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Lisogurski

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(54) **REGIONAL SATURATION SYSTEM WITH
ENSEMBLE AVERAGING**

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A61B 5/00 (2006.01)

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(2013.01); **A61B 5/7203** (2013.01); **A61B**
5/7278 (2013.01); **A61B 5/7285** (2013.01);
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None

See application file for complete search history.

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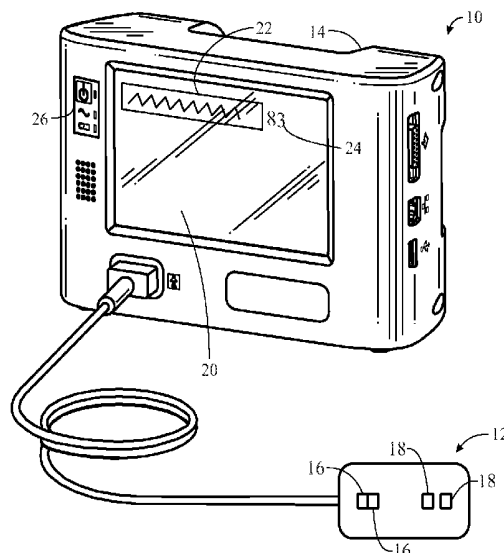
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ABSTRACT

A method may include receiving, at a processor, a first electromagnetic radiation signal and a second electromagnetic radiation signal from a regional oximetry sensor having two or more detectors and two or more emitters. The method may also include receiving, at the processor, a trigger signal that has a frequency corresponding to a periodic physical activity of a patient. Additionally, the method may include generating, via the processor, one or more ensemble averaged signals based at least in part on the first and second electromagnetic radiation signals and the trigger signal. Further, the method may include calculating, via the processor, a regional oxygen saturation value based at least in part on the one or more ensemble averaged signals and displaying, via a display, the regional oxygen saturation value.

20 Claims, 4 Drawing Sheets



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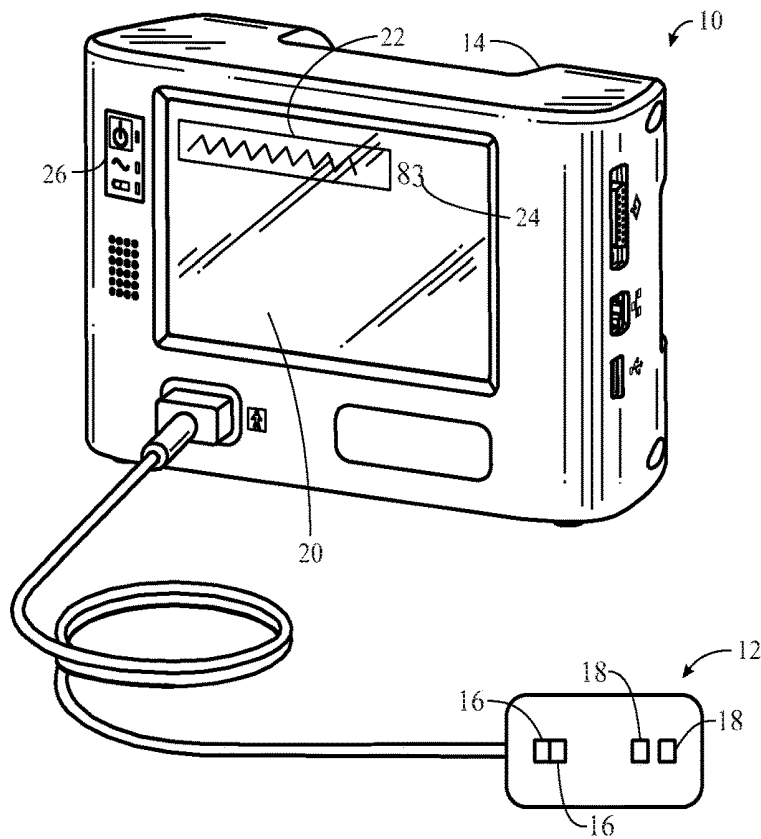


FIG. 1

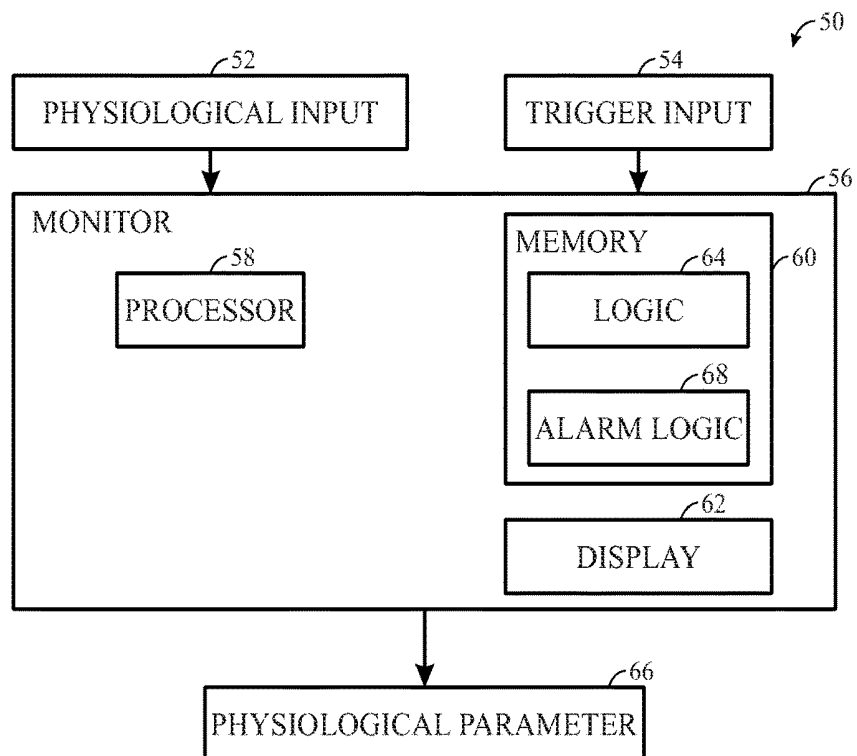


FIG. 2

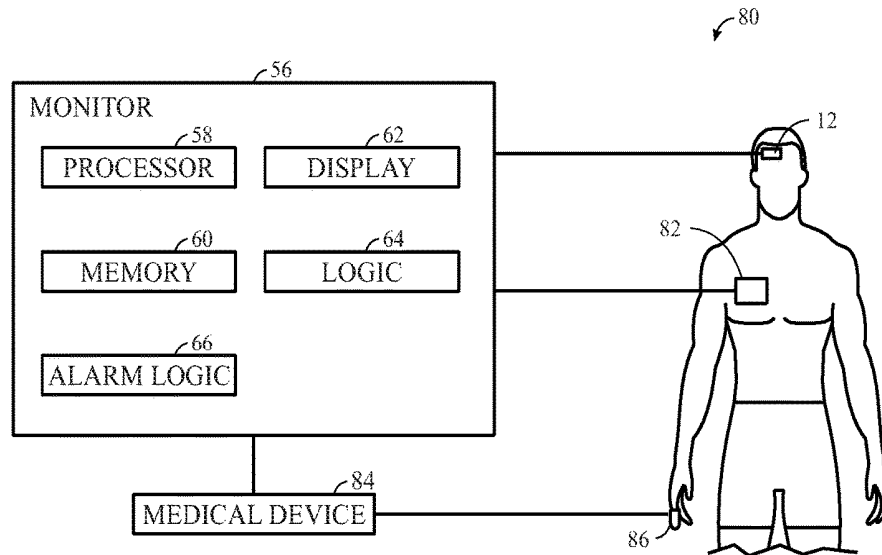


FIG. 3

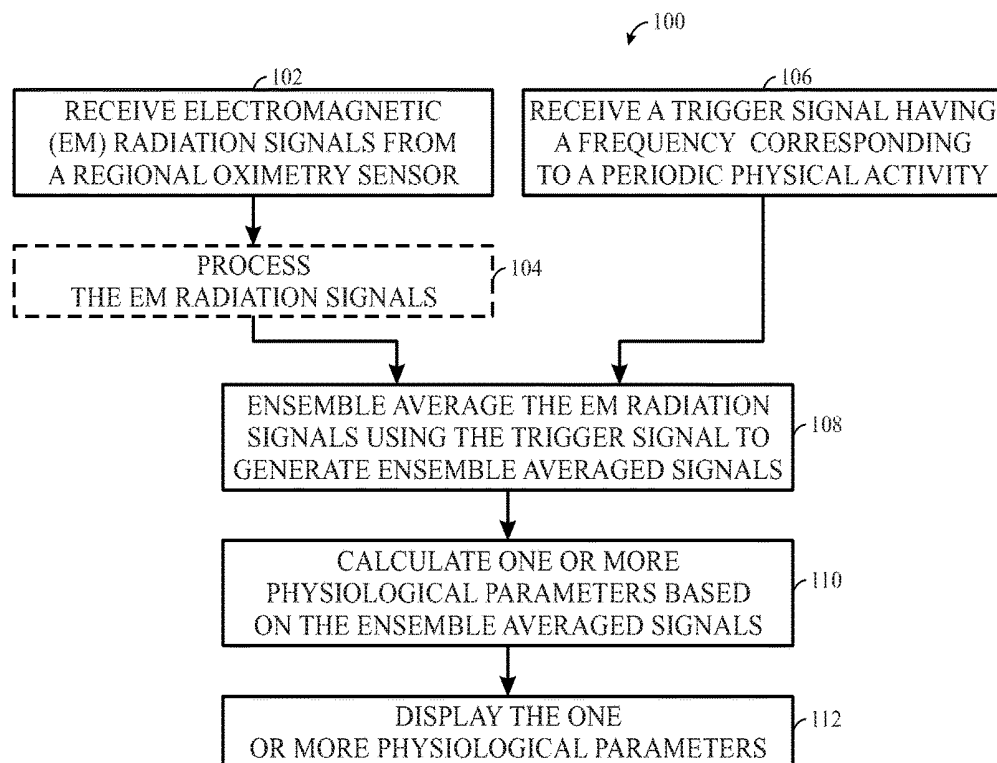


FIG. 4

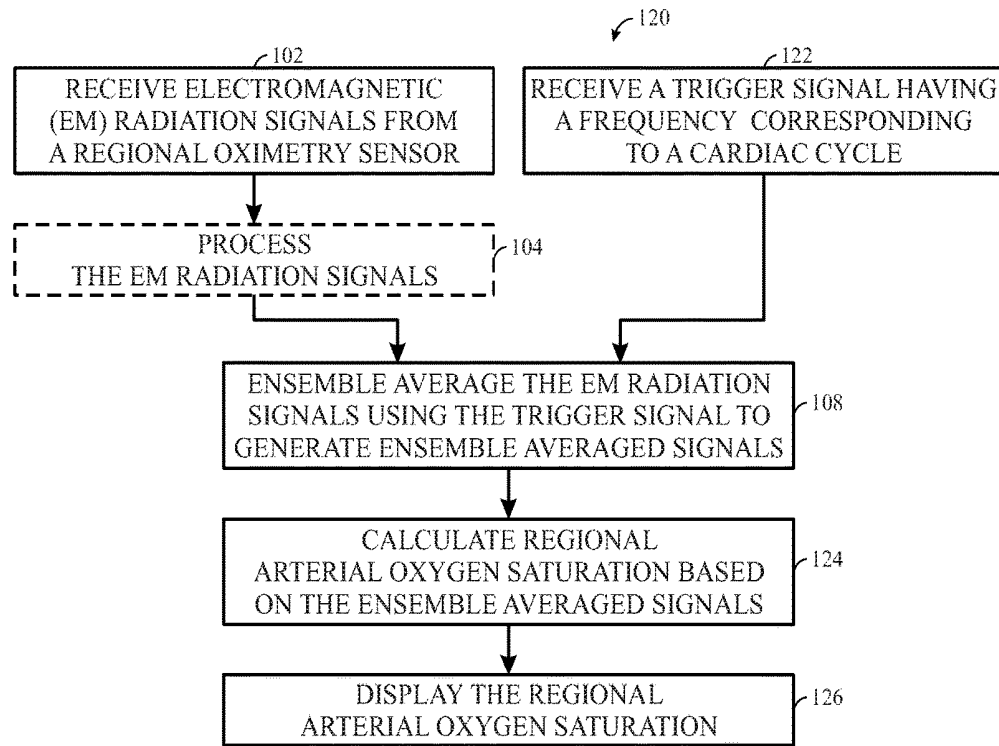


FIG. 5

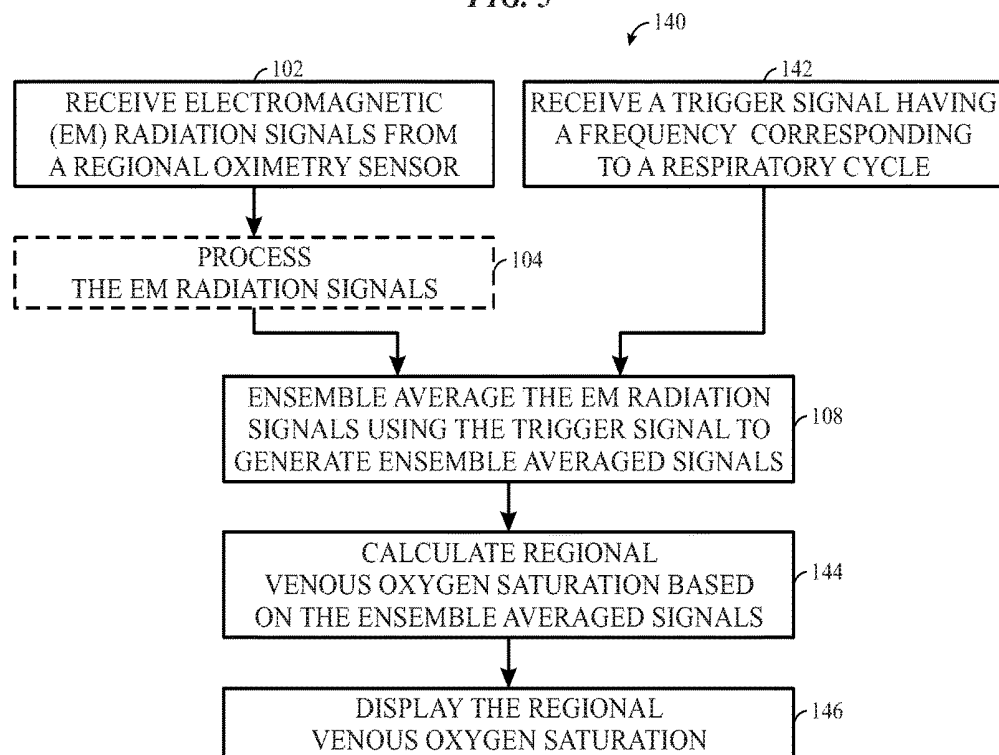


FIG. 6

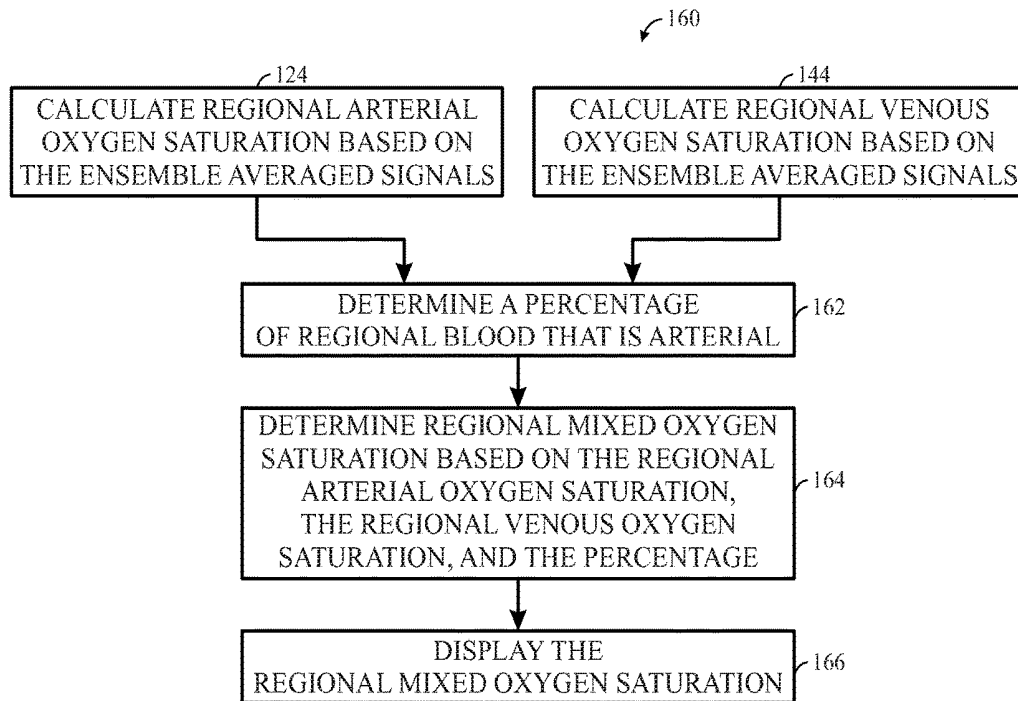


FIG. 7

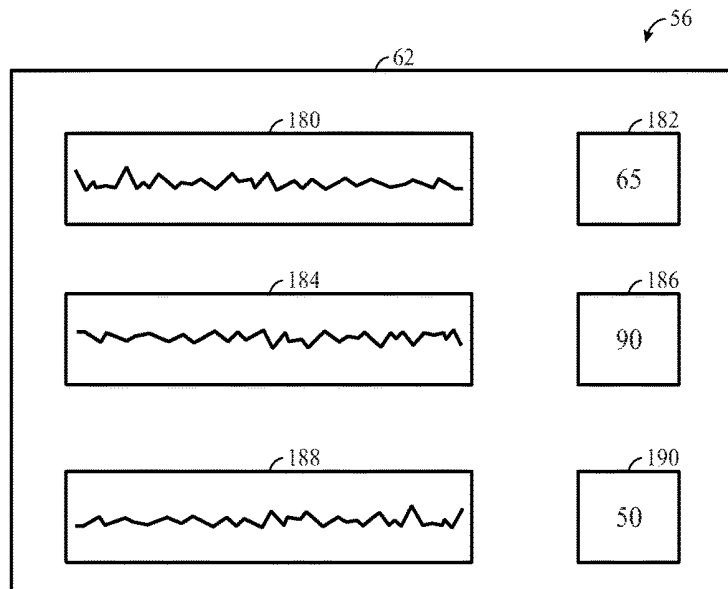


FIG. 8

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REGIONAL SATURATION SYSTEM WITH ENSEMBLE AVERAGING

CROSS-REFERENCE TO RELATED APPLICATION

This application claims priority to and the benefit of U.S. Provisional Application No. 62/137,314, entitled "Regional Saturation System with Ensemble Averaging", filed Mar. 24, 2015, which is herein incorporated by reference in its entirety.

BACKGROUND

The present disclosure relates generally to regional oximetry and, more particularly, to ensemble averaging of pulses in a detected waveform from a regional oximeter.

This section is intended to introduce the reader to various aspects of art that may be related to various aspects of the present disclosure, which are described and/or claimed below. This discussion is believed to be helpful in providing the reader with background information to facilitate a better understanding of the various aspects of the present disclosure. Accordingly, it should be understood that these statements are to be read in this light, and not as admissions of prior art.

In the field of medicine, medical practitioners often desire to monitor certain physiological characteristics of their patients. Accordingly, a wide variety of devices have been developed for monitoring physiological characteristics. Such devices provide doctors and other healthcare personnel with the information they need to provide healthcare for their patients. As a result, such monitoring devices have become an indispensable part of modern medicine. One technique for monitoring certain physiological characteristics of a patient is commonly referred to as regional oximetry, and the devices built based upon regional oximetry techniques are commonly referred to as regional oximeters.

A regional oximeter is typically used to measure various physiological characteristics, such as the blood oxygen saturation within the venous, arterial, and capillary systems within a region of a patient. Measurement of these characteristics has been accomplished by use of a non-invasive sensor that passes light through a portion of a patient's blood perfused tissue and photo-electrically senses the absorption and scattering of light in such tissue. For example, a regional oximetry sensor may include one or more emitters that emit one or more wavelengths of light and two or more detectors that photo-electrically sense the absorption and/or scattering of the light after passage through a region of the patient's tissue. During operation, a regional oximeter typically compares the relative intensities of light received at the two or more detectors to determine a regional oxygen saturation (rSO_2) value that corresponds to the blood oxygen saturation within the venous, arterial, and capillary systems of the region of the patient's tissue.

Because the regional oximetry sensor detects light that has passed through the venous, arterial, and capillary systems of the region of the patient's tissue, the signal from the regional oximetry sensor (e.g., a photo-plethysmographic (PPG) signal) may include arterial pulses and venous pulses. Arterial pulses are caused by an increased volume of arterial blood ejected from the heart and may be used to determine arterial oxygen saturation. Venous pulses are caused by the return flow of venous blood to the heart and may be used to determine venous oxygen saturation. However, it may be difficult to identify the arterial and venous pulses in the PPG

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signal due to the placement of the regional oximetry sensor on the body (e.g., a location with a weak arterial pulse, such as the forehead) and the emitter-detector spacing of the regional oximetry sensor. Consequently, it may be difficult to separately determine arterial oxygen saturation and venous oxygen saturation using a regional oximetry sensor.

BRIEF DESCRIPTION OF THE DRAWINGS

Advantages of the disclosed techniques may become apparent upon reading the following detailed description and upon reference to the drawings in which:

FIG. 1 is a perspective view of a medical system including a medical monitor and a regional oximetry sensor, in accordance with an embodiment;

FIG. 2 is a block diagram of components of a medical system configured to receive a trigger input, in accordance with an embodiment; and

FIG. 3 is a schematic view of a medical system including a regional oximetry monitor configured to receive a trigger input from one or more external medical devices, in accordance with an embodiment;

FIG. 4 illustrates a flow diagram of a method for calculating physiological parameters based at least in part on a trigger signal having a frequency corresponding to a periodic physical activity of a patient, in accordance with an embodiment;

FIG. 5 illustrates a flow diagram of a method for calculating regional arterial oxygen saturation based at least in part on a trigger signal having a frequency corresponding to a cardiac cycle of a patient, in accordance with an embodiment;

FIG. 6 illustrates a flow diagram of a method for calculating regional venous oxygen saturation based at least in part on a trigger signal having a frequency corresponding to a respiratory cycle of a patient, in accordance with an embodiment;

FIG. 7 illustrates a flow diagram of a method for calculating regional mixed saturation based at least in part on a regional arterial oxygen saturation value and a regional venous oxygen saturation value, in accordance with an embodiment; and

FIG. 8 is a perspective view of a medical monitor displaying regional arterial oxygen saturation, regional venous oxygen saturation, and regional mixed oxygen saturation.

DETAILED DESCRIPTION OF SPECIFIC EMBODIMENTS

One or more specific embodiments of the present techniques will be described below. In an effort to provide a concise description of these embodiments, not all features of an actual implementation are described in the specification. It should be appreciated that in the development of any such actual implementation, as in any engineering or design project, numerous implementation-specific decisions must be made to achieve the developers' specific goals, such as compliance with system-related and business-related constraints, which may vary from one implementation to another. Moreover, it should be appreciated that such a development effort might be complex and time consuming, but would nevertheless be a routine undertaking of design, fabrication, and manufacture for those of ordinary skill having the benefit of this disclosure.

As noted above, the signal from a regional oximetry sensor (e.g., a photo-plethysmographic (PPG) signal) may include arterial pulses and venous pulses. Arterial pulses are

related to the pulsatile flow of blood ejected from the heart, and as such, occur at a frequency corresponding to the cardiac cycle (e.g., heart rate) of a patient. Arterial pulses may be used to determine the patient's pulse rate and arterial oxygen saturation and may also be used to determine whether the sensor is on the patient. Periodic variations in venous blood volume (also called venous pulses in this document) are caused by the return flow of venous blood to the heart and may be used to determine venous oxygen saturation as well as to determine if the sensor is on the patient. The venous return varies from changing intrathoracic pressure during spontaneous respiration or mechanical ventilation, and as such, the venous pulses occur at a frequency corresponding to the respiration cycle of the patient. Accordingly, it may be desirable to extract the arterial pulses and venous pulses from the PPG signal to separately determine arterial oxygen saturation and venous oxygen saturation, as well as to determine whether the sensor is on the patient. However, it may be difficult to identify the arterial and/or venous pulses in the PPG signal from artifact pulses and noise because the PPG signal may have a low signal-to-noise ratio (e.g., due to the placement of the regional oximetry sensor on the body and/or the emitter-detector spacing of the regional oximetry sensor).

As described in detail below, the systems and methods provided herein are directed toward ensemble averaging pulses in a detected waveform from a regional oximeter based at least in part upon a trigger signal. Ensemble averaging is a temporal averaging scheme that may be utilized to combine similar signals or similar portions of the same signal in order to improve the SNR of the acquired data. In particular, ensemble averaging is used to calculate a weighted average of new samples and previous ensemble-averaged samples from one pulse-period earlier, and this weighted average may be utilized to determine a desired blood characteristic, such as arterial oxygen saturation and/or venous oxygen saturation or features extracted from the shape of an ensemble averaged arterial or venous cycle. For example, during a typical ensemble averaging operation, different weights may be assigned to different pulses, and a composite, averaged pulse waveform may be used to determine the desired blood characteristic.

The trigger signal, which will be described in more detail below, may be used to synchronize pulses of regional oximetry signals (e.g., arterial pulses or venous pulses) when computing an ensemble average. For example, the trigger signal may be a reference time or reference point used to determine or fix (e.g., define, identify, designate, establish, etc.) the temporal location of the pulse (e.g., the beginning and width of each pulse). Thus, rather than analyzing the regional oximetry signal to identify pulses, the trigger signal may be used to fix (e.g., define, identify, designate, establish, etc.) the temporal location of one or more pulses in the regional oximetry signal. Accordingly, during ensemble averaging, a number of pulses may be added together, with the beginning of each pulse or a relatively consistent offset from the start of each pulse determined by the trigger signal. In this manner, the pulses may add in phase and aperiodic portions of the signal (e.g., portions containing artifacts or physiological features which occur at a different rate than the trigger) that are not synchronized using the trigger signal may add in cancelling manner, which may increase the SNR of the detected pulses.

In certain embodiments, the trigger signal may have a frequency corresponding to a periodic activity of the patient. For example, in some embodiments, the trigger signal may have a frequency corresponding to a cardiac cycle of a

patient and may be used to determine or define (e.g., identify, designate, establish, etc.) the location of arterial pulses in the PPG signal. In other embodiments, the trigger signal may have a frequency corresponding to a respiratory cycle of the patient and may be used to determine or define (e.g., identify, designate, establish, etc.) the location of venous pulses in the PPG signal. In some embodiments, the trigger may have a relatively consistent offset from the signal of interest which will result in a useful ensemble average with a corresponding phase shift. For example, a trigger from electrocardiography (ECG) R-wave detection or a pulse oximeter located on the periphery may be phase shifted relative to the timing of an arterial pulse collected from a regional saturation sensor located on the forehead. However, the trigger will occur at the correct rate and a simple time shift of the data corrects for the phase difference. For this reason, averaging may start slightly before the trigger and end slightly after the trigger.

With this in mind, FIG. 1 depicts an embodiment of a medical system 10 that may utilize a trigger signal to ensemble average one or more physiologic signals to determine one or more physiological characteristics of a patient. The medical system 10 includes a regional oximetry sensor 12 that is communicatively coupled to a medical monitor 14, which may be a regional oximetry monitor. The regional oximetry sensor 12 may be configured for use on a patient's head (e.g., forehead), back, stomach, heel, ear, arm, leg, or any other appropriate measurement site. Further, although only one regional oximetry sensor 12 is shown coupled to the medical monitor 14 in FIG. 1, in other embodiments, two, three, four, or more regional oximetry sensors 12 may be coupled to the medical monitor 14. For example, two regional oximetry sensors 12 may be used for cerebral oximetry and simultaneously two other regional oximetry sensors 12 used for somatic oximetry.

The regional oximetry sensor 12 may include two or more emitters 16 configured to emit light at two or more different wavelengths, such as light in the red and infrared range. The regional oximetry sensor 12 may also include two or more detectors 18: one that is relatively "close" to the two or more emitters 16 and one that is relatively "far" from the two or more emitters 16. The two or more detectors 18 detect the emitted light after it has passed through a region of the patient's tissue and generate photoplethysmography (PPG) signals based on the detected light. In one embodiment, the regional oximetry sensor 12 may include only one detector 18. A signal representing light intensity versus time or a mathematical manipulation of this signal (e.g., a scaled version thereof, a log taken thereof, a scaled version of a log taken thereof, etc.) may be referred to as the photoplethysmograph (PPG) signal. In addition, the term "PPG signal," as used herein, may also refer to an absorption signal (i.e., representing the amount of light absorbed by the tissue) or any suitable mathematical manipulation thereof.

The monitor 14 may include a processor configured to execute code (e.g., stored in a memory of the monitor 14 or received from another device) for filtering and/or processing the PPG signals from the regional oximetry sensor 12 to calculate physiological parameters, such as regional arterial oxygen saturation, regional venous oxygen saturation, regional mixed oxygen saturation, regional oxygen extraction ratio, and/or any other suitable physiological parameters. As will be described in more detail below, processing the PPG signals may include ensemble averaging the PPG signals using a trigger signal. For example, in one embodiment, the trigger signal may be determined by the monitor 14 using PPG signals from the "close" detector 18. That is,

in some instances, the PPG signal detected by the “close” detector **18** may include arterial pulses that are sufficiently strong to be identified (e.g., detected) by the monitor **14**, and the monitor **14** may be configured to use the detected arterial pulses from the “close” detector as a trigger signal to ensemble average PPG signals generated by the “far” detector. In other embodiments, the regional oximetry sensor **12** may include an even closer detector/emitter pair (e.g. 10 mm spacing) to generate a trigger and may use a different optical wavelengths in this emitter/detector pair such as, for example, a wavelength that has higher absorption in blood since the change in light levels will be greater with small changes in blood flow under the sensor. For example, in one embodiment, the regional oximetry sensor **12** may include an additional emitter **16** and/or an additional detector **18** (e.g., a third emitter **16** and/or a third detector **18**) to create an emitter/detector pair with a spacing at or below a predetermined threshold (e.g., 10 mm), and this emitter/detector pair may be used for the trigger. Other embodiments with two sensors on the forehead (e.g., regional oximetry sensors **12**) and two sensors on the body (e.g., regional oximetry sensors **12**) may select the ‘best’ signal from all sensors to use as a trigger for all of them, or may combine the inputs from more than one sensor to generate a trigger by first averaging (or weighted averaging) of the signals collected from all emitter/detectors pairs.

Additionally, the processor of the monitor **14** may execute code (e.g., stored in a memory of the monitor **14** or received from another device) for filtering and/or processing the PPG signals from the regional oximetry sensor **12** to determine whether the regional oximetry sensor **12** is on the patient. As will be described in more detail below, the processor of the monitor **14** may determine one or more features of the PPG signals, such as the pulse amplitude, the pulse shape, the pulse period, the dicrotic notch, or any other suitable features, and may analyze the one or more features to determine whether the regional oximetry sensor **12** is on the patient. For example, the monitor **14** may analyze the one or more features of the PPG signals to determine whether the PPG signals include valid pulses (e.g., arterial pulses and/or venous pulses) and may determine that the regional oximetry sensor **16** is on the patient in response to a determination that the PPG signals include valid pulses. In some embodiments, the one or more features may not be visible or distinguishable in the raw PPG signals. As such, in some embodiments, processing the PPG signals may include ensemble averaging the PPG signals using a trigger signal. For example, by ensemble averaging the PPG signals using a trigger signal, the monitor **14** may determine or define (e.g., identify, designate, establish, etc.) the location of pulses (e.g., arterial pulses and/or venous pulses) in the PPG signal, and the monitor **14** may determine the one or more features from the pulses.

The monitor **14** also includes a display **20** configured to display information regarding the physiological parameters monitored by the regional oximetry sensor **12**. For example, the display **20** may display one or more physiological waveforms **22**, such as a PPG waveform, a regional arterial oxygen saturation waveform, a regional venous oxygen saturation waveform, a regional mixed oxygen saturation waveform, or any other suitable physiological waveforms. Additionally, the display **20** may display one or more calculated physiological parameters **24**, such as regional arterial oxygen saturation, regional venous oxygen saturation, regional mixed oxygen saturation, regional oxygen extraction ratio, or any other suitable physiological parameter. The display **20** may also display information related to

alarms, monitor settings, and/or signal quality. In certain embodiments, the display **20** may be a touch screen display. Additionally, the monitor **14** may include various control inputs **26**, such as knobs, switches, keys and keypads, buttons, etc., for receiving user inputs.

FIG. 2 illustrates a block diagram of a processing system **50** for ensemble averaging a signal based on a trigger to determine a physiological parameter. The block diagram illustrates the interactions among some of the components of the system **50**, including a physiological input **52**, a trigger input **54**, and a monitor **56** (e.g., the monitor **14**). The monitor **56** includes a processor **58**, a memory **60**, and a display **62** (e.g., the display **20**). The memory **60** may include instructions, code, and/or algorithms that may be read and executed by the processor **58** to perform the techniques disclosed herein. In certain embodiments, the physiological input **52** may include an incoming raw or processed physiologic signal. For example, in some embodiments, the physiological input **52** may be a filtered and/or amplified physiologic signal. In other embodiments, the physiological input **52** may include measured or calculated physiologic data. The physiological input **52** may be received from a sensor coupled to the patient (e.g., the regional oximetry sensor **12**) or from other medical devices.

The trigger input **54** may include an incoming raw or processed signal, such as a raw or processed physiologic signal. The trigger input **54** may be received from a sensor coupled to the patient, a medical device, a processor-based device, and/or any suitable device. The trigger input **54** may be a signal with a frequency corresponding to a periodic physiological activity of a patient. For example, in certain embodiments, the trigger input **54** may be a signal with a frequency corresponding to a cardiac cycle of the patient. In other embodiments, the trigger input **54** may be a signal with a frequency corresponding to a respiratory cycle of the patient. Additionally, in some embodiments, the monitor **26** may be configured to receive a first trigger input **54** with a frequency corresponding to a cardiac cycle of the patient and a second trigger input **54** with a frequency corresponding to a respiratory cycle of the patient, and the first and second trigger inputs **54** may come from the same source or different sources. In other embodiments, the trigger input **54** may be a simulated physiologic signal with a frequency corresponding to a physiological activity of a patient. For example, the trigger input **54** may be a simulated physiological signal with a frequency corresponding to the patient’s heart rate measured by a suitable medical monitor or a simulated physiological signal with a frequency corresponding to the patient’s respiration rate measured by a suitable medical monitor.

In embodiments in which the trigger input **54** has a frequency corresponding to a cardiac cycle of the patient, the trigger input **54** may be received from a sensor, medical device, and/or processor-based device configured to monitor or determine information relating to the cardiac cycle of the patient, such as the heart rate of the patient or the electrocardiography (ECG) waveform of the patient. For example, the trigger input **54** may include a signal received from ECG electrodes configured to detect an ECG waveform of the patient or a signal received from an ECG monitor. In some embodiments, the trigger input **54** may be a signal received from a heart rate sensor or a heart rate monitor. In other embodiments, the trigger input **54** may include a signal received from a pulse oximetry sensor or a signal received from a pulse oximeter. Additionally, in other embodiments, the trigger input **54** may include a signal received from a blood pressure sensor, a blood pressure monitor, and/or a

plethysmographic sensor. In certain embodiments, the pulse oximetry sensor providing the trigger input **54** may be attached to or integrated with the sensor providing the physiological input **52** (e.g., the regional oximetry sensor **12**). In certain embodiments, the processor **58** may be configured to extract an arterial pulse waveform (e.g., a waveform including arterial pulses) from a PPG signal generated by a pulse oximetry sensor and to use the extracted arterial pulse waveform as the trigger input **54**. A PPG signal generated by a pulse oximetry sensor may include stronger arterial pulses than a PPG signal generated by a regional oximetry sensor due to the placement of the pulse oximetry sensor compared to the placement of the regional oximetry sensor (e.g., a pulse oximetry sensor may be placed about a finger which may have a strong arterial pulse, and a regional oximetry sensor may be placed about the forehead, which may have a weak arterial pulse). Additionally, a pulse oximetry sensor may be more sensitive to arterial pulses compared to regional oximetry sensors due to the closer emitter-detector spacing of the pulse oximetry sensor relative to the emitter-detector spacing of the regional oximetry sensor.

In certain embodiments, the trigger input **54** may be a signal received from the “close” detector **18** of the regional oximetry sensor **12**. That is, in some instances, the signal generated by the “close” detector **18** may include sufficiently strong arterial pulses, which may be identified and/or extracted by the monitor **56**. In some embodiments, the monitor **56** (e.g., the processor **58**) may be configured to analyze a signal received from the “close” detector **18** to determine whether the signal includes identifiable arterial pulses (e.g., pulses having an amplitude above a predetermined threshold, pulses having a shape that corresponds to an arterial pulse, etc.). If the monitor **56** determines that the signal includes identifiable arterial pulses, the monitor **56** may determine that the regional oximetry sensor **16** is on the patient and may use the signal as the trigger input **54**. If the monitor **56** determines that the signal from the “close” detector **18** does not include identifiable arterial pulses, the monitor **56** may be configured to utilize a trigger input **54** from a different source instead of the regional oximetry sensor **12**. Other trigger sources that indicate the cardiac cycle may include blood pressure monitoring (e.g., via a blood pressure sensor) or artificial pacemakers.

In embodiments in which the trigger input **54** has a frequency corresponding to a respiratory cycle of the patient, the trigger input **54** may be received from a sensor, medical device, and/or processor-based device configured to monitor or determine information relating to the respiratory cycle of the patient, such as the respiration rate of the patient or the intrathoracic pressure of the patient. For example, the trigger input **54** may include a signal received from a capnograph, a ventilator, or a Zephyr™ patient monitor. In certain embodiments, the trigger input **54** may be a trans-thoracic impedance signal received from an ECG monitor, a nasal cannula or thermistor, a strain gauge on a respiration band, or a respiration impedance plethysmograph. In some embodiments, the trigger input **54** may be a signal from a pulse oximetry sensor or a pulse oximeter. For example, a pulse oximeter and/or the processor **58** may be configured to implement an algorithm to determine the patient's respiration rate from the PPG signal generated by a pulse oximetry sensor. In one embodiment, the processor **58** may receive a PPG signal from a pulse oximetry sensor, process the PPG signal to extract an arterial pulse waveform to generate a first trigger input **54** with a first frequency corresponding to a cardiac cycle of the patient, and process the PPG signal

using a respiration rate algorithm to determine a second trigger input **54** with a second frequency corresponding to a respiratory cycle of the patient.

In certain embodiments, the monitor **56** may be configured process or qualify the trigger input **54** to extract and/or identify a desired trigger waveform, such as an arterial trigger waveform including arterial trigger pulses or a venous trigger waveform including venous trigger pulses. For example, the monitor **56** may include one or more filters configured to remove arterial pulses. In one embodiment, the filter may be a low pass filter that passes frequencies that are lower than the heart rate. In some embodiments, the filter may be adaptive or selected from a bank of filters based on estimated heart rates or respiration rates, or based on the input frequency of cardiac cycle (e.g., heart rate) or respiratory cycle (e.g., respiration rate) trigger inputs **54**. When more than one trigger is available, an algorithm may select the best source or combine multiple triggers to generate an improved estimate.

The processor **58** may be configured to ensemble average the physiological input **52** using the trigger input **54**. In particular, the trigger input **54** may be used by the processor **58** to determine or define (e.g., fix, establish, identify, etc.) the occurrence and period (e.g., duration) of one or more pulses in the physiological input **52**. For example, in embodiments in which the trigger input **54** has a frequency corresponding to a cardiac cycle of the patient, the processor **58** may be configured to determine or define (e.g., fix, establish, identify, etc.) the beginning and end of one or more arterial pulses in the physiological input **52** based on the trigger input **54** (e.g., based on the patient's heartbeat). Further, in embodiments in which the trigger input **54** has a frequency corresponding to the respiratory cycle of the patient, the processor **58** may be configured to determine or define (e.g., fix, establish, identify, etc.) the beginning and end of one or more venous pulses in the physiological input **52** based on the trigger input **54** (e.g., based on the patient's respiration rate).

The processor **58** may then ensemble average the physiological input **52** by adding pulses of the physiological input **52** determined by the trigger input **54** so that the pulses add in phase and aperiodic portions of the physiological input **52** that are not synchronized using the trigger input **54** add in a cancelling manner to increase the SNR of the physiological input **52**. For example, the processor **58** may add each new pulse of the physiological input **52** to a previous ensemble-averaged pulse from one pulse period earlier (e.g., the first pulse of the physiological input **52** may be used as the first ensemble-averaged pulse) to generate an updated ensemble-averaged physiological input **52** (e.g., an updated ensemble-averaged pulse of the physiological input **52**). In some embodiments, the processor **58** may be configured to assign a weight to each pulse and combine the weighted pulses to generate the ensemble average. For example, in one embodiment, the new ensemble averaged pulse ($P_{e(new)}$) may be given by the following equation:

$$P_{e(new)[n]} = [(1-w_a) \times P_{e[n]}] + (w_a \times P_p[k]); \quad (1)$$

where w_a is the assigned weight taking on a value between 0 and 1, P_p is the most recent pulse, and P_e is the current ensemble averaged pulse. However, any of a variety of weighted or non-weighted ensemble averaging methods known to those skilled in the art may be employed to combine pulses of the physiological input **52**. In certain embodiments, the assigned weight, w_a , may be constant. In other embodiments, the assigned weight may be variable. Further, it should be noted that the weight may vary along

the pulse. For example, if the peak and foot of the most recent pulse and ensemble averaged pulse substantially line up, a large portion of the most recent pulse may be used for averaging, but if the dicrotic notch appears out of alignment, less of this part of the most recent pulse may be used for averaging. As an alternative to equation (1), when the system has enough memory to store a number of past pulses, it may average them with equal weight as opposed to putting more weight on recent pulses. Different methods are possible depending on how quickly the signal of interest is changing. For example, if saturation is changing rapidly, putting more weight on recent pulses may be preferred but for slowly changing saturations, an equal weight over a certain history may give an improved estimate. The algorithm may also change in response to the pulse or respiration rate. For example, averaging 30 pulses may cover a minute long period in a patient with bradycardia or 15 seconds in a patient with tachycardia or a neonate. Additionally, the weighting of each pulse may be determined by the estimated signal quality. For example, irregular or ectopic beats may be excluded or weighed less in the averaging process as may pulses that appear noisy as determined by their frequency content, morphology, similarity to previous pulses or comparison to alternate waveforms such as pulses from a second sensor.

In certain embodiments, the processor **58** may be configured to assign a higher weight to pulses that are determined to be valid pulses and a lower weight to pulses that are determined to include noise, artifacts, and/or irregular features. To determine whether a pulse is a valid pulse or is a pulse including noise, artifacts and/or irregular features, the processor **58** may determine one or more features of the pulse, such as the pulse amplitude, the pulse shape, the pulse period, the dicrotic notch, or any other suitable features. In certain embodiments, the one or more features may not be visible or distinguishable in the raw PPG signal. As such, ensemble averaging using the trigger signal may be desirable to extract (e.g., determine) the one or more features from the PPG signal. The one or more features of the pulse may be provided as an input to logic **64** stored on the memory **60** of the monitor **56** to determine whether the pulse is a valid pulse or is a pulse that includes noise, artifacts, and/or irregular features (e.g., an ectopic or irregular arterial pulse). The logic **64** may compare the one or more features against one or more predetermined thresholds, predetermined threshold ranges, and/or one or more predetermined pulse shapes. In certain embodiments, the logic **64** may include a neural network, fuzzy logic classifier, a Bayesian network, and/or a mathematical model for analyzing the one or more features to determine whether the one or more features likely correspond to a valid pulse or a pulse containing noise, artifact, and/or irregular features. Additionally, the logic **64** may be configured to analyze the one or more features of the pulse (e.g., an ensemble averaged pulse), such as the pulse amplitude, the pulse shape, the pulse period, the dicrotic notch, or any other suitable features, to determine whether the sensor that provided the physiological input **52** (e.g., the regional oximetry sensor **12**) is on the patient. For example, in some embodiments, the logic **64** may be configured to determine that the sensor is on the patient if the logic **64** determines that the pulse is a valid pulse based at least in part on the one or more features. In certain embodiments, the processor **58** may be configured to generate a user-perceivable indication (e.g., via a speaker and/or the display **62**) in response to a determination that the sensor is not on the patient.

In certain embodiments, the processor **58** may be configured to process the one or more pulses determined by the trigger input **54** to account for variations in the frequency of the periodic physical activity of the patient (e.g., the cardiac cycle or the respiratory cycle). For example, the cardiac cycle (e.g., the heart rate) of the patient may vary slightly due to respiratory sinus arrhythmia, in which the heart rate changes slightly during the inhalation and exhalation phases of respiration. Additionally, the patient's respiration rate may also change over time. The time-varying heart rate and respiration rate may result in pulses (e.g., arterial pulses and venous pulses, respectively) that have varying pulse periods (e.g., widths). However, ensemble averaging pulses with varying pulse periods may result in blurring of the ensemble average.

Accordingly, in some embodiments, the processor **58** may be configured to reduce the weighting of pulses that differ from the average or implement a variety of linear or non-linear scaling methods to dynamically scale, stretch, or warp the width of the ensemble averaged pulse, the most recent pulse, or both, such that when the ensemble averaged pulse and the most recent pulse are combined (e.g., ensemble averaged), time axis uniformity of the most recent pulse and the ensemble averaged pulse has been established. That is, the processor **58** may be configured to dynamically scale, stretch, or warp the width of the ensemble averaged pulse, the most recent pulse, or both, to generate a substantially uniform width (e.g., a substantially equal width) for the ensemble averaged pulse and the most recent pulse. The processor **58** may be configured to dynamically scale, stretch, or warp the width of the ensemble averaged pulse, the most recent pulse, or both, using the methods discussed in U.S. Patent Publication No. 2014/0187884 and U.S. Patent Publication No. 2014/0187883, each of which are incorporated by reference in their entirety for all purposes. For example, in one embodiment, the processor **58** may be configured to identify one or more fiducial points (e.g., peaks, troughs, and so forth) of a waveform (e.g., the most recent pulse or the ensemble averaged pulse) and may dynamically scale, stretch, or warp the portions of the waveform between the one or more identified fiducial points. Additionally, in certain embodiments, the processor **58** may be configured to normalize or scale the vertical axis of the ensemble averaged pulse, the most recent pulse, or both.

The processor **58** may be configured to determine one or more physiological parameters **66** based at least in part upon the ensemble averaged pulses. In some embodiments, the processor **58** may be configured to determine or identify pulse rate and/or respiration rate based at least in part upon the ensemble averaged pulses (e.g., arterial pulses and/or venous pulses) using a variety of algorithms or methods known to those of skill in the art. In certain embodiments, the processor **58** may be configured to determine regional arterial oxygen saturation based at least in part upon the ensemble averaged arterial pulses. Additionally or alternatively, the processor **58** may be configured to determine regional venous oxygen saturation based at least in part upon the ensemble averaged venous pulses. That is, in some embodiments, the processor **58** may determine ensemble averages for both arterial pulses and venous pulses from the physiological input **52** to separately determine regional arterial oxygen saturation and regional venous oxygen saturation. Determining and displaying both regional arterial oxygen saturation and regional venous oxygen saturation, in addition to or instead of the regional mixed oxygen saturation, may be desirable because it may provide more infor-

mation to the caregiver than only displaying the regional mixed oxygen saturation. For example, if the patient vasoconstricts or vasodilates or if the blood pressures changes, then the mix of arterial and venous blood assumed by typical regional saturation systems could be in error, so monitoring and displaying the venous oxygen saturation independently may be beneficial to provide additional information to the caregiver.

The processor 58 may be configured to determine the regional arterial oxygen saturation and the regional venous oxygen saturation from the arterial pulses and the venous pulses, respectively, using any of a variety of algorithms and methods known to those of skill in the art. For example, in some embodiments, the processor 58 may be configured to contrast the pulses for the two wavelengths (e.g., red and infrared) at each location (e.g., the “far” detector 18 and the “close” detector 18) to determine a regional saturation value that pertains to additional tissue through which the light received at the “far” detector 18 passed (tissue in addition to the tissue through which the light received by the “close” detector 18 passed, e.g., the brain tissue), when it was transmitted through a region of a patient (e.g., a patient’s cranium). For example, the processor 58 may subtract the arterial pulses from the “close” detector 18 (e.g., the “shallow” pulses) from the arterial pulses from the “far” detector 18 (e.g., the “deep” pulses) for each wavelength to generate an arterial difference signal for each wavelength and may determine the regional arterial oxygen saturation based on the arterial difference signal for each wavelength. Similarly, the processor 58 may subtract the venous pulses from the “close” detector 18 (e.g., the “shallow” pulses) from the venous pulses from the “far” detector 18 (e.g., the “deep” pulses) for each wavelength to generate a venous difference signal for each wavelength and may determine the regional venous oxygen saturation based on the venous difference signal for each wavelength. In other embodiments, the processor 58 may be configured to subtract the PPG signal from the “close” detector 18 (e.g., the “shallow” PPG signal) from the PPG signal from the “far” detector (e.g., the “deep” PPG signal) for each wavelength to generate a difference signal for each wavelength before the PPG signals are ensemble averaged using the trigger input 54. In such embodiments, the difference signal for each wavelength may be ensemble averaged using the trigger input 54 to determine or define the arterial pulses or venous pulses.

In certain embodiments, the processor 58 may perform a ratio of ratios calculation based on the difference signal for each wavelength. For example, the processor 58 may calculate a first percent modulation for a first difference signal at a first wavelength of light by dividing the change in light level due to arterial pulses (sometimes called AC component) by the baseline (low frequency, sometimes called DC) component. Low frequency changes in the baseline due to respiration and other sources may be attenuated by high pass filtering or band pass filtering the light signal to isolate the arterial pulse frequency from the respiration. The processor 58 may similarly calculate a second percent modulation for a second difference signal at a second wavelength of light. The processor 58 may divide (e.g., take the ratio of) the first percent modulation at the first wavelength by the second percent modulation at the second wavelength to determine a ratio of ratios (e.g., an arterial ratio of ratios) which can be calibrated to a regional arterial oxygen saturation for specific wavelengths of light. For example, the processor 58 may determine the regional arterial oxygen saturation based on the ratio of ratios using a look-up table that correlates ratio of ratios values with regional arterial oxygen saturation.

Similarly, the processor 58 may determine regional venous oxygen saturation by calculating a first percent modulation for a first difference signal at a first wavelength of light by dividing the change in light level due to venous pulses by the baseline. Arterial pulses may be attenuated by high pass filtering or band pass filtering. Additionally, the processor 58 may similarly calculate a second percent modulation for a second difference signal at a second wavelength of light and may divide the first percent modulation by the second percent modulation to determine the ratio of ratios (e.g., a venous ratio of ratios) which can be calibrated to a regional venous oxygen saturation for specific wavelengths of light. Accordingly, the processor 58 may determine the regional venous oxygen saturation based on the ratio of ratios using a look-up table that correlates ratio of ratios values with regional venous oxygen saturation.

In some embodiments, the processor 58 may be configured to determine a physiological parameter of the patient, such as regional arterial oxygen saturation, regional venous oxygen saturation, regional mixed oxygen saturation, pulse rate, or respiration rate, based at least in part upon one or more features extracted from the ensemble averaged pulse (e.g., venous pulses or arterial pulses). For example, the processor 58 may be configured to determine the physiological parameter based at least in part upon one or more features such as, but not limited to, the pulse amplitude, the pulse shape, the pulse period, and/or the dicrotic notch. It should be noted that in certain embodiments, these features may not be visible or distinguishable in the raw PPG signal. Thus, ensemble averaging the pulses using the trigger signal may be desirable to extract or determine the one or more features.

Additionally, in some embodiments, the processor 58 may be configured to determine a regional mixed oxygen saturation value based at least in part upon the regional arterial oxygen saturation and the regional venous oxygen saturation. For example, in one embodiment, the regional mixed oxygen saturation ($S_{r,m}O_2$) may be given by the following equation:

$$S_{r,m}O_2 = x(S_{r,a}O_2) + (1-x)(S_{r,v}O_2); \quad (2)$$

where x is the percentage of regional blood volume that is arterial, $S_{r,a}O_2$ is the regional arterial oxygen saturation, and $S_{r,v}$ is the regional venous oxygen saturation. In certain embodiments, the value of x may be stored in the memory 60 of the monitor 56. In some embodiments, the value of x may be between approximately 15 percent and 40 percent, 20 percent and 30 percent, or any other suitable range. In one embodiment, the processor 58 may be configured to determine the value of x or modify a stored value of x based at least in part upon information from the physiological input 52, the arterial pulses, the venous pulses, or any combination thereof.

Further, in some embodiments, the processor 58 may be configured to determine an oxygen extraction ratio for the region of the tissue monitored by the sensor (e.g., the regional oximetry sensor 12) to generate the physiological input 52. The oxygen extraction ratio is the ratio of oxygen consumption to oxygen delivery and may provide additional information to a caregiver regarding the patient’s condition. In one embodiment, the oxygen extraction ratio (O_2ER) may be given by the following equation:

$$O_2ER = \frac{S_{r,a}O_2 - S_{r,v}O_2}{S_{r,a}O_2}; \quad (3)$$

where $S_{r,a}O_2$ is the regional arterial oxygen saturation and $S_{r,v}$ is the regional venous oxygen saturation.

The processor 58 may be configured to cause the display of the one or more physiological parameters 66 (e.g., the regional arterial oxygen saturation, the regional venous arterial oxygen saturation, the regional mixed oxygen saturation, the oxygen extraction ratio, and/or any other suitable physiological parameters) on the display 62. Additionally, the processor 58 may be configured to apply alarm logic 68 (e.g., stored on memory 60) that generates an alarm status for the one or more physiological parameters 66 based at least in part upon one or more alarm conditions stored in the memory 60. The processor 58 may activate an alarm by activating a sound, a buzzer, a vibration, a light, a text message, and so forth in response to a generated alarm status.

As noted above, the monitor 56 may receive the trigger input 54 from a variety of sources that may be external to the monitor 56. For example, FIG. 3 illustrates an embodiment of a system 80 including the monitor 56 and the regional oximetry sensor 12, which is configured to provide the physiological input 52 to the monitor 56. As noted above, the regional oximetry sensor 12 may be configured to provide the trigger input 54 to the monitor 56 if the “close” detector 18 is able to detect a sufficiently strong arterial pulse. The processor 58 may analyze the signal from the “close” detector 18 to determine whether arterial pulses may be identified from the signal and used as the trigger input 54. If the processor 58 determines that the signal from the “close” detector 18 does not include identifiable or adequate arterial pulses to be used as the trigger input 54, the processor 58 may be configured to utilize a trigger input 54 received from a source external to the monitor 56.

For example, in certain embodiments, the monitor 56 may be communicatively coupled to one or more additional sensors 82 monitoring the patient. The one or more additional sensors 82 may be any suitable sensor configured to provide a signal having a frequency related to a periodic physical activity of the patient, a signal having a frequency related to a cardiac cycle of the patient, a signal having a frequency related to a respiratory cycle of the patient, or any combination thereof. For example, the one or more additional sensors 82 may include, but are not limited to, an ECG sensor, a pulse oximetry sensor, a heart rate sensor, a blood pressure sensor, a plethysmographic sensor, a thermistor (e.g., in or on a nasal cannula), and/or a strain gauge (e.g., on a respiration band). It should be appreciated that the monitor 56 may be configured to process (e.g., filter, amplify, etc.) signals received from the one or more additional sensors 82 to generate a suitable trigger input 54. For example, in one embodiment, the monitor 56 may be configured to remove pulsatile portions (e.g., via a low pass filter) of a signal having a frequency related to a respiratory cycle of the patient. In one embodiment, the monitor 56 may be configured to analyze signals received from two or more additional sensors 82 and may select the signal with the highest signal quality to use as the trigger input 54. In other embodiments, the monitor 56 may combine signals two or more additional sensors 82 to generate the trigger input 54.

Additionally or alternatively, the monitor 56 may be communicatively coupled to one or more medical devices 84 monitoring the patient and/or providing therapeutic treatments to the patient. The one or more medical devices 84 may be any suitable medical device configured to provide a signal having a frequency related to a periodic physical activity of the patient, a signal having a frequency related to a cardiac cycle of the patient, a signal having a frequency

related to a respiratory cycle of the patient, or any combination thereof. For example, the one or more medical devices 84 may include, but are not limited to, a pulse oximeter, an ECG monitor, a capnograph, a ventilator, a blood pressure monitor, or a Zephyr™ patient monitor, or any combination thereof. It should be appreciated that, in certain embodiments, the one or more medical devices 84 may be configured to receive signals from one or more sensors 86 monitoring the patient, and the one or more medical devices 84 may be configured to process the signals received from the one or more sensors 86 to generate the a signal having a frequency related to a periodic physical activity of the patient, a signal having a frequency related to a cardiac cycle of the patient, a signal having a frequency related to a respiratory cycle of the patient, or any combination thereof. Further, it should be noted that in some embodiments, the monitor 56 may be configured to process (e.g., filter, amplify, etc.) signals received from the one or more medical devices 84 to generate a suitable trigger input 54.

The present embodiments also provide various methods for ensemble averaging signals based at least in part on a trigger input and determining physiological parameters based on the ensemble averaged signals. For example, FIG. 4 illustrates a method 100 for calculating physiological parameters based at least in part on a trigger signal having a frequency corresponding to a periodic physical activity of a patient. The method 100 includes receiving (e.g., via the monitor 56) electromagnetic (EM) radiation signals from a regional oximetry sensor (e.g., the regional oximetry sensor 12) monitoring a patient (block 102). In certain embodiments, the monitor 56 may receive a first EM signal from the “close” detector 18 of the regional oximetry sensor 12 and a second EM signal from the “far” detector 18 of the regional oximetry sensor 12. Additionally, in some embodiments, both of the first and second EM signals may be generated in response to returned light emitted from the emitters 16 that are configured to emit two wavelengths of light (e.g., red and infrared). The method 100 may optionally include processing (e.g., via the monitor 56) the received EM signals (block 104). Processing the received EM signals may include filtering the EM signals to remove certain frequencies and/or amplifying the EM signals. In some embodiments, processing the received EM signals may include subtracting the first EM signal from the “close” detector 18 from the second EM signal from the “far” detector 18. Additionally, the method 100 includes receiving (e.g., via the monitor 56) a trigger signal (e.g., the trigger input 54) having a frequency corresponding to a periodic physical activity of the patient (block 106). For example, the trigger signal may have a frequency corresponding to a cardiac cycle of the patient or a frequency corresponding to a respiratory cycle of the patient. The trigger signal may be received from any of the sources described in detail above.

The method 100 also includes ensemble averaging (e.g., via the processor 58) the received EM signals using the received trigger signal to generate one or more ensemble averaged signals (block 108). For example, in certain embodiments, the regional oximetry sensor 12 may be configured to emit two wavelengths of light (e.g., red and infrared), and the processor 58 may be configured to separately ensemble average a first signal corresponding to the first wavelength of light and a second signal corresponding to the second wavelength of light. Further, in certain embodiments, the processor 58 may be configured to separately ensemble average the signals received from the “far” detector 18 of the regional oximetry sensor 12 and the

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signals received from the “close” detector **18** of the regional oximetry sensor **12**. Accordingly, in some embodiments, the processor **58** may generate a first ensemble averaged signal corresponding to the first wavelength of light from the “far” detector **18**, a second ensemble averaged signal corresponding to the first wavelength of light from the “close” detector **18**, a third ensemble averaged signal corresponding to the second wavelength of light from the “far” detector **18**, and a fourth ensemble averaged signal corresponding to the second wavelength of light from the “close” detector **18**. The processor **58** may subtract the ensemble averaged signal for the “close” detector **18** from the ensemble averaged signal from the “far” detector **18** for each wavelength. For example, the processor **58** may subtract the second ensemble averaged signal from the first ensemble averaged signal and may subtract the fourth ensemble averaged signal from the third ensemble averaged signal. In other embodiments, the processor **58** may subtract the EM signals from the “close” detector **18** from the EM signals from the “far” detector **18** before the EM signals are ensemble averaged, and the processor **58** may ensemble average the difference EM signal. The processor **58** may be configured to ensemble average the received EM signals using the trigger signal to determine or define (e.g., establish, identify, etc.) one or more pulses (e.g., arterial pulses or venous pulses) in the EM signals, as described in detail above.

Additionally, the method **100** includes calculating (e.g., via the processor **58**) one or more physiological parameters (e.g., the one or more physiological parameters **66**) based at least in part on the one or more ensemble averaged signals (block **110**). The processor **58** may be configured to implement any of suitable algorithm and/or method, such as the algorithms and techniques described in detail above to, to calculate one or more desired physiological parameters. For example, as described above, the processor **58** may be configured to calculate regional arterial oxygen saturation, regional venous oxygen saturation, regional mixed oxygen saturation, and/or a regional oxygen extraction ratio. Further, the method **100** includes displaying (e.g., via the display **62**) the one or more physiological parameters (block **112**).

FIG. **5** illustrates a method **120** calculating regional arterial oxygen saturation based at least in part on a trigger signal having a frequency corresponding to a cardiac cycle of a patient. The method **120** includes receiving (e.g., via the monitor **56**) electromagnetic (EM) radiation signals from a regional oximetry sensor (e.g., the regional oximetry sensor **12**) monitoring a patient (block **102**) and, optionally, includes processing (e.g., via the monitor **56**) the received EM signals (block **104**), as described above in FIG. **4**. The method **120** also includes receiving (e.g., via the monitor **56**) a trigger signal having a frequency corresponding to a cardiac cycle of the patient (block **122**). The trigger signal may be received from any suitable sources, such as a pulse oximetry sensor, a pulse oximeter, an ECG sensor, an ECG monitor, and/or a heart rate monitor.

Additionally, the method **120** includes ensemble averaging (e.g., via the processor **58**) the received EM signals using the received trigger signal to generate one or more ensemble averaged signals (block **108**), as described in FIG. **4**. As noted above in FIG. **2**, ensemble averaging EM signals based on a trigger with a frequency corresponding to a cardiac signal of the patient may enable the processor **58** to ensemble average arterial pulses of the EM signals, and the arterial pulses may be used to determine regional arterial oxygen saturation. Accordingly, the method **120** includes calculating (e.g., via the processor **58**) regional arterial

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oxygen saturation based on the one or more ensemble averaged signals (block **124**) and displaying (e.g., via the display **62**) the regional arterial oxygen saturation (block **126**).

FIG. **6** illustrates a method **140** calculating regional venous oxygen saturation based at least in part on a trigger signal having a frequency corresponding to a respiratory cycle of a patient. The method **140** includes receiving (e.g., via the monitor **56**) electromagnetic (EM) radiation signals from a regional oximetry sensor (e.g., the regional oximetry sensor **12**) monitoring a patient (block **102**) and, optionally, includes processing (e.g., via the monitor **56**) the received EM signals (block **104**), as described above in FIG. **4**. The method **140** also includes receiving (e.g., via the monitor **56**) a trigger signal having a frequency corresponding to a respiratory cycle of the patient (block **142**). The trigger signal may be received from any suitable sources, such as a pulse oximeter (e.g., a pulse oximeter configured to determine the patient’s heart rate from a PPG signal), a capnograph, a ventilator, or a Zephyr™ patient monitor, an ECG monitor, a strain gauge (e.g., on a respiration band), and/or a thermistor (e.g., in a nasal cannula).

Additionally, the method **140** includes ensemble averaging (e.g., via the processor **58**) the received EM signals using the received trigger signal to generate one or more ensemble averaged signals (block **108**), as described in FIG. **4**. As noted above in FIG. **2**, ensemble averaging EM signals based on a trigger with a frequency corresponding to a respiratory signal of the patient may enable the processor **58** to ensemble average venous pulses of the EM signals, and the venous pulses may be used to determine regional venous oxygen saturation. Accordingly, the method **140** includes calculating (e.g., via the processor **58**) regional venous oxygen saturation based on the one or more ensemble averaged signals (block **144**) and displaying (e.g., via the display **62**) the regional venous oxygen saturation (block **146**).

Further, FIG. **7** illustrates a method **160** for calculating regional mixed saturation based at least in part on a regional arterial oxygen saturation value and a regional venous oxygen saturation value. The method **160** includes calculating regional arterial oxygen saturation (block **124**), as described above in FIG. **5**, and calculating regional venous oxygen saturation (block **144**), as described above in FIG. **6**. The method **160** also includes determining (e.g., via the processor **58**) a percentage of regional blood volume that is arterial (block **162**). Determining the percentage of arterial blood may include retrieving the percentage from the memory **60** of the monitor **56**. In some embodiments, determining the percentage of arterial blood may include determining the percentage or modifying a stored percentage based at least in part upon information from the received EM signals (e.g., the arterial pulses and/or the venous pulses of the received EM signals). Additionally, the method **160** includes determining (e.g., via the processor **58**) regional mixed oxygen saturation based at least in part on the regional arterial oxygen saturation, the regional venous oxygen saturation, and the percentage of arterial regional blood (block **164**). In certain embodiments, the processor **58** may determine the regional mixed oxygen saturation using Equation 2, as described above in FIG. **2**. Further, the method **160** includes displaying (e.g., via the display **62**) the regional mixed oxygen saturation (block **166**). In certain embodiments, the method **160** may also include displaying (e.g., via the display **62**) the regional arterial oxygen saturation and/or the regional venous oxygen saturation.

As described in detail above, the systems and methods disclosed herein provide techniques for determining and displaying regional arterial oxygen saturation, the regional venous oxygen saturation, and regional mixed oxygen saturation. FIG. 8 illustrates an embodiment of the display 62 of the monitor 56 displaying information relating to regional arterial oxygen saturation, the regional venous oxygen saturation, and regional arterial oxygen saturation and/or the regional venous oxygen saturation. In particular, the display 62 may display a regional mixed oxygen saturation waveform 180 and a regional mixed oxygen saturation value 182 (e.g., a real-time value). Further, the display 62 may display a regional arterial oxygen saturation waveform 184 and a regional arterial oxygen saturation value 186. Additionally, the display 62 may display a regional venous oxygen saturation waveform 188 and a regional arterial oxygen saturation value 190.

While the disclosure may be susceptible to various modifications and alternative forms, specific embodiments have been shown by way of example in the drawings and have been described in detail herein. However, it should be understood that the embodiments provided herein are not intended to be limited to the particular forms disclosed. Rather, the various embodiments may cover all modifications, equivalents, and alternatives falling within the spirit and scope of the disclosure as defined by the following appended claims.

What is claimed is:

1. A method of ensemble averaging signals in a regional oximeter, comprising:

receiving, at a processor, a first electromagnetic radiation signal and a second electromagnetic radiation signal from a regional oximetry sensor having two or more detectors and two or more emitters, wherein a first detector of the two or more detectors is spaced apart from the two or more emitters a first distance and a second detector of the two or more detectors is spaced apart from the two or more emitters a second distance that is greater than the first distance, wherein the first electromagnetic radiation signal is received by the first detector of the two or more detectors and the second electromagnetic radiation signal is received by the second detector of the two or more detectors, and wherein the first electromagnetic radiation signal and the second electromagnetic radiation signal each comprise arterial pulses and venous pulses;

receiving, at the processor, a trigger signal, wherein the trigger signal has a frequency corresponding to a periodic physical activity of a patient and wherein the trigger signal is determined from the first electromagnetic radiation signal;

generating, via the processor, one or more ensemble averaged signals based at least in part on the first and second electromagnetic radiation signals and the trigger signal;

calculating, via the processor, a regional oxygen saturation value based at least in part on the one or more ensemble averaged signals, wherein the regional oxygen saturation value corresponds to a blood oxygen saturation within venous, arterial, and capillary systems of a region of a patient's tissue; and

displaying, via a display, the regional oxygen saturation value.

2. The method of claim 1, comprising:

subtracting, via the processor, the first electromagnetic radiation signal from the second electromagnetic radiation signal to generate a difference electromagnetic radiation signal; and

ensemble averaging, via the processor, the difference electromagnetic radiation signal utilizing the trigger signal to generate the one or more ensemble averaged signals.

3. The method of claim 1, comprising:

ensemble averaging, via the processor, the first electromagnetic radiation signal utilizing the trigger signal to generate a first ensemble averaged signal of the one or more ensemble averaged signals and ensemble averaging, via the processor, the second electromagnetic radiation signal utilizing the trigger signal to generate a second ensemble averaged signal of the one or more ensemble averaged signals;

subtracting, via the processor, the first ensemble averaged signal from the second ensemble averaged signal to generate a difference ensemble averaged signal; and

calculating, via the processor, the regional oxygen saturation value based at least in part on the difference ensemble averaged signal.

4. The method of claim 3, comprising:

receiving, at a processor, a third electromagnetic radiation signal and a fourth electromagnetic radiation signal, wherein the first and second electromagnetic radiation signals are based on light emitted at a first wavelength, and the third and fourth electromagnetic radiation signals are based on light emitted at a second different wavelength, wherein the third electromagnetic radiation signal is received at the first detector of the two or more detectors and the fourth electromagnetic radiation signal is received at the second detector of the two or more detectors;

ensemble averaging, via the processor, the third electromagnetic radiation signal utilizing the trigger signal to generate a third ensemble averaged signal of the one or more ensemble averaged signals and ensemble averaging, via the processor, the fourth electromagnetic radiation signal utilizing the trigger signal to generate a fourth ensemble averaged signal of the one or more ensemble averaged signals; and

subtracting, via the processor, the third ensemble averaged signal from the fourth ensemble averaged signal to generate a second difference ensemble averaged signal;

wherein calculating the regional oxygen saturation value is based at least in part on both difference ensemble averaged signals.

5. The method of claim 1, comprising:

identifying, via the processor, one or more features in the one or more ensemble averaged signals, wherein the one or more features comprise a pulse amplitude, a pulse shape, a pulse period, a diastolic notch, or any combination thereof; and

determining, via the processor, whether the regional oximetry sensor is disposed on the patient based at least in part upon an analysis of the one or more features; and providing, via the processor, a user-perceivable indication in response to a determination that the regional oximetry sensor is not disposed on the patient.

6. The method of claim 5, comprising:

calculating, via the processor, the regional oxygen saturation value based at least in part upon the one or more features.

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7. The method of claim 1, wherein the frequency of the trigger signal corresponds to a cardiac cycle of the patient, and wherein the regional oxygen saturation value comprises a regional arterial oxygen saturation value.

8. The method of claim 1, comprising:

receiving, at the processor, a second trigger signal that has a frequency corresponding to the cardiac cycle of the patient;

determining, via the processor, whether the trigger signal from the first detector includes one or more identifiable arterial pulses; and

generating, via the processor, the one or more ensemble averaged signals based at least in part on the first and second electromagnetic radiation signals and the second trigger signal in response to a determination that the trigger signal from the first detector does not include one or more identifiable arterial pulses.

9. The method of claim 1, wherein the frequency of the trigger signal corresponds to a respiratory cycle of the patient, and wherein the regional oxygen saturation value comprises a regional venous oxygen saturation value.

10. The method of claim 1, comprising:

defining, via the processor, one or more arterial pulses in the one or more ensemble averaged signals.

11. The method of claim 10, wherein the frequency of the trigger signal corresponds to a cardiac cycle of the patient.

12. The method of claim 11, further comprising identifying a pulse rate based on the one or more arterial pulses in the one or more ensemble averaged signals.

13. The method of claim 11, further comprising identifying a respiration rate based on the one or more arterial pulses in the one or more ensemble averaged signals.

14. The method of claim 10, wherein the frequency of the trigger signal corresponds to a respiratory cycle of the patient.

15. A patient monitor, comprising:

a memory encoding one or more processor-executable routines; and

a processor configured to access and execute the one or more processor-executable routines encoded by the memory, wherein the one or more processor-executable routines, when executed, cause the processor to:

receive a first electromagnetic radiation signal and a second electromagnetic radiation signal from a regional oximetry sensor having two or more emitters and two or more detectors, wherein a first detector of the two or more detectors is spaced apart from the two or more emitters a first distance and a second detector of the two or more detectors is spaced apart from the two or more emitters a second distance that is greater than the first distance, wherein the first electromagnetic radiation signal is received by the first detector of the two or more detectors and the second electromagnetic radiation signal is received by the second detector of the two or more detectors, and wherein the first electromagnetic radiation signal and the second electromagnetic radiation signal each comprise arterial pulses and venous pulses;

receive a first trigger signal having a first frequency corresponding to a periodic physical activity of a

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patient, wherein the first trigger signal is determined from the first electromagnetic radiation signal;

generate one or more first ensemble averaged signals based at least in part on the first and second electromagnetic radiation signals and the first trigger signal;

calculate a regional oxygen saturation value based at least in part on the one or more first ensemble averaged signals, wherein the regional oxygen saturation value corresponds to a blood oxygen saturation within venous, arterial, and capillary systems of a region of a patient's tissue; and

display the regional oxygen saturation value on a display of the patient monitor.

16. The patient monitor of claim 15, wherein the first frequency of the first trigger signal corresponds to a cardiac cycle of the patient, and wherein the regional oxygen saturation value comprises a regional arterial oxygen saturation value.

17. The patient monitor of claim 16, wherein the one or more processor-executable routines, when executed, cause the processor to:

receive a second trigger signal having a second frequency corresponding to a respiratory cycle of the patient;

generate one or more second ensemble averaged signals based at least in part on the first and second electromagnetic radiation signals and the second trigger signal;

calculate a regional venous oxygen saturation value based at least in part on the one or more second ensemble averaged signals; and

display the regional venous oxygen saturation value on the display.

18. The patient monitor of claim 17, wherein the one or more processor-executable routines, when executed, cause the processor to:

determine a percentage of arterial blood in a region of the patient's tissue;

determine a regional mixed oxygen saturation value based at least in part on the regional arterial oxygen saturation value, the regional venous oxygen saturation value, and the percentage; and

display the regional mixed oxygen saturation value on the display.

19. The patient monitor of claim 15, wherein the first frequency of the first trigger signal corresponds to a respiratory cycle of the patient, and wherein the regional oxygen saturation value comprises a regional venous oxygen saturation value.

20. The patient monitor of claim 15, wherein the one or more processor-executable routines, when executed, cause the processor to:

subtract the first electromagnetic radiation signal from the second electromagnetic radiation signal to generate a difference electromagnetic radiation signal; and

ensemble average the difference electromagnetic radiation signal utilizing the first trigger signal to generate the one or more ensemble averaged signals.

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专利名称(译)	具有集合平均的区域饱和系统		
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[标]申请(专利权)人(译)	柯惠有限合伙公司		
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当前申请(专利权)人(译)	COVIDIEN LP		
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摘要(译)

一种方法可包括在处理器处从具有两个或更多个检测器和两个或更多个发射器的区域血氧测量传感器接收第一电磁辐射信号和第二电磁辐射信号。该方法还可以包括在处理器处接收具有与患者的周期性身体活动相对应的频率的触发信号。另外，该方法可以包括至少部分地基于第一和第二电磁辐射信号和触发信号，经由处理器生成一个或多个整体平均信号。此外，该方法可以包括经由处理器至少部分地基于一个或多个整体平均信号计算区域氧饱和度值，并且经由显示器显示区域氧饱和度值。

