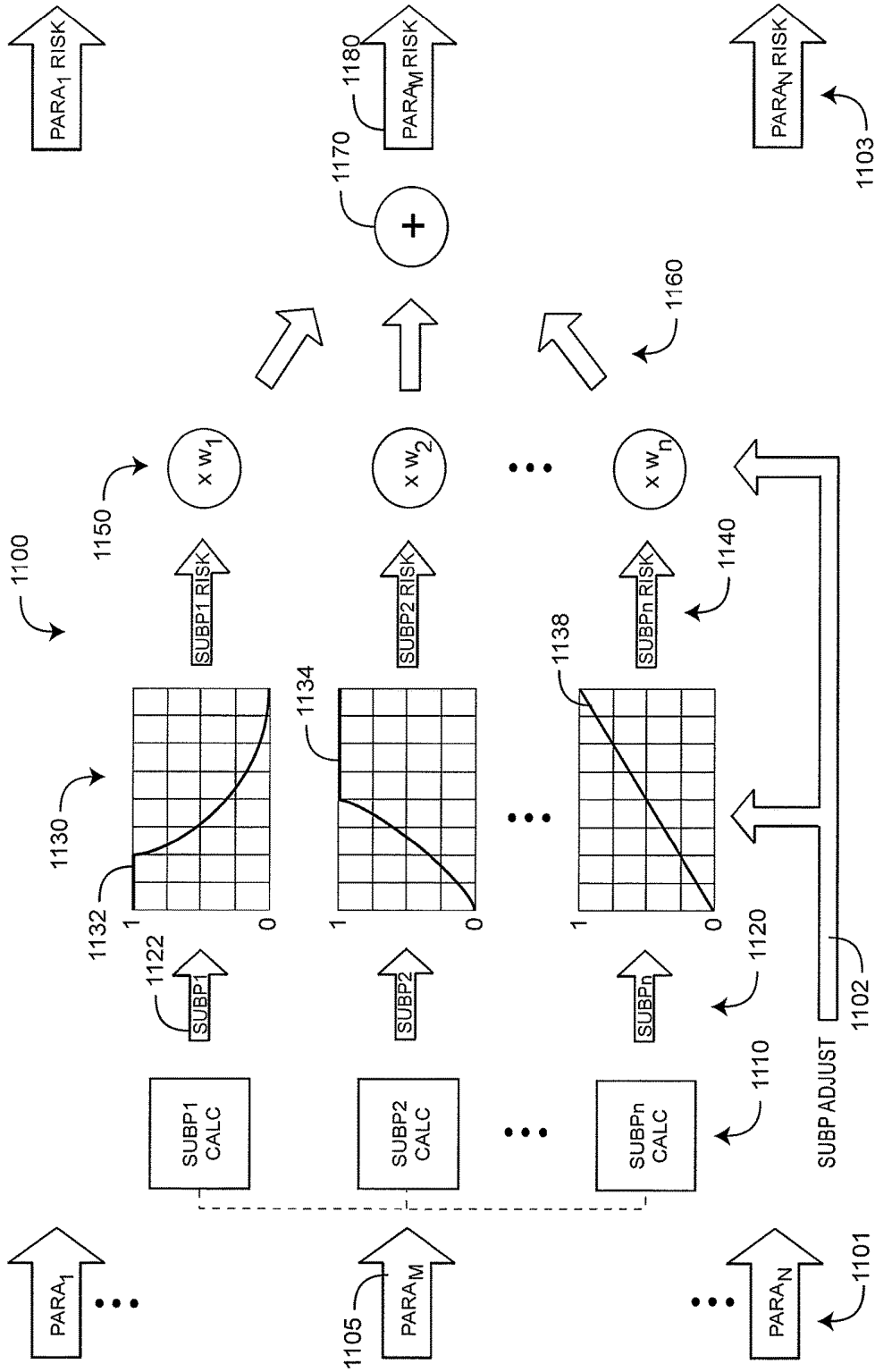


FIG. 11

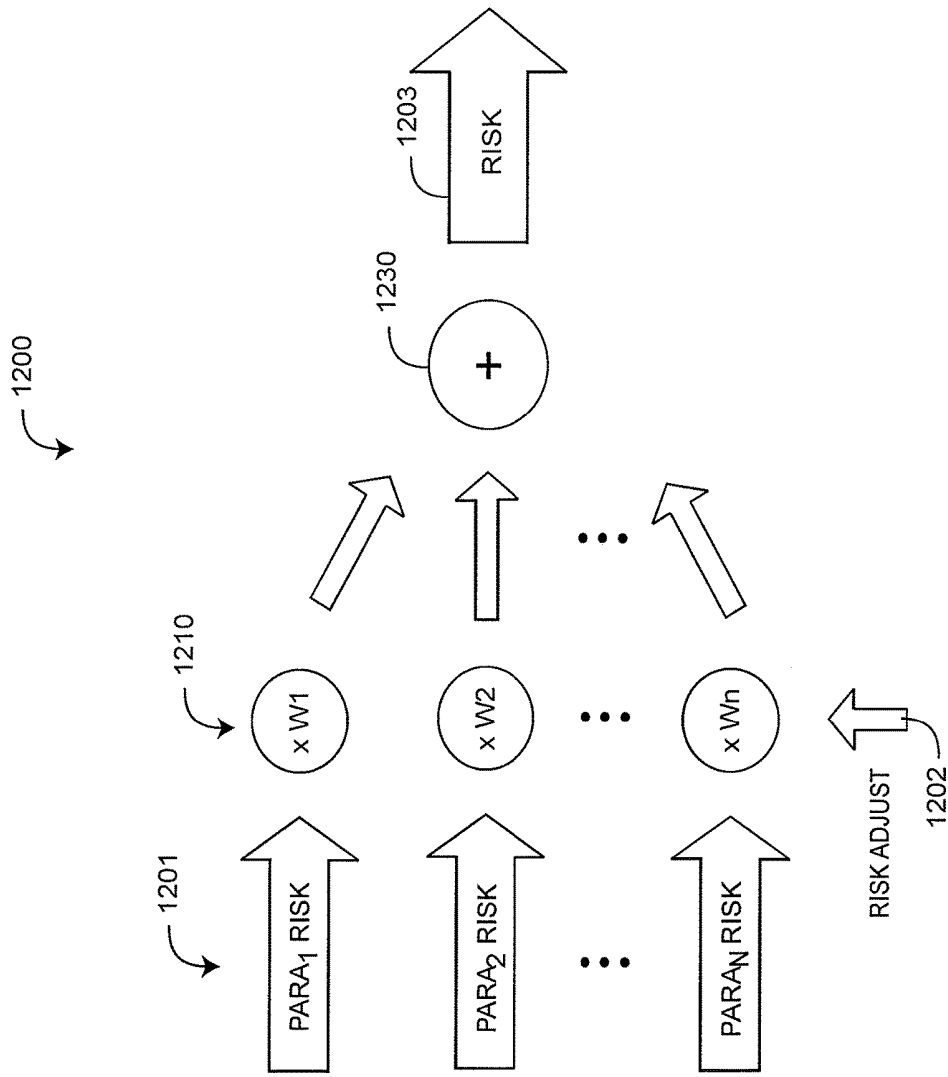


FIG. 12

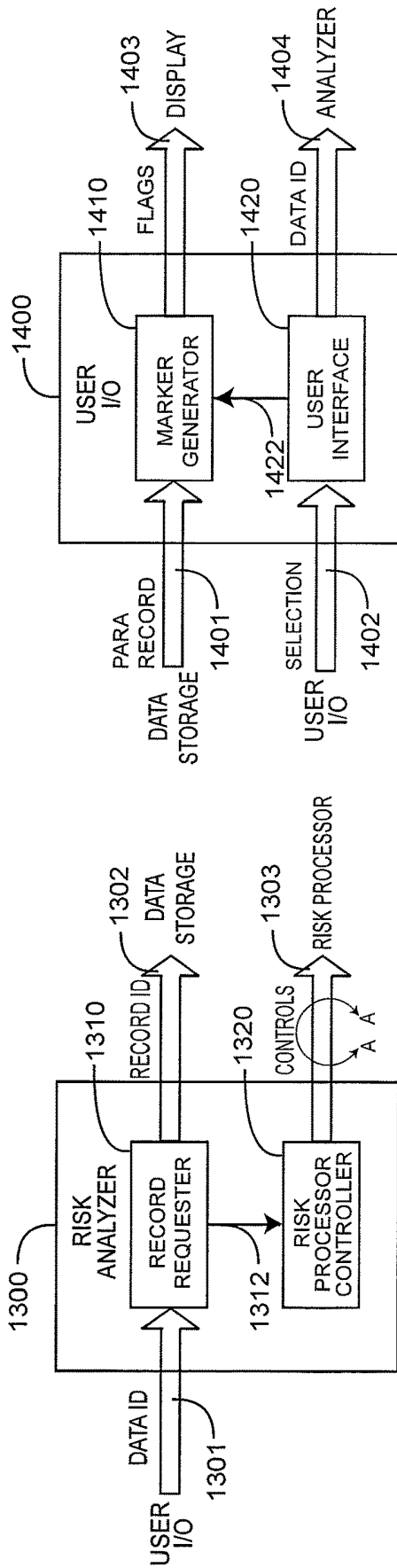
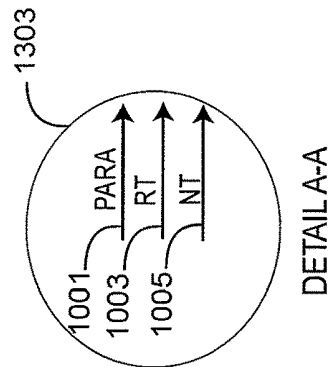


FIG. 14

FIG. 13



DETAIL A-A

MEDICAL CHARACTERIZATION SYSTEMPRIORITY CLAIM TO RELATED
PROVISIONAL APPLICATIONS

The present application claims priority benefit under 35 U.S.C. § 119(e) to U.S. Provisional Patent Application Ser. No. 61/442,264 filed Feb. 13, 2011, titled Complex System Characterizer hereby incorporated in its entirety by reference herein.

SUMMARY OF THE INVENTION

A typical multi-parameter patient monitoring system (MPMS) derives multiple medical-related parameters and displays the results as various combinations of readouts and waveforms. A MPMS is responsive to sensors attached to a patient and actively responds to the patient's physiology. Lacking, however, is the inclusion in patient monitoring of test measurements and other discrete data; previously recorded sensor data or parameters; and physiological data that has no particular time reference such as genetic information, family history and previous diagnoses, to name a few. Further, a MPMS does not provide a medical characterization of a patient that includes a time element associated with test measurements and other discrete data including the time a test is taken or the time span of a parameter recording. Further, MPMS information is not under dynamic user control so as to include or exclude information to determine overall impact on a patient characterization.

One aspect of a medical characterization system is configured to input medical-related continuous parameters and discrete data so as to calculate a characterization timeline indicative of a physiological condition of a living being. The medical characterization system has a parameter generator, a characterization processor, a discrete data source and a characterization analyzer. The parameter generator is in sensor communications with a living being so as to generate a continuous parameter. The characterization processor is responsive to the continuous parameter so as to generate a medical characterization of the living being as a function of time. The discrete data source provides a datum responsive to the living being at a first time and that is available to the characterization processor at a second time. A characterization analyzer enables the characterization processor to update the medical characterization in view of the datum as of the first time.

In various embodiments, the medical characterization system further comprises an analyzer model in communications with the characterization analyzer so as to determine the effect of the medical characterization update over time. The analyzer model comprises a selectable one of an upward shift, a downward aging and an upward ramp. A data source is in communications with the data source and the characterization processor so that the characterization analyzer can selectively update past portions of the medical characterization with later data. An input/output interface allows a person to selectively control the medical characterization updates. In an embodiment, the input/output interface has a display navigation tool that displays a selectable test epoch at the first time and a corresponding result epoch at the second time. In an embodiment, the analyzer model is responsive to one of a therapy time epoch and a test time epoch in view of a result epoch.

Another aspect of a medical characterization system are parameters generated in response to sensors in communication with a person. A medical characterization is calculated

from the parameters that is generally indicative of the physiological condition of the person. A medical test is performed on the person at a test time. The medical test result is received at a later result time. The medical characterization is updated according to the medical test result as of the test time.

In various embodiments, the medical characterization models the behavior of the medical characterization over time in response to the medical test as a test model. The medical characterization is displayed as a function of time. The test time and the result time are indicated on the display as a test and result epochs, respectively. At least one of the test epoch and the result epoch are selected by a user so as to initiate the updating. The test model is applied to the medical characterization as of the test time in response to the selecting. A therapy time is indicated on the display as a therapy epoch. The behavior of the medical characterization over time in response to a therapy is modeled as therapy effectiveness. A therapy time is indicated on the display as a therapy epoch. The therapy epoch is selected, and the therapy effectiveness model is applied to the medical characterization as of the therapy time in response.

A further aspect of a medical characterization system is an apparatus comprising a data source, a characterization processor and a characterization analyzer. The data source provides both a continuous parameter timeline and a discrete test result responsive to the medical state of a living being at a test time. The characterization processor is in communications with the data source so as to calculate a medical characterization of the living being according to each of the continuous parameter and the discrete test result. The characterization analyzer updates the continuous parameter timeline according to the discrete test result as of the test time.

In various embodiments, the characterization processor, a processor engine and a processor model. The characterization processor has an input selector that allows a user to select a current data input or a sync data input as a medical data output. The processor engine inputs the medical data and generates a medical characterization. The processor model determines how the medical characterization is calculated based upon the medical data. The characterization analyzer has an analyzer engine that combines current medical data and recalled medical data to generate sync data according to an analyzer model. A graphics generator outputs the medical characterization to a display. A marker generator indicates test and result epochs on the display in conjunction with the medical characterization. An analyzer model determines the effect of a test result on the medical characterization. The analyzer model further indicates the effectiveness of an earlier therapy based upon the test result.

Advantageously, a medical characterization system is configured to input real-time and non-real-time discrete and continuous medical-related parameters and data so as to calculate, in an embodiment, a risk timeline indicative of a probability of serious illness or death due to injury, disease or other physiological conditions. The risk timeline is dynamically updated over past time segments as well as present time to account for newly received or previously unused parameters and data. In an embodiment, the medical characterization system has a parameter generator in sensor communications with a patient so as to generate continuous data streams indicative of the patient's physiological condition. A risk processor responsive to the parameter generator generates a risk timeline. A risk analyzer controls the risk processor so as to modify the risk timeline over past time segments as well as present time according to new infor-

mation regarding the patient, such as medical tests, diagnoses and therapies, to name a few. The risk analyzer relates this new information back to the time that the information originated. Further a medical characterization system advantageously allows a user to dynamically include or exclude individual parameters or data or selected groups of parameters and data so as to determine the impact on the risk timeline, both past and present.

Although an embodiment of a medical characterization system is described with respect to calculating and generating a dynamically adjustable medical risk characterization timeline, in other embodiments a medical characterization can reflect any of a variety of medical characteristics, both general and specific, such as wellness, fitness or competitive readiness of athletes, to name a few. Further, although an embodiment of a medical characterization system is described with respect to a single risk timeline, in other embodiments a medical characterization system can calculate and simultaneously display multiple characteristics concurrently. For example, in addition to or instead of an overall risk timeline, the characterization can be multiple particularized risk timelines, such as an array of risks to a person's circulatory, respiratory, neurological, gastrointestinal, urinary, immune, musculoskeletal, endocrine or reproductive systems.

DESCRIPTION OF THE DRAWINGS

FIG. 1 is a general block diagram of a medical characterization system;

FIGS. 2A-C are graphs of a medical characterization versus time, which generally illustrate medical characterization;

FIG. 3 is detailed block diagram of a medical data source embodiment;

FIG. 4 is a detailed block diagram of a characterization processor embodiment;

FIG. 5 is a detailed block diagram of a characterization analyzer embodiment;

FIG. 6 is a detailed block diagram of an input/output (I/O) interface embodiment;

FIGS. 7A-D are graphs of exemplar analyzer models versus time;

FIGS. 8A-D are exemplar characterization versus time displays illustrating a navigation tool for analyzing medical characterizations;

FIG. 9 is a detailed block diagram of a risk characterization system embodiment;

FIG. 10 is a flow diagram of a risk processor embodiment;

FIG. 11 is a flow diagram of a subparameter risk calculator embodiment;

FIG. 12 is a flow diagram of a parameter risk calculator embodiment;

FIG. 13 is a block diagram of a risk analyzer embodiment; and

FIG. 14 is a block diagram of an I/O interface embodiment.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

FIG. 1 generally illustrates a medical characterization system 100, which provides a medical characterization of a living being, such as a patient or person under medical care. The medical characterization system 100 has data sources 110, a characterization processor 120, a characterization analyzer 130, data storage 140 and I/O (input/output) 150.

Data sources 110 include various sensors and monitors in communications 112 with a patient so as to generate parameters or transmit data. Data sources 110 further include discrete data such as test results. As such, data sources 110 generally provide parameters, test data and other information 114 indicative of one or more aspects of the patient. The characterization processor 120 is responsive to the data sources 110 so as to derive a medical characterization 122. In an embodiment, the medical characterization is a wellness or a risk index. The characterization processor 120 also generates epochs 124 indicating discrete data, as described with respect to FIG. 4, below. The characterization analyzer 130 advantageously updates and synchronizes the characterization 122 so that it is accurate across all time periods of interest. Also, the characterization analyzer 130 generates different versions or realities of the medical characterization 122 based upon the inclusion or exclusion of available parameters and data 114. This advantageously allows a care provider or other user to determine the impact of that information 114 on the medical characterization 122.

FIGS. 2A-C generally illustrates functional aspects of a characterization analyzer 130 (FIG. 1). A characterization processor 120 (FIG. 1) generates an initial medical characterization 210 in response to data sources 110 (FIG. 1), which is illustrated in a medical characterization versus time graph 201 up to a present time 228. The characterization analyzer 130 (FIG. 1) in conjunction with the characterization processor 120 (FIG. 1) also generates one or more updated characterizations 220 in response to a data source 110. A particular updated characterization 220 may provide an updated portion 222 and retain a relatively instantaneous portion 224 of the initial characterization 210. In various embodiments, the updated portion 222 may extend to present time 228 such that the instantaneous portion 224 is negligible.

As shown in FIG. 2A, an initial medical characterization 210 may only be accurate as of the current time 228. As such, it is difficult for a care provider to accurately assess an individual's medical condition over a period of time based upon this information alone. In particular, the historical values 212 may well be out-of-date as more information about the individual is received. This is particularly true if newly received information is not instantaneous, i.e. pertains to a past time. The characterization analyzer 130 (FIG. 1) advantageously generates one or more updates of the initial medical characterization 210 over some or all of the characterization time record so as to take into account not only the patient history but also newly gained information that relates back in time. The characterization analyzer 130 (FIG. 1) generates one or more of these characterization updates 222 as the characterization processor 120 (FIG. 1) continues to provide instantaneous characterizations 210. Further, a medical characterizer system 100 (FIG. 1) embodiment has data storage 140 (FIG. 1) that advantageously records the initial characterization 210 and any or all subsequent updated characterizations 220 for playback so that the impact of newly received information may be reviewed and analyzed at the characterization processor output 122.

As shown in FIG. 2B, in a medical characterization versus time graph, an initial medical characterization 230 is generated by the characterization processor 120 (FIG. 1). In an exemplar embodiment, the medical characterization 230 incorporates several parameters P1, P2 and P3. However, P1 has a processing time t1 245, P2 has a processing time t2 247 and P3 has a processing time t3 249. If these processing times are not insignificantly short, the initial risk characterization 230 may not be accurate. In particular, the param-

eters P1-P3 may not be applicable to the present time 228, but rather relate back by the individual computation times 245-249. The characterization analyzer 130 (FIG. 1) advantageously calculates an updated characterization 242 that relates-back each parameter by its particular processing time 245-249. Accordingly, the updated characterization 240 has an updated portion 242 and an instantaneous portion 244, as generally described with respect to FIG. 2A, above. The updated portion 242 advantageously takes into account all parameter processing times 245-249. The instantaneous portion 244 may be ambiguous until the processing time issues are resolved.

As shown in FIG. 2C, an initial medical characterization 250 is generated by the characterization processor 120 (FIG. 1). At a specific time 252, a patient test is initiated. This may be a blood test, urinalysis, x-rays or physical exam to name just a few. At some later time 254, the characterization processor 120 (FIG. 1) receives the test results. However, the test results are not applicable to the time received 254 but rather to the test time 252. The characterization analyzer 130 (FIG. 1) in conjunction with the characterization processor 120 (FIG. 1) advantageously generate an updated medical characterization 264 having a historical portion 262 and an updated portion 264. The historical portion 262 remains unchanged from the initial characterization 250. The updated portion 264, however, advantageously relates the test result 254 back to the test time 252. As such, the updated characterization 264 provides a care provider an accurate representation of an individual's medical status, such as risk or wellness, to name a few. Further, the care provider can advantageously compare the initial 250 and updated 260 medical characterizations to determine the full impact over time of the test result 254 on the individual's status.

FIG. 3 illustrates an exemplar medical data source 300 that is in communications with a living being such as a patient 30 so as to output information including parameters 301 and data 302 used to generate a medical characterization. One or more sensors 310 are in contact with the subject 30 so as to generate continuous physiological information, such as information that is a continuous function of time over a particular time segment and that regards the subject's physiological condition. One or more monitors 330 may be in communications with the sensors 310 so as to calculate parameters 301. Parameters 301 are typically realtime, continuous information generated from sensors 310 and corresponding monitors 330, or sensors 310 alone, and are accordingly immediately responsive (taking into account monitor processing times) to events occurring in realtime with the patient 30. Parameters 301 may also include segments of sensor 310 and monitor 330 outputs which are recorded on a variety of analog and digital devices including magnetic tape and disks, semiconductor memories and optical storage devices, to name a few examples, and played-back at a later time. Sensors 310 may include optical sensors, such as pulse oximetry sensors; acoustic sensors, such as piezoelectric devices; blood pressure sensors, such as an inflatable cuff incorporating an audio transducer; airflow sensors and electrodes, to name just a few. Monitors 330 may include pulse oximeters, advanced blood parameter monitors, acoustic monitors and capnography monitors, as examples. Recording devices may include specialty devices, such as a Holter monitor for recording an ECG signal, or any general data recording mechanism, such as semiconductor memory, magnetic disks, optical disks and the like.

Also shown in FIG. 3, one or more data sources 360 having medical-related information generate discrete information 302. The discrete information may be associated

with a particular point in time (realtime data 370), or not associated with any particular point in time (non-realtime data 380). Realtime data 370 may include laboratory work, such as blood tests, urinalyses, X-rays or MRIs to name a few, which generate results that can relate back to respective test times. Non-realtime information 380 is typically gathered from a variety of sources and stored and accessed via one or more databases. Databases may range from a centralized database administered by a single organization/entity to a number of distributed and disparate databases administered by a variety of organizations/entities. Non-realtime data 380 may include a subject's 30 medical history and pharmacological, genetic and environmental data, for example, which are not associated with any particular time or date or are too remote in time to relate back to any realtime parameters of interest.

FIG. 4 illustrates a characterization processor 400 embodiment having an input selector 410, a processor engine 420 and processor models 430. The input selector 410 allows a care provider or other user to select current medical data 114 including parameters derived from sensors and monitors and data derived from lab work and external databases. The input selector 410 also allows the care provider to select sync data 132 generated by the analyzer engine 510 (FIG. 5), as described below. In particular, the input selector 410 may generate a medical data 412 output to the processor engine 420 having current data 114 or sync data 132, which is a combination of current and recalled data. In this matter, a care provider may request a medical characterization 122 based upon current information, such as a blood test result, related back to the time the blood was drawn. This advantageously allows the blood test to be synchronized with parameters and other medical data at the time blood was drawn as opposed to the potentially much later time when the blood was tested and the test results were made available. This back-in-time synchronization of new results with recalled data is described in further detail with respect to FIGS. 7-8, below. Further, a care provider can generate multiple characterizations of various combinations of current data 114, including or excluding various parameters or tests, say, so as to determine the effect on the medical characterization 122.

Also shown in FIG. 4, processor models 430 determine what medical characterization 122 is derived and how the derivation is calculated. In an embodiment, the medical characterization 122 is a risk parameter, which advantageously provides a care provider with a real-time index indicative of, in one embodiment, the physiologic deterioration in a patient. A risk characterization is described in further detail with respect to FIGS. 9-14, below. Risk model embodiments for deriving a risk characterization are described with respect to FIGS. 11-12, below.

FIG. 5 illustrates a characterization analyzer 500 embodiment having an analyzer engine 510 and analyzer models 520. The analyzer engine 510 inputs current and recalled data 142 so as to generate a synchronized (sync) data 132 output. Sync data 132 represents the time synchronization of current (new) data 114 (FIG. 1) with recalled (older) data 142 (FIG. 1), where, for example, the current data is used to update the recalled data so as to advantageously match a test result received at a later time with medical data generated when the test was taken. Such data synchronization is described in further detail with respect to FIGS. 8A-D, below. The analyzer models 520 determine the manner in which current data is combined with recalled data. Various analyzer models are described with respect to FIGS. 7A-D, below.

FIG. 6 illustrates an input/output (I/O) 600 embodiment having a graphics generator 610, a display driver 620, a marker generator 630 and a control interface 640. Generally, the I/O 600 inputs characterizations 122 and discrete data 124 from the characterization processor 122, which are graphically displayed 622 via the display driver 620. In particular, the graphics generator 610 outputs a characterization curve 612 interspersed with discrete variable epochs 632, as described below with respect to FIGS. 8A-B. The display driver 620 generates a display output 622 to any of various standard displays, such as a flat screen monitor, so as visually present the combined characterization curve 612 and epochs 632 to a care provider or other user. The care provider selects one or more epochs 632 via controls 154, such as a keypad, mouse or trackball, to name a few. The control interface generates user selects 644 in response to the controls 154. The marker generator 630 is responsive to the user selects 644 to mark the selected epochs 632, which also notifies the characterization analyzer accordingly.

FIGS. 7A-D illustrate exemplar characterization analyzer models. As described with respect to FIG. 5, above, a characterization analyzer advantageously time synchronizes previously known medical information with updated medical information so that a characterization processor may accurately derive and display a medical characterization of a patient for evaluation by a care provider. An advantageous aspect of characterization analysis is the accurate modeling, analysis and display of a medical characterization so as to compensate for the time delay between a data measurement and a data result, as generally described with respect to FIGS. 2A-C, above.

FIG. 7A graphs a parameter 711, a shift model 712, a medical characterization 713 and an adjusted medical characterization 714. The parameter graph 711 depicts a parameter measurement 730 at a test time 721 yielding a result at a result time 722. The model graph 712 depicts a medical characterization modeled as a step change or shift in the characterization 723 at the test time 721. The characterization graph 713 depicts a medical characterization 724 based upon the parameter 711 before the result 722 is known. The adjusted characterization graph 714 depicts the medical characterization before 724 and after 725 the modeled shift 723. For example, the parameter 711 may be Hb. The test may be a blood draw indicating an abnormally low hemoglobin. The characterization 713 and adjusted characterization 714 may be medical risk (see FIGS. 9-14, below), so as to indicate a step change in risk 724, 725 at the time of the test 721 as compared with the time of the test result 722.

FIG. 7B graphs a parameter 731, an aging model 732, a medical characterization 733 and an adjusted medical characterization 734. The parameter graph 731 depicts a parameter measurement 740 at a test time 741 yielding a result at a result time 742. The model graph 732 depicts a medical characterization modeled as an aging, i.e. a step change or shift in the characterization 743 at the test time 741 followed by a decreasing change 744 over time. The characterization graph 733 depicts a medical characterization 745 based upon the parameter 731 before the result 742 is known. The adjusted characterization graph 734 depicts the medical characterization before 746 and after 747 the modeled aging 743, 744. For example, the parameter 731 may be body temperature. The test may be a white blood cell count blood draw indicating a possible infection. The characterization 733 and adjusted characterization 734 may be medical risk so as to indicate an initial increase in risk 746, 747 at the time of the test 741, which diminishes over time as the result

of known treatments or the fact that the test result becomes old and increasingly unreliable over time.

FIG. 7C graphs a parameter 751, a ramp model 752, a medical characterization 753 and an adjusted medical characterization 754. The parameter graph 751 depicts parameter measurements 760, 761 at a test times 762, 763 yielding results at result times 764, 765. The model graph 752 depicts a medical characterization modeled as a ramp-up 766, i.e. an increasing characterization at test time 762 that levels off 767 at test time 763 or continues to increase 768. The characterization graph 753 depicts a medical characterization 770 based upon the parameter 751 before the results 764, 765 are known. The adjusted characterization graph 754 depicts the medical characterization before 771 and after 772 the modeled ramp 766, 767. For example, the parameter 751 may be blood pressure. The test may be blood draws indicating Hct levels are decreasing over time. The characterization 753 and adjusted characterization 754 may be medical risk so as to indicate an increasing risk 771, 772 over time 762, 763.

FIG. 7D graphs a parameter 781, an effectivity model 782, a medical characterization 783 and an adjusted medical characterization 784. The parameter graph 781 depicts therapy 792 applied at a time 791 and a follow-up test 794 at a time 793 with a result at time 795. A first model graph 782 depicts a medical characterization modeled as an characterization decrease 796 over time, which depicts an effective therapy based upon the test results 795. A second model graph 783 depicts a medical characterization modeled as an characterization increase 797 over time, which depicts an ineffective therapy based upon the test results 794. The characterization graph 784 depicts a medical characterization 790 based upon the parameter 781 before the result 795 is known. The adjusted characterization graphs 798, 799 depict the medical characterization applied at the time of the therapy 791, assuming an effective 798 or ineffective 799 therapy, respectively. For example, the therapy may be administration of antibiotic and the test may be throat culture. Advantageously, the various models allow a medical characterization, such as risk, to be accurately reflected as of the time of a test or as of the time of an applied therapy, as examples. Further, the models advantageously allow the medical characterization to be modeled back in time in a variety of ways depending on the parameter measured, the type of test, the number of tests and therapies applied. These models may variously reflect characterization shifts, aging, ramps as examples. In other embodiments, multiple tests may allow a characterization model to be a parametric curve depending on the test times and results.

FIG. 8A-B illustrates a display navigation tool (DVT) 800 that user I/O 150 (FIG. 1) generates on a user display 152 (FIG. 1). The DVT advantageously allows a care provider or other user to selectively control the incorporation of test data into a medical characterization of a patient or other living being. In particular, a characterization processor 120 (FIG. 1) generates a characterization 122 output, which is viewed as a characterization 801 timeline on the user display. Advantageously, user I/O superimposes discrete test epochs 812-816 and corresponding result epochs 822-826 on the characterization 801 timeline so that a user can selectively incorporate discrete test data into characterization calculations. In an embodiment, the characterization is a measure of risk.

As shown in FIG. 8A, in a particularly advantageous embodiment, test and result epochs 805, 806 are displayed as paired flags. A first set of flags 805 indicate tests and a second set of flags indicate results. In an embodiment, the

test flags **805** extend above the characterization **801** timeline and result flags **806** extend below the characterization **801** timeline. In this manner, a user viewing the display can readily determine the time a test occurs and the time a corresponding result is received. In an embodiment, test/

result pairs (e.g. **812/822**; **814/824** and **816/826**) are shown with unique matching flags so that a user viewing the display can readily determine matching pairs and distinguish them from other matching pairs.

As shown in FIG. **8B**, a selected test flag **814** and corresponding test result flag **824** are indicated on the display by bolding, coloring or otherwise highlighting the flag pair **814/824**. Once a particular pair is selected, a user can initiate a characterization recalculation, as described with respect to FIGS. **1-7**, above. The characterization recalculation modifies the characterization timeline to account for the test data, and this modification relates back to the test epoch. A corresponding characterization recharacterization **802** timeline is displayed, where the test result **824** at time t_r relates back to the test time t_t . The characterization recharacterization generates an updated characterization **851** timeline portion and a historical (unchanged) characterization **850** timeline portion.

In an embodiment, a user temporarily positions a cursor (via a mouse or other pointing device) over a test or result so as to trigger a pop-up that provides a written description of the test or result. The description may indicate the kind of test (e.g. blood analysis, x-ray, urinalysis, etc.); the time and date of the test and result; the test source, such as a specific laboratory; and the physician in charge, to name just a few. Multiple test/result pairs may be selected so as to allow a user to see the impact on the characterization of multiple groups of tests. In other embodiments, not shown, non-realtime data including personal history (e.g. smoking, alcohol or drug abuse); medical history (e.g. cancer, heart disease, congenital defects); family history; personal genome data, among many others, are listed on demand and selectable individually or in groups so as to recharacterize risk accordingly.

As shown in FIG. **8C**, in a particularly advantageous embodiment, multiple related test and result epochs **824-838** are displayed with matching flags and can be simultaneously selected so as to trigger multi-point characterization models relating back to multiple tests **824**, **826**. As shown in FIG. **8D**, a selected set of therapy and test flags **832-836** and corresponding result flags **836**, **838** are indicated on the display by bolding, coloring or otherwise highlighting the flag sets **832/834/836**. Once a particular set is selected, a user can initiate a characterization recalculation, as described with respect to FIGS. **7A-D**, above. The characterization recalculation modifies the characterization timeline to account for the therapy and/or test data, and this modification relates back to a therapy or test epoch. A corresponding recharacterization **804** timeline is displayed, where the test result **836** at time t_4 relates back to a test time t_2 , a therapy time t_1 or a combination of test or therapy times.

FIG. **9** illustrates a medical risk system **900** embodiment of a medical characterization system. Generally, the medical risk system **900** characterizes a person with respect to their physiological wellness or illness. In an embodiment, the medical risk system **900** advantageously indicates a potential for near-term serious physiological impairment or death due any one or more of disease, injury, surgical complications, drug side-effects or allergic reactions, to name just a few.

As shown in FIG. **9**, medical risk system **900** has a parameter generator **910**, a risk processor **1000**, user input/

output **920**, data storage **930** and a risk analyzer **1000** all communicating over a common network **5**. Generally, the parameter generator **910** is in communications with a patient **30** and various information sources **40** regarding the patient so as to generate parameters and data **912** (collectively "medical data") indicative of a patient's medical state. This data **912** is stored as one or more records **934** in the data storage **930**. The risk processor **1000** is responsive to the data **934** so as to generate a risk **1001** output, indicative of the patient's medical risk. Risk **1001** is stored as one or more risk records **936** in the data storage **930**. In an embodiment, risk **1001** is a function of time having a high value if a person is at a high risk of an impending serious or life-threatening physiological event and a low value if a person has a correspondingly low risk of such an event. In an embodiment, the risk processor **1000** functions in conjunction with the risk analyzer **1300** to update risk records **936** with new data **912** so as to generate additional risk records **936**, as described with respect to FIGS. **10-14**, below. User I/O **920** allows doctors, medical staff, researchers and other care providers **50** to review and accurately modify risk records **936**, to assess the impact on medical risk of newly obtain patient data **912** and to control the functions of the risk processor **1000** and risk analyzer **1300**.

A wellness analysis system that integrates real-time sensor data from a patient or other subject regarding the status of any or all of a subject's circulatory, respiratory, neurological, gastrointestinal, urinary, immune, musculoskeletal, endocrine and reproductive systems and non-real-time information regarding the subject such as a lab work, pharmaceuticals and medications, medical history, genetics and environment from hospital records and other databases so as to generate a current or predictive wellness index or related output is described in U.S. patent application Ser. No. 13/009,505, filed Jan. 19, 2011, titled Wellness Analysis System, assigned to Masimo Corporation, Irvine Corporation ("Masimo") and hereby incorporated by reference herein. A risk analysis system that inputs sensor data from a subject, derives corresponding physiological parameters, assesses parameter risks according to parameter values and the impact those values have on the subject's physiology and estimates a total risk from a combination of the parameter risks, where total risk is a numerical indication of the likelihood of serious illness or debilitation or, in contrast, the likelihood of wellness or health is described in U.S. patent application Ser. No. 13/269,296, filed Oct. 7, 2011, titled Risk Analysis System, assigned to Masimo and hereby incorporated by reference herein.

FIG. **10** illustrates a medical risk processor **1000** embodiment having input parameters **1001** and generating a risk **1003** output. The risk processor **1000** has a parameter risk calculator **1010**, a total risk calculator **1020** and a risk calculation controller **1030**. The parameter risk calculator **1010** inputs parameters **1001** and generates corresponding parameter risks **1011**. The total risk calculator **1020** inputs the parameter risks **1011** and generates the risk **1003** output. The risk calculation controller **1030** advantageously modifies the parameter risks **1101** and the risk **1003** in response to controls **1002** from the risk analyzer **1000** (FIG. **10**). Controls **1024** allow the risk analyzer **1303** (FIG. **13**) to dynamically modify risk **701** in response to changes in the monitored parameters, new test results or data updates pertaining to the subject monitored.

As shown in FIG. **10**, controls **1002** may indicate which parameters **1001** are active, what discrete real-time data, such as lab work, is available and what non-real-time data, such as medical history, is available. The risk calculation

controller 1030 responds to the controls 1002 so as to generate sub-parameter adjusts 1032 to the parameter risk calculation 1010, as described with respect to FIG. 11, below. The risk calculation controller 1030 also responds to the controls 1002 so as to generate risk adjusts 1034 to the total risk calculation 1020, as described with respect to FIG. 12, below.

FIG. 11 illustrates a parameter risk calculator 1100 having input parameters $PARA_1$ - $PARA_N$ 1101 and output parameter risks $PARA_1$ RISK- $PARA_N$ RISK 1103. Each of the parameter risks 1103 is calculated independent of the others. Detailed in FIG. 11 is a risk calculation for $PARA_M$ 1105, which yields $PARA_M$ RISK 1180. Initially, sub-parameter calculators 1110 factor $PARA_M$ 1105 into a corresponding set of sub-parameters $SUBP_1$ - $SUBP_n$ 1120. In particular, the sub-parameters calculators 1110 are each responsive to a particular feature of the parameter 1105. Generally, these features are chosen so that the corresponding sub-parameter risks $SUBP_1$ RISK- $SUBP_n$ RISK 1140, as a set, are representative of the risk associated with the particular input parameter $PARA_M$ 1105. For example, an oxygen saturation parameter might be factored into the sub-parameters saturation baseline, saturation instability and saturation average slope.

As shown in FIG. 11, sub-parameter risk calculators 1130 derive sub-parameters risks 1140 from the sub-parameters 1120. A sub-parameter risk calculator 1130 is a risk versus parameter value function (illustrated graphically herein). Accordingly, each sub-parameter risk calculator 1130 converts sub-parameter 1120 values into risks ranging between 0 to 1 (0% to 100% risk) according to the physiological characteristic represented by that sub-parameter 1120. For example, according to a risk function 1132, $SUBP_1$ 1122 has a maximum risk of 1 for a range of low values, and this risk decreases in inverse proportion $SUBP_1$ as $SUBP_1$ 1122 increases, eventually approaching 0 risk at the highest $SUBP_1$ values.

Further shown in FIG. 11, the sub-parameter risks 1140 are then weighted 1150 to yield weighted sub-parameter risks 1160, which are summed 1170 to yield the parameter risk $PARA_M$ RISK 1180. In an embodiment, the sub-parameter risk weights 1150 add to a value of 1. Accordingly, the weighted sub-parameter risks 1160 sum to a maximum value of 1, and $PARA_M$ RISK 1180 also varies between 0 to 1 (0% to 100% risk).

Additionally shown in FIG. 11, the sub-parameter risk calculators 1130 and the sub-parameter risk weights 1150 are dynamically adjustable by SUBP ADJUST controls 1102, which are responsive to controls that originate from the risk analyzer 1300 (FIG. 13). Accordingly, SUBP ADJUST 1102 advantageously responds to discrete realtime data, such as test results, and non-realtime data, such as known disease conditions, family history, genetics and the like. Accordingly, the relative weights 850 for one or more sub-parameter risks 840 are also responsive to SUBP ADJUST controls 722.

FIG. 12 illustrates a total risk calculation 1200 having parameter risk 1201 inputs and generating a risk 1203 output. In an embodiment, the parameter risks 1201 are assigned parameter risk weights 1210 so that the risk 1201 ranges between 0 to 1. Some parameter risks 1201 are assigned a higher weight to reflect a higher relative contribution of those parameters risks 1201 to the (total) risk 1203 output.

As shown in FIG. 12, the parameter weights 1210 are advantageously adjustable by RISK ADJUST 1202, which originates from the risk calculation controller 1030 (FIG.

10) and is responsive to controls 1303 (FIG. 13) from the risk analyzer 1300 (FIG. 13). For example, a user can advantageously determine the impact an individual parameter has on risk 1203 over any given time span by utilizing the risk analyzer 1300 (FIG. 13) to assign a zero weight 1210 to that parameter and adjusting other weights 1210 accordingly via controls 1303 (FIG. 13) and RISK ADJUST 1202. As another example, weights 1210 can be adjusted to reflect newly received test data or historical or background information, which indicate that relative parameter risks have changed. As a further example, weights 1210 can be adjusted as described above to reflect a recorded parameter that is active only for a specified time period. As yet another example, some weights 1210 can be zeroed and other weights 1201 adjusted accordingly if one or more parameters are disconnected or otherwise become inactive.

FIG. 13 illustrates a risk analyzer 1300 that functions in conjunction with a risk processor 1000 (FIG. 10) to re-characterize a medical risk calculation. Risk re-characterization may involve incorporating new or previously unused data into a risk calculation. Such data includes realtime discrete data, such as a lab test that generates a later result; non-realtime discrete data, such as a datum of medical history; and a time segment of previously recorded parameter data, to name a few. Risk re-characterization may also involve recalculating risk excluding one or more previously included parameters so as to allow a user to determine the impact on risk of those parameters.

As shown in FIG. 13, the risk analyzer 1300 has a record requester 1310 and a risk processor controller 1320. The record requester 1310 is responsive to a data ID 1301 input so as to generate a record ID 1302 output to the data storage 930 (FIG. 9). The data ID 1301 originates from user I/O 920 (FIG. 9) according to a user selection of previously excluded data, as described with respect to FIG. 9, below. In particular, the record ID 1302 specifies one or more data records 932 (FIG. 9) to retrieve from the data storage 930 (FIG. 9) for the risk processor 1000 (FIG. 9). These records may include parameters and data previously used to calculate risk along with records of heretofore unused parameters and data that the user 50 (FIG. 9) has currently selected, collectively "active" data.

Also shown in FIG. 13, the record requester 1310 communicates this "active" data 1312 to the risk processor controller 1320, which generates controls 1303 to the risk processor 1000 (FIG. 9). These controls 1303 include $PARA$ 1001, RT 1003 and NT 1005 outputs for signaling the risk processor 1000 (FIG. 9) which parameters and discrete data to include in the current calculation of risk. In particular, $PARA$ 1001 specifies which input parameters 912 (FIG. 9) are active. RT 1003 specifies discrete real-time data and NT 1005 specifies non-real-time data to be used in the risk calculations. The risk calculation controller 1030 (FIG. 10) responds to $PARA$ 1001 to generate risk adjust 1034 (FIG. 10), which causes the risk calculation 1200 (FIG. 12) to ignore inactive parameters, as described above. The risk calculation controller 1030 (FIG. 10) also responds to RT 1003 to generate sub-parameter adjust 1032 (FIG. 10), which causes the parameter risk calculator 1000 (FIG. 10) to modify sub-parameter risks 1140 (FIG. 11) to account for real-time discrete data. The risk calculation controller 1030 (FIG. 10) further responds to NRT 1005 to generate sub-parameter adjust 1032 (FIG. 10), which causes the parameter risk calculator 1010 (FIG. 10) to factor in particular subject data, as described above.

FIG. 14 illustrates a user input/output (I/O) 1400 that provides user display and control for risk characterization

and recharacterization of input parameters and data. The user I/O 1400 has a marker generator 1410 and a user interface 1420. The marker generator 1410 advantageously flags test and result epochs on a user display, as illustrated and described with respect to FIGS. 8A-D, below. In particular, the marker generator 1410 has a parameter record input 1401 from the data store and generates flags 1403 to a display 940 (FIG. 9). The flags 1403 are advantageously used to identify the occurrence of test data and later results relative to a risk record. A user interface 1420 is responsive to user selections 1402 from a user input to select 1402 one or more of these epochs, which may cause the marker generator 1410 to highlight a particular flag or otherwise indicate its selection the display. Further, the user selection 1402 generates a data ID 1404 to the risk analyzer 1300 (FIG. 13), which generates a record ID 1302 (FIG. 13) and controls 1303 (FIG. 13) so as to access the selected data from the data storage and process the data in the risk processor 1000 (FIG. 10) accordingly.

A medical characterization system has been disclosed in detail in connection with various embodiments. These embodiments are disclosed by way of examples only and are not to limit the scope of the claims that follow. One of ordinary skill in the art will appreciate many variations and modifications.

What is claimed is:

1. A system configured to provide a caregiver an overall characterization of a health of a patient being monitored, the system determining relatively instantaneous measurement values of multiple physiological parameters over time and receiving indications of discrete medical-related events including timing of tests and timing and measurements of results, the system displaying said overall characterization of said health responsive to said measurements of said results, wherein the relatively instantaneous corresponds to measurements that are repeatedly determined from one or more sensors as compared to discrete results derived from medically-related test, the system comprising:

an electronic display;

a memory; and

a multi-parameter patient monitor comprising one or more hardware processors configured to interact with said memory and said electronic display to electronically:

determine relatively instantaneous measurement values

of multiple physiological parameters response to signals received from one or more sensors interacting with said monitored patient, at least one of said multiple physiological parameters including oxygen saturation and at least one of said one or more sensors including a noninvasive optical sensor, said measurement values being repeatedly determined;

calculate a relatively instantaneous overall characterization of the health of said patient, said overall characterization responsive to the measurement values, said overall characterization being repeatedly calculated;

store the overall characterizations and measurement values;

display on said electronic display indicia representing a timeline of said overall medical characterizations;

receive from a discrete-time data source a first test time, said first test time being when a medically-related test was performed on said patient;

display a first visual marker juxtaposed with said timeline to visually indicate where in said timeline the calculation of said overall medical characterization timewise coincides with the first test time;

receive from said discrete-time data source a first result time and first result measurement values, said first result time being when results to said test were received;

display a second visual marker juxtaposed with said timeline to visually indicate where in said timeline the calculation of said overall medical characterization timewise coincides with the first result time, the second visual marker comprising a visual characteristic that associates the second visual marker with the first visual marker;

receive an update command;

recalculate said relatively instantaneous overall characterization of said health of said patient from the first test time, said recalculation responsive to said first result measurement values; and

alter the timeline of said overall medical characterizations to incorporate said recalculated relatively instantaneous overall characterizations.

2. The system according to claim 1 wherein the timeline is altered according to a model and wherein the model comprises a selectable one of an upward shift, a downward aging and an upward ramp.

3. The system according to claim 2 further comprising a data storage in communications with the discrete-time data source.

4. The system according to claim 3 further comprising an input interface that allows a person to make the user selection.

5. The system according to claim 4 wherein the one or more hardware processors are configured to apply multiple markers, each marker set associated with a corresponding model.

6. The system according to claim 5 wherein the model is responsive to one of a therapy time epoch and a test time epoch in view of a result epoch.

7. An electronic patient monitoring device configured to provide a caregiver with a quantitative estimation of the health-wise wellness of a patient as an index over time, said index responsive to relatively real-time continuous vital sign measurements and responsive to discrete time health-related measurements, wherein the relatively instantaneous corresponds to measurements that are repeatedly determined from one or more sensors as compared to discrete results derived from medically-related test, said electronic patient monitoring device comprising:

an electronic memory; and

one or more electronic processors communicating with said memory to electronically at least:

calculate or receive relatively real-time continuous measurement values for multiple vital signs of said patient;

at least some of said measurement values responsive to signals output from noninvasive sensors including a noninvasive optical sensor;

calculate values of said index responsive to said measurement values for said multiple vital signs;

display a timeline of said index over time wherein points on said timeline correspond to values of said index associated with a particular time;

receive a first timestamp corresponding to a medically related test on said patient;

display a first marker relative to said timeline to provide a first visual association of said first marker and said timeline at a time of said timeline corresponding to said first timestamp;

receive from said discrete-time data source a first result time and first result measurement values, said first result time being when results to said test were received;

display a second visual marker juxtaposed with said timeline to visually indicate where in said timeline the calculation of said overall medical characterization timewise coincides with the first result time, the second visual marker comprising a visual characteristic that associates the second visual marker with the first visual marker;

receive an update command;

recalculate said relatively instantaneous overall characterization of said health of said patient from the first test time, said recalculation responsive to said first result measurement values; and

alter the timeline of said overall medical characterizations to incorporate said recalculated relatively instantaneous overall characterizations.

2. The system according to claim 1 wherein the timeline is altered according to a model and wherein the model comprises a selectable one of an upward shift, a downward aging and an upward ramp.

3. The system according to claim 2 further comprising a data storage in communications with the discrete-time data source.

4. The system according to claim 3 further comprising an input interface that allows a person to make the user selection.

5. The system according to claim 4 wherein the one or more hardware processors are configured to apply multiple markers, each marker set associated with a corresponding model.

6. The system according to claim 5 wherein the model is responsive to one of a therapy time epoch and a test time epoch in view of a result epoch.

7. An electronic patient monitoring device configured to provide a caregiver with a quantitative estimation of the health-wise wellness of a patient as an index over time, said index responsive to relatively real-time continuous vital sign measurements and responsive to discrete time health-related measurements, wherein the relatively instantaneous corresponds to measurements that are repeatedly determined from one or more sensors as compared to discrete results derived from medically-related test, said electronic patient monitoring device comprising:

an electronic memory; and

one or more electronic processors communicating with said memory to electronically at least:

calculate or receive relatively real-time continuous measurement values for multiple vital signs of said patient;

at least some of said measurement values responsive to signals output from noninvasive sensors including a noninvasive optical sensor;

calculate values of said index responsive to said measurement values for said multiple vital signs;

display a timeline of said index over time wherein points on said timeline correspond to values of said index associated with a particular time;

receive a first timestamp corresponding to a medically related test on said patient;

display a first marker relative to said timeline to provide a first visual association of said first marker and said timeline at a time of said timeline corresponding to said first timestamp;

receive from said discrete-time data source a first result time and first result measurement values, said first result time being when results to said test were received;

display a second visual marker juxtaposed with said timeline to visually indicate where in said timeline the calculation of said overall medical characterization timewise coincides with the first result time, the second visual marker comprising a visual characteristic that associates the second visual marker with the first visual marker;

receive an update command;

recalculate said relatively instantaneous overall characterization of said health of said patient from the first test time, said recalculation responsive to said first result measurement values; and

alter the timeline of said overall medical characterizations to incorporate said recalculated relatively instantaneous overall characterizations.

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receive medical information corresponding to results of said test on said patient;
 receive a second timestamp associated with said medical information;
 display a second marker relative said timeline to provide a second visual association of said second marker and said timeline at a time of said timeline corresponding to said second timestamp;
 determine said calculated values of said index reflects said received medical information;
 perform back-in-time synchronization of said calculated values of said index from at least said first marker; and
 display said timeline to reflect said back-in-time synchronization.

8. The electronic patient monitoring device of claim 7, wherein the back-in-time synchronization comprises altering the calculated values stored in the electronic memory according to a model.

9. The electronic patient monitoring device of claim 7, wherein the back-in-time synchronization dynamically updates the displayed timeline.

10. The electronic patient monitoring device of claim 7, wherein the electronic memory and the one or more electronic processors are housed in a patient monitor.

11. The electronic patient monitoring device of claim 10, wherein the patient monitor has a display where said timeline is displayed.

12. The electronic patient monitoring device of claim 10, wherein the patient monitor communicates said timeline to a remote monitor.

13. The electronic patient monitoring device of claim 7, wherein the electronic memory and one or more electronic processors are housed in a remote monitor.

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14. The electronic patient monitoring device of claim 13, wherein said timeline is displayed remote from the remote monitor.

15. The electronic patient monitoring device of claim 7, wherein the first marker is visually associated with the second marker.

16. The electronic patient monitoring device of claim 7, wherein the one or more electronic processors are further configured to receive second medical information corresponding to second results of said second test on said patient.

17. The electronic patient monitoring device of claim 16, wherein the one or more electronic processors are further configured to display additional markers responsive to the second test, wherein the additional markers are visually distinguished from the first and the second markers.

18. The electronic patient monitoring device of claim 7, wherein the medical information comprises at least one of a blood pressure, hemoglobin, temperature, hematocrit, blood analysis, x-ray, urinalysis, personal history, family history, genome and genetic information.

19. The electronic patient monitoring device of claim 7, wherein the index is indicative of physiological impairment including disease, injury, surgical complications, drug effects, or allergic reactions.

20. The electronic patient monitoring device of claim 7, wherein the one or more electronic processors are configured to playback display of the timeline when the second timestamp is received.

21. The electronic patient monitoring device of claim 7, the first marker can be activated to display a pop-up of description of the medically related test.

22. The electronic patient monitoring device of claim 7, wherein the index is indicative of risk of serious illness.

* * * * *

专利名称(译)	医学表征系统		
公开(公告)号	US10332630	公开(公告)日	2019-06-25
申请号	US13/371767	申请日	2012-02-13
[标]申请(专利权)人(译)	梅西莫股份有限公司		
申请(专利权)人(译)	Masimo公司		
当前申请(专利权)人(译)	Masimo公司		
[标]发明人	AL ALI AMMAR		
发明人	AL-ALI, AMMAR		
IPC分类号	A61B5/00 A61B5/0432 A61B5/0205 G16H50/30 G16H50/20 A61B5/087 A61B5/022 A61B5/1455		
CPC分类号	G16H50/20 A61B5/02055 A61B5/7275 G16H50/30 A61B5/0432 A61B5/087 A61B5/14551 A61B5/022		
优先权	61/442264 2011-02-13 US		
其他公开文献	US20120209082A1		
外部链接	Espacenet		

摘要(译)

医学表征系统被配置为输入医学相关的连续参数和离散数据，以便计算指示生物的生理状况的表征时间线。数据源与患者进行传感器通信，以便生成连续参数。数据源还在测试时提供响应于患者的测试数据。测试数据在结果时间可用于表征处理器。表征处理器还响应于连续参数，以便生成作为时间函数的医学表征。表征分析器使表征处理器能够根据测试时间的测试数据更新医学表征。

