



US007190261B2

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

(10) **Patent No.:** **US 7,190,261 B2**
(45) **Date of Patent:** **Mar. 13, 2007**

(54) **ARRHYTHMIA ALARM PROCESSOR**

(75) Inventor: **Ammar Al-Ali**, Tustin, CA (US)

(73) Assignee: **Masimo Corporation**, Irvine, CA (US)

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

(21) Appl. No.: **11/405,815**

(22) Filed: **Apr. 18, 2006**

(65) **Prior Publication Data**

US 2006/0192667 A1 Aug. 31, 2006

Related U.S. Application Data

(63) Continuation of application No. 10/975,860, filed on Oct. 28, 2004, now Pat. No. 7,030,749, which is a continuation of application No. 10/351,735, filed on Jan. 24, 2003, now Pat. No. 6,822,564.

(60) Provisional application No. 60/351,510, filed on Jan. 24, 2002.

(51) **Int. Cl.**
G08B 29/00 (2006.01)

(52) **U.S. Cl.** **340/511**; 340/539.12; 340/573.1;
600/322; 600/323

(58) **Field of Classification Search** 340/511,
340/539.12, 573.1; 600/322, 323
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.
5,069,213 A 12/1991 Polczynski
5,163,438 A 11/1992 Gordon et al.
5,337,744 A 8/1994 Branigan
D353,195 S 12/1994 Savage et al.
D353,196 S 12/1994 Savage et al.

5,431,170 A 7/1995 Mathews
D361,840 S 8/1995 Savage et al.
D362,063 S 9/1995 Savage et al.
5,452,717 A 9/1995 Branigan et al.
D363,120 S 10/1995 Savage et al.
5,482,036 A 1/1996 Diab et al.
5,490,505 A 2/1996 Diab et al.
5,494,043 A 2/1996 O'Sullivan et al.
5,533,511 A 7/1996 Kaspari et al.
5,544,661 A 8/1996 Davis et al.
5,562,002 A 10/1996 Lalin
5,590,649 A 1/1997 Caro et al.
5,602,924 A 2/1997 Durand et al.
5,632,272 A 5/1997 Diab et al.
5,638,816 A 6/1997 Kiani-Azarbayjany et al.
5,638,818 A 6/1997 Diab et al.
5,645,440 A 7/1997 Tobler et al.
5,685,299 A 11/1997 Diab et al.
D393,830 S 4/1998 Tobler et al.

(Continued)

Primary Examiner—Jeffery Hofsass

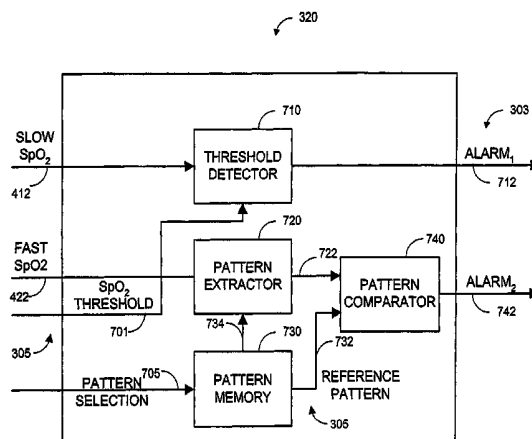
Assistant Examiner—Samuel J Walk

(74) *Attorney, Agent, or Firm*—Knobbe, Martens, Olson & Bear, LLP

(57) **ABSTRACT**

An arrhythmia alarm processor has a pattern extractor and a predetermined reference pattern. The pattern extractor has an output responsive to short duration, intermittent oxygen desaturations of a patient as determined by a fast blood oxygen saturation processor incorporated within a pulse oximeter. The reference pattern is indicative of a series of oxygen desaturations resulting from an irregular heartbeat. An alarm is triggered when the pattern extractor output matches the predetermined reference pattern.

4 Claims, 9 Drawing Sheets



U.S. PATENT DOCUMENTS

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.	6,597,933 B2	7/2003	Kiani et al.
5,810,734 A	9/1998	Caro et al.	6,606,511 B1	8/2003	Ali et al.
5,823,950 A	10/1998	Diab et al.	6,632,181 B2	10/2003	Flaherty et al.
5,830,131 A	11/1998	Caro et al.	6,640,116 B2	10/2003	Diab
5,830,135 A *	11/1998	Bosque et al. 600/323	6,643,530 B2	11/2003	Diab et al.
5,833,618 A	11/1998	Caro et al.	6,650,917 B2	11/2003	Diab et al.
5,860,919 A	1/1999	Kiani-Azarbayjany et al.	6,654,624 B2	11/2003	Diab et al.
5,890,929 A	4/1999	Mills et al.	6,658,276 B2	12/2003	Pishney et al.
5,904,654 A	5/1999	Wohltmann et al.	6,661,161 B1	12/2003	Lanzo et al.
5,919,134 A	7/1999	Diab	6,671,531 B2	12/2003	Al-Ali et al.
5,934,925 A	8/1999	Tobler et al.	6,678,543 B2	1/2004	Diab et al.
5,940,182 A	8/1999	Lepper, Jr. et al.	6,684,090 B2	1/2004	Ali et al.
5,995,855 A	11/1999	Kiani et al.	6,684,091 B2	1/2004	Parker
5,997,343 A	12/1999	Mills et al.	6,697,656 B1	2/2004	Al-Ali
6,002,952 A	12/1999	Diab et al.	6,697,658 B2	2/2004	Al-Ali
6,011,986 A	1/2000	Diab et al.	RE38,476 E	3/2004	Diab et al.
6,027,452 A	2/2000	Flaherty et al.	6,699,194 B1	3/2004	Diab et al.
6,036,642 A	3/2000	Diab et al.	6,714,804 B2	3/2004	Al-Ali et al.
6,045,509 A	4/2000	Caro et al.	RE38,492 E	4/2004	Diab et al.
6,067,462 A	5/2000	Diab et al.	6,721,585 B1	4/2004	Parker
6,081,735 A	6/2000	Diab et al.	6,725,075 B2	4/2004	Al-Ali
6,088,607 A	7/2000	Diab et al.	6,735,459 B2	5/2004	Parker
6,095,984 A	8/2000	Amano et al.	6,745,060 B2	6/2004	Diab et al.
6,110,522 A	8/2000	Lepper, Jr. et al.	6,760,607 B2	7/2004	Al-Ali
6,144,868 A	11/2000	Parker	6,770,028 B1	8/2004	Ali et al.
6,151,516 A	11/2000	Kiani-Azarbayjany et al.	6,771,994 B2	8/2004	Kiani et al.
6,152,754 A	11/2000	Gerhardt et al.	6,792,300 B1	9/2004	Diab et al.
6,157,850 A	12/2000	Diab et al.	6,813,511 B2	11/2004	Diab et al.
6,165,005 A	12/2000	Mills et al.	6,816,741 B2	11/2004	Diab
6,184,521 B1	2/2001	Coffin, IV et al.	6,822,564 B2	11/2004	Al-Ali
6,206,830 B1	3/2001	Diab et al.	6,826,419 B2	11/2004	Diab et al.
6,229,856 B1	5/2001	Diab et al.	6,830,711 B2	12/2004	Mills et al.
6,236,872 B1	5/2001	Diab et al.	6,832,113 B2	12/2004	Belacazar
6,256,523 B1	7/2001	Diab et al.	6,850,787 B2	2/2005	Weber et al.
6,263,222 B1	7/2001	Diab et al.	6,850,788 B2	2/2005	Al-Ali
6,278,522 B1	8/2001	Lepper, Jr. et al.	6,852,083 B2	2/2005	Caro et al.
6,280,213 B1	8/2001	Tobler et al.	6,861,639 B2	3/2005	Al-Ali
6,285,896 B1	9/2001	Tobler et al.	6,898,452 B2	5/2005	Al-Ali et al.
6,321,100 B1	11/2001	Parker	6,920,345 B2	7/2005	Al-Ali et al.
6,334,065 B1	12/2001	Al-Ali et al.	6,931,268 B1	8/2005	Kiani-Azarbayjany et al.
6,342,039 B1	1/2002	Lynn et al.	6,934,570 B2	8/2005	Kiani et al.
6,343,224 B1	1/2002	Parker	6,939,305 B2	9/2005	Flaherty et al.
6,349,228 B1	2/2002	Kiani et al.	6,943,348 B1	9/2005	Coffin, IV
6,360,114 B1	3/2002	Diab et al.	6,950,687 B2	9/2005	Al-Ali
6,371,921 B1	4/2002	Caro et al.	6,961,598 B2	11/2005	Diab
6,377,829 B1	4/2002	Al-Ali	6,970,792 B1	11/2005	Diab
6,388,240 B2	5/2002	Schulz et al.	6,979,812 B2	12/2005	Al-Ali
6,397,091 B2	5/2002	Diab et al.	6,985,764 B2	1/2006	Mason et al.
6,430,525 B1	8/2002	Weber et al.	6,993,371 B2	1/2006	Kiani et al.
6,463,311 B1	10/2002	Diab	6,996,427 B2	2/2006	Ali et al.
6,470,199 B1	10/2002	Kopotic et al.	6,999,904 B2 *	2/2006	Weber et al. 600/322
6,480,733 B1	11/2002	Turcott	7,003,338 B2	2/2006	Weber et al.
6,501,975 B2	12/2002	Diab et al.	7,003,339 B2	2/2006	Diab et al.
6,515,273 B2	2/2003	Al-Ali	7,015,451 B2	3/2006	Dalke et al.
6,519,487 B1	2/2003	Parker	7,024,233 B2	4/2006	Al et al.
6,525,386 B1	2/2003	Mills et al.	2006/0149144 A1 *	7/2006	Lynn et al. 600/323

* cited by examiner

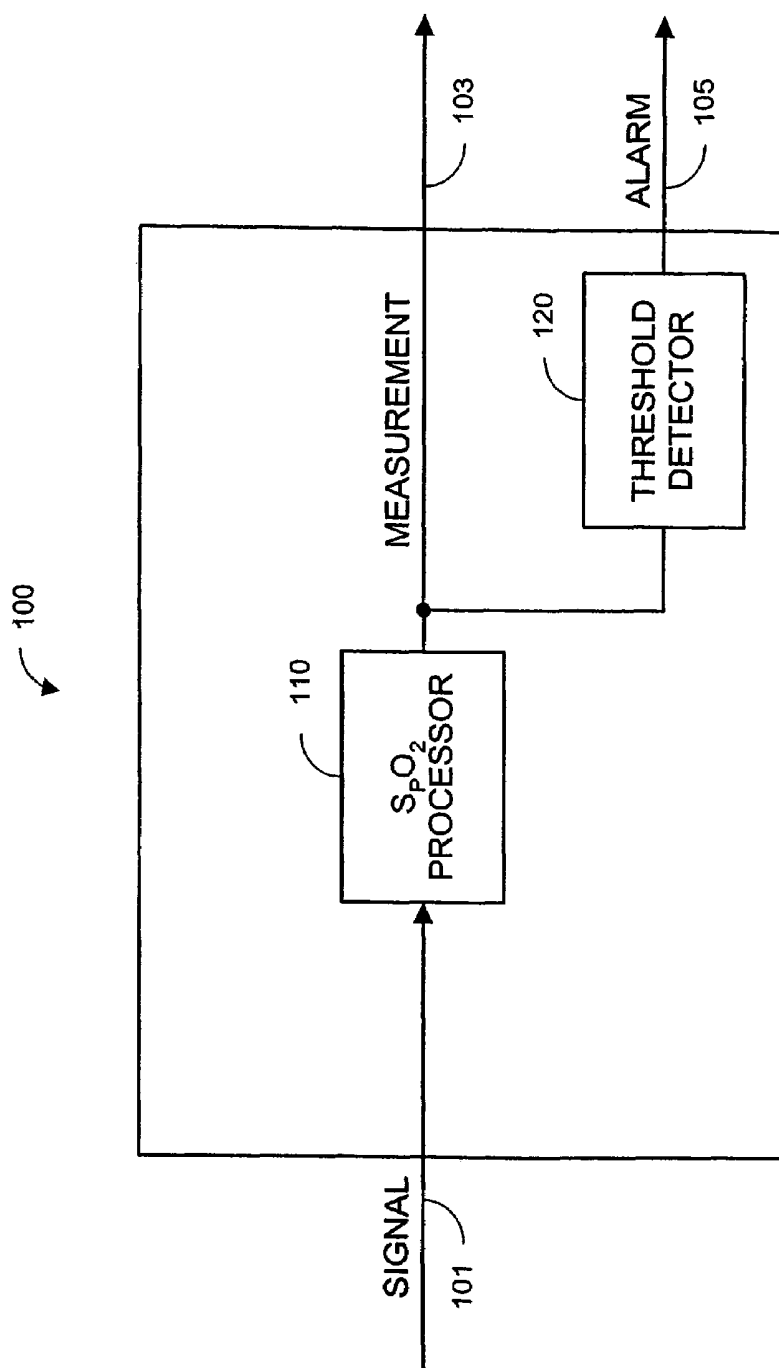


FIG. 1 (Prior Art)

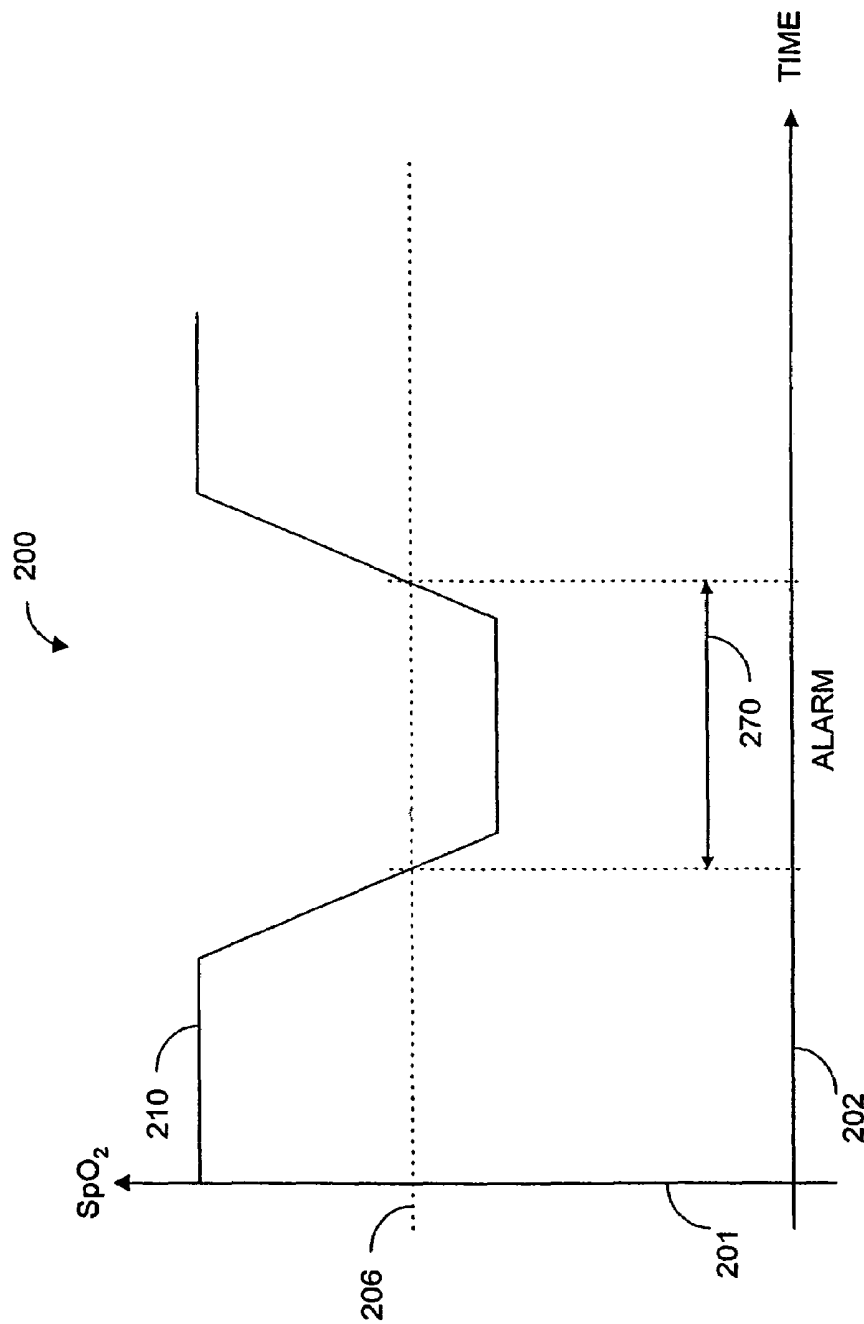


FIG. 2

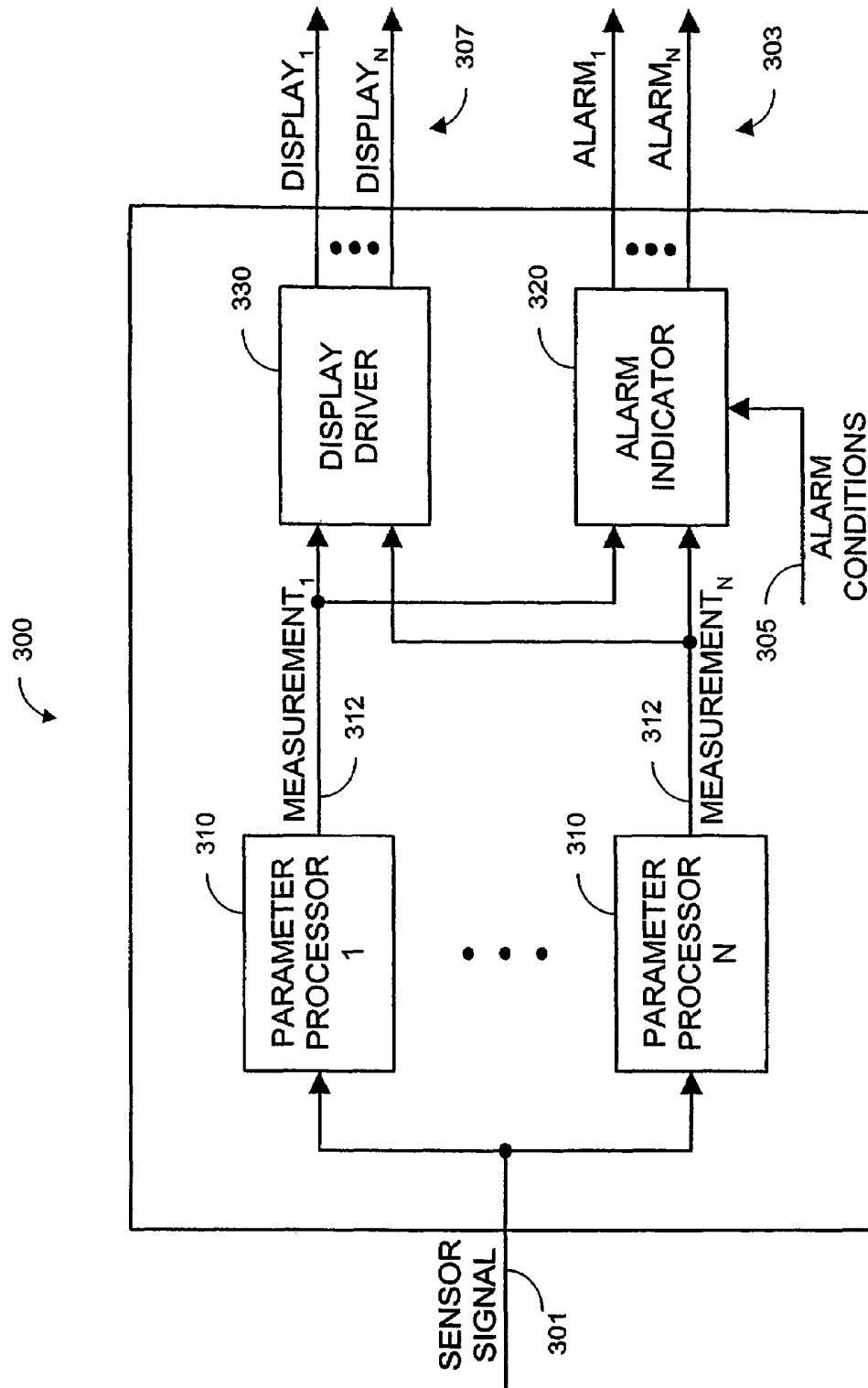


FIG. 3

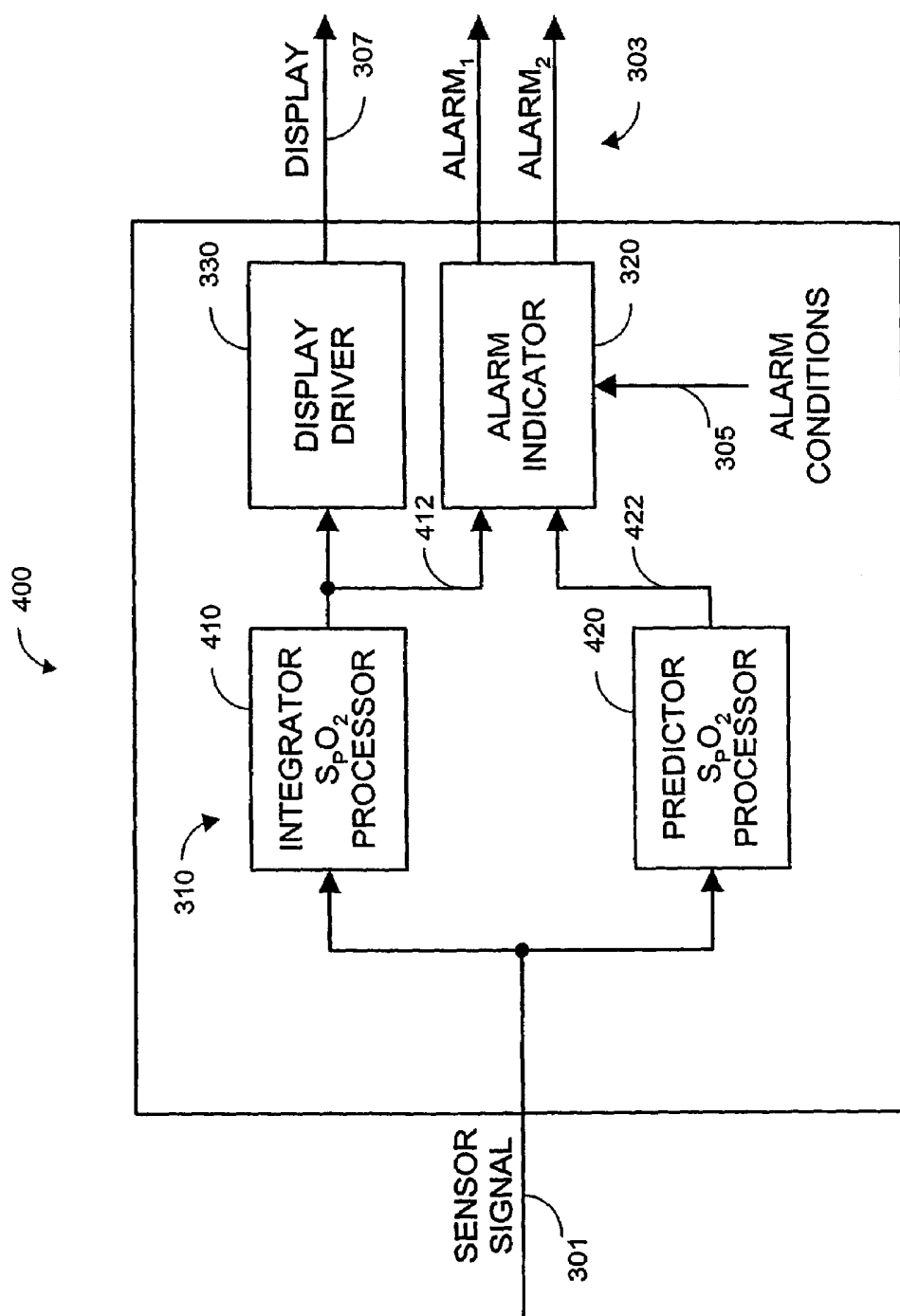


FIG. 4

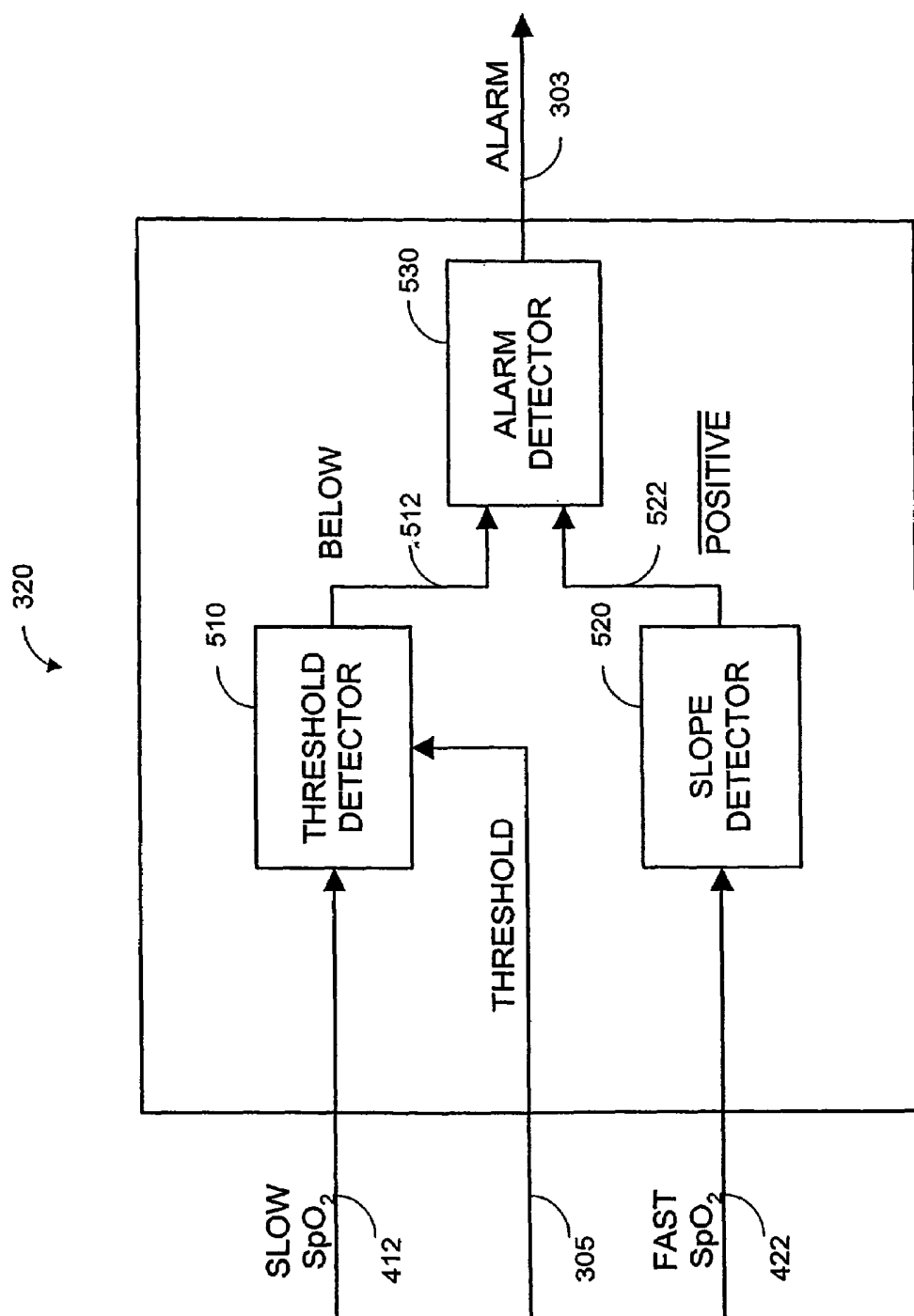


FIG. 5

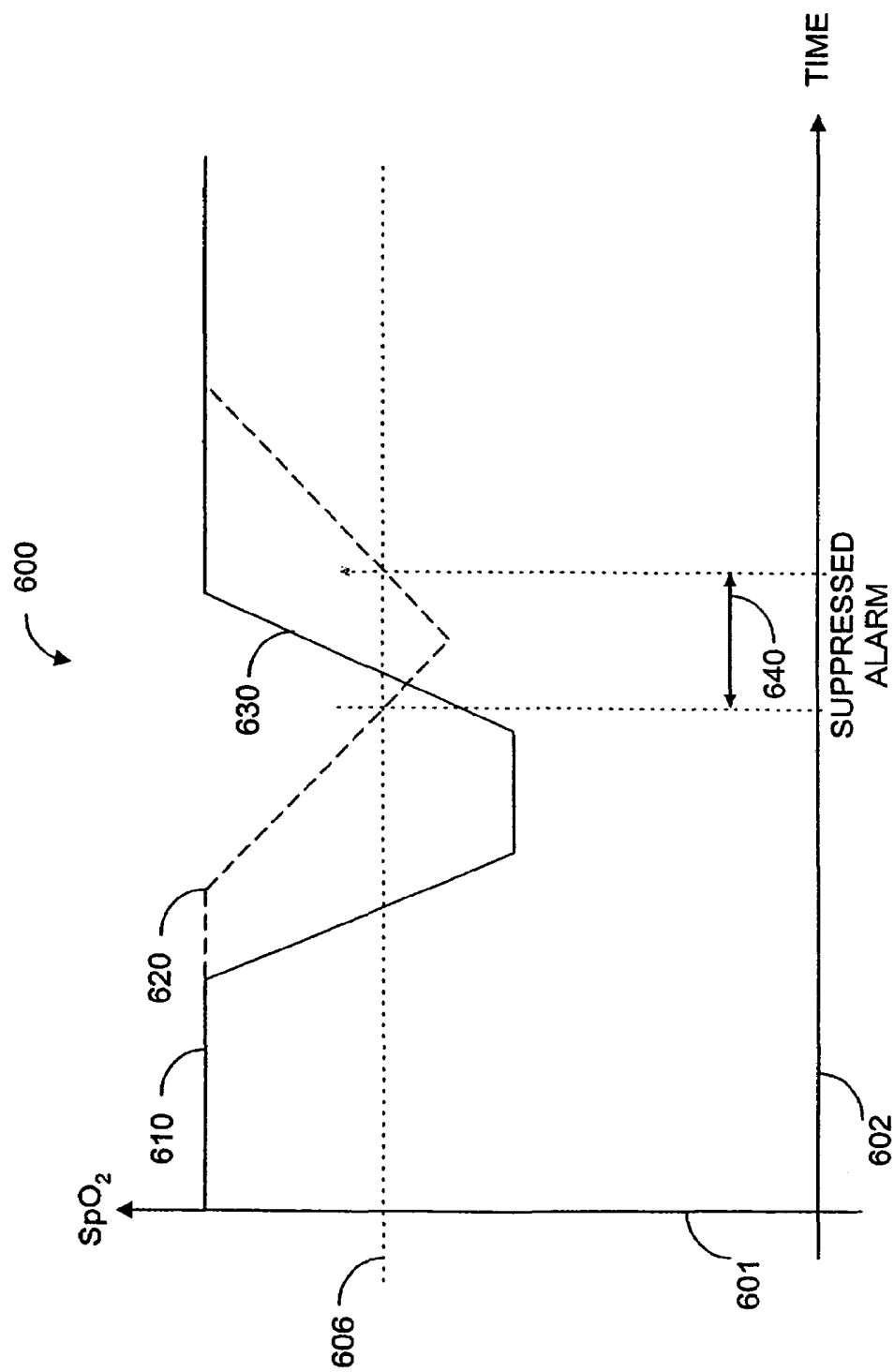


FIG. 6A

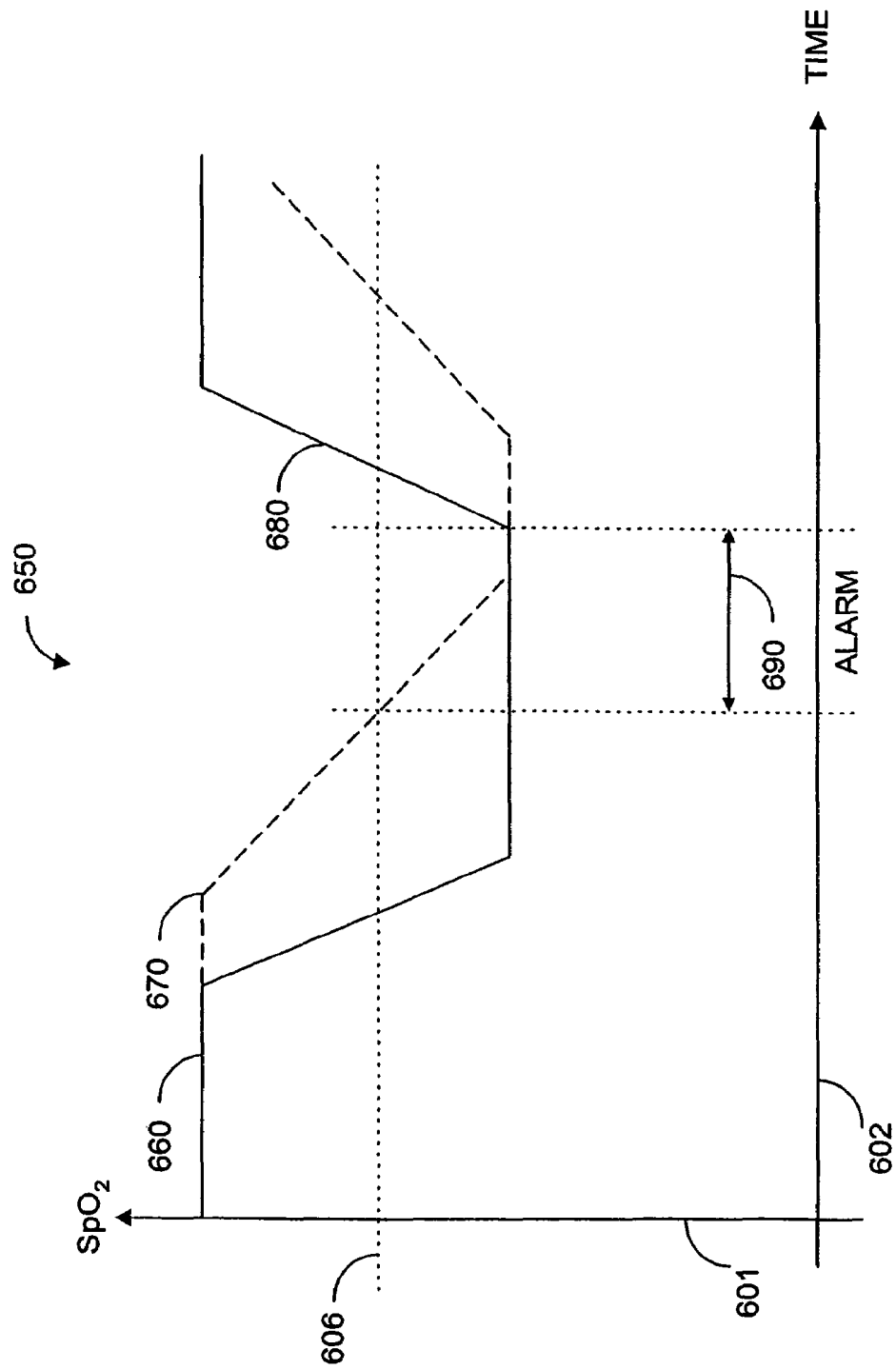


FIG. 6B

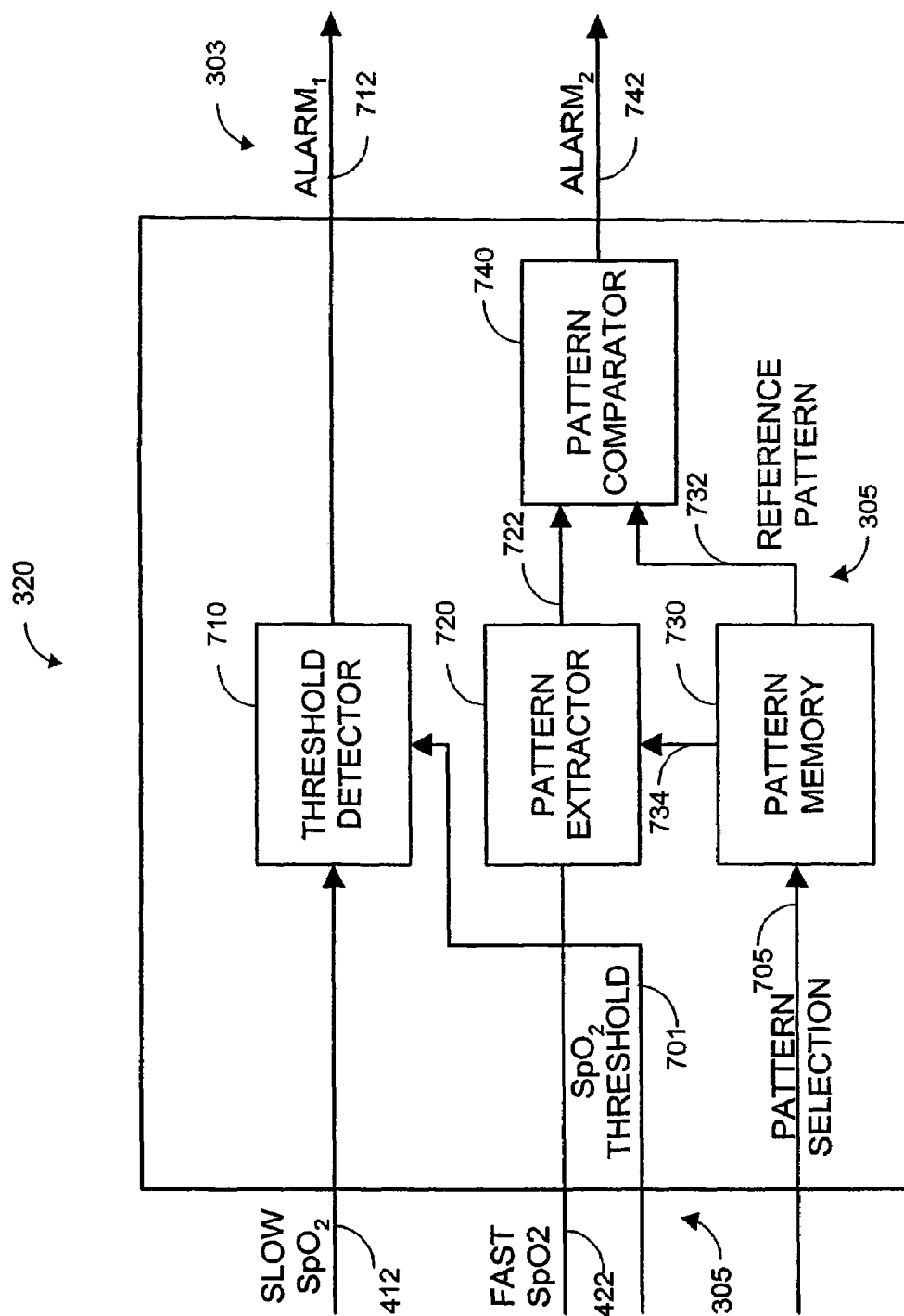


FIG. 7

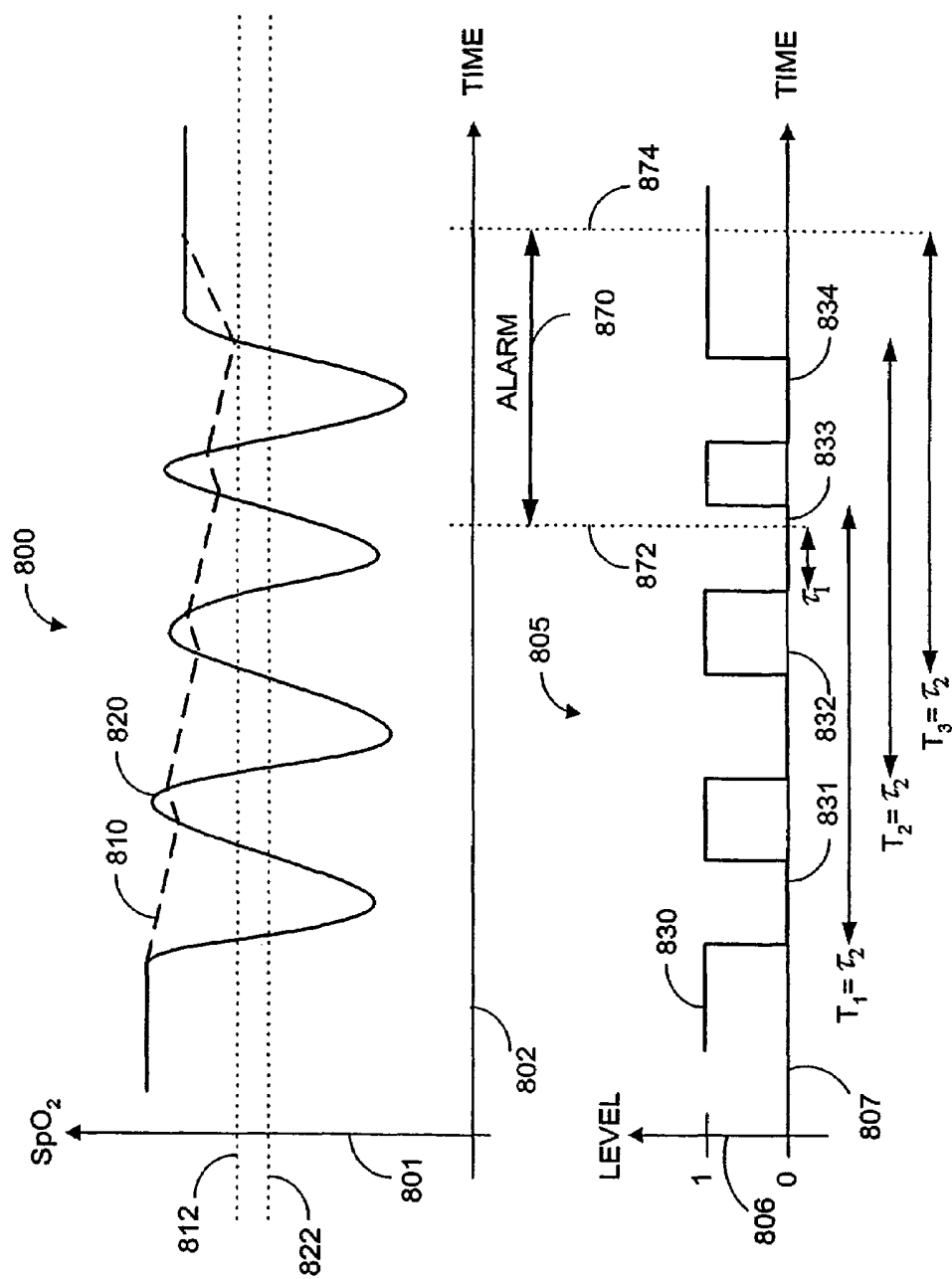


FIG. 8

ARRHYTHMIA ALARM PROCESSOR

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a CON of 10/975,860 Oct. 28, 2004 U.S. Pat. No. 7,030,749 which is a CON of 10/351,735 Jan. 24, 2003 U.S. Pat. No. 6,822,564 which claims benefit of 60/351,510 Jan. 24, 2002. The present application also incorporates the foregoing utility disclosures herein by reference.

BACKGROUND OF THE INVENTION

Physiological measurement instruments employed in healthcare environments often feature visual and audible alarm mechanisms that alert a caregiver when a patient's vital signs are outside of predetermined limits. One example is a pulse oximeter, which measures the oxygen saturation level of arterial blood, an indicator of oxygen supply. A typical pulse oximeter displays a numerical readout of the patient's oxygen saturation, a numerical readout of pulse rate, and a plethysmograph, which is indicative of a patient's pulse. In addition, a pulse oximeter provides an alarm that warns of a potential desaturation event.

FIG. 1 illustrates a prior art pulse oximeter portion 100 having a signal input 101 and generating an oxygen saturation measurement output 103 and an alarm output 105. The pulse oximeter portion 100 has an oxygen saturation (SpO_2) processor 110 and an associated threshold detector 120. The SpO_2 processor 110 derives an oxygen saturation measurement from the signal input 101. The signal input 101 is typically an amplified, filtered, digitized and demodulated sensor signal. A sensor emits both red and infrared (IR) wavelength light, which is transmitted through a patient's tissue, detected and input to the pulse oximeter. The pulse oximeter calculates a normalized ratio (AC/DC) of the detected red and infrared intensities, and an arterial oxygen saturation value is empirically determined based on a ratio of these normalized ratios, as is well-known in the art. The oxygen saturation measurement output 103 is typically a digital signal that is then communicated to a display.

FIG. 2 illustrates the operation of a conventional threshold detector 120 (FIG. 1) utilizing a graph 200 of oxygen saturation 201 versus time 202. The graph 200 displays a particular oxygen saturation measurement 210 corresponding to the measurement output 103 (FIG. 1) and a predetermined alarm threshold 206. During an alarm time period 270 when the measured oxygen saturation 210 is below the threshold 206, an alarm output 105 (FIG. 1) is generated, which triggers a caregiver alert. Adjusting the threshold 206 to a lower value of oxygen saturation 201 reduces the probability of an alarm, i.e. reduces the probability of a false alarm and increases the probability of a missed event. Likewise, adjusting the threshold 206 to a higher value of oxygen saturation 201 increases the probability of an alarm, i.e. increases the probability of a false alarm and decreases the probability of a missed event.

SUMMARY OF THE INVENTION

One performance measure for a physiological measurement instrument is the probability of a false alarm compared with the probability of a missed event. Missed events, such as an oxygen desaturation when measuring oxygen saturation, may detrimentally effect patient health. False alarms waste caregiver resources and may also result in a true alarm

being ignored. It is desirable, therefore, to provide an alarm mechanism to reduce the probability of false alarms without significantly increasing the probability of missed events, and, similarly, to reduce the probability of missed events without significantly increasing the probability of false alarms.

An alarm processor has a signal input responsive to a physiological parameter and a plurality of parameter processors responsive to the signal input so as to provide a plurality of measurements of the parameter having differing characteristics. In addition, the alarm processor has an alarm condition applicable to at least one of the measurements so as to define a limit for the parameter. Further, the alarm processor has an alarm indicator operating on the measurements and the alarm condition so as to provide an alarm output that changes state to indicate that the parameter may have exceeded the limit.

One aspect of an arrhythmia alarm processor is a pattern extractor and a predetermined reference pattern. The pattern extractor has an output responsive to short duration, intermittent oxygen desaturations of a patient as determined by a fast blood oxygen saturation processor incorporated within a pulse oximeter. The reference pattern is indicative of a series of oxygen desaturations resulting from an irregular heartbeat. An alarm is triggered when the pattern extractor output matches the predetermined reference pattern.

In another aspect of an arrhythmia alarm processor, a patient monitor is configured to receive a sensor signal responsive to multiple wavelengths of light emitted into a tissue site. The patient monitor has a blood oxygen saturation processor, a pattern processor and a blood oxygen saturation processor. The blood oxygen saturation processor is capable of providing a predictor measurement of blood oxygen saturation derived from a tissue site in response to a sensor signal and is responsive to short duration, intermittent oxygen desaturations of a patient. The pattern processor is responsive to the predictor measurement of blood oxygen saturation so as to detect a pattern in a series of oxygen desaturations indicative of an irregular heartbeat of a patient. An alarm is responsive to the pattern processor so as to indicate the occurrence of irregular heartbeats.

A further aspect of an arrhythmia alarm processor comprises transmitting light having multiple wavelengths into a patient tissue site and detecting the light after absorption by arterial blood within the tissue site so as to generate a sensor signal. A predictor blood oxygen saturation measurement responsive to the sensor signal and to short duration, intermittent oxygen desaturations of the patient is generated. A pattern in the blood oxygen saturation measurement indicative of an irregular heartbeat event is recognized. An alarm is triggered in response to the recognized pattern.

In yet another aspect of an arrhythmia alarm processor, a patient monitor has a processor means, a pattern recognition means, a reference means and an alarm means. The processor means is for deriving a plurality of oxygen saturation measurements. The pattern recognition means is for extracting a desaturation pattern of short duration, intermittent oxygen desaturations. The reference means is for comparing the extracted desaturation pattern with a stored pattern indicative of irregular heartbeats. The alarm means is for indicating a match between the extracted desaturation pattern and the stored pattern.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a block diagram of a prior art pulse oximeter portion;

FIG. 2 is a graph of oxygen saturation versus time illustrating a conventional threshold detector alarm;

FIG. 3 is a block diagram of an alarm processor utilizing parallel measurements of a physiological parameter;

FIG. 4 is a block diagram of a pulse oximeter processor utilizing dual oxygen saturation measurements;

FIG. 5 is a block diagram of a predictive alarm indicator utilizing a threshold detector with a slow oxygen saturation measurement input and a slope detector with a fast oxygen saturation measurement input;

FIGS. 6A–B are graphs of oxygen saturation versus time illustrating operation of the alarm indicator according to FIG. 5;

FIG. 7 is a block diagram of a pattern recognition alarm indicator utilizing a threshold detector with a slow oxygen saturation measurement input and a pattern extractor with a fast oxygen saturation measurement input; and

FIG. 8 is a graph of oxygen saturation versus time illustrating the pattern recognition alarm indicator according to FIG. 7.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

FIG. 3 illustrates a parallel measurement alarm processor 300. The alarm processor 300 has a sensor signal input 301 responsive to a physiological parameter and provides one or more alarm outputs 303 to indicate that the physiological parameter may have exceeded particular limits. The alarm processor 300 also has multiple parameter processors 310, which do not necessarily have the same or similar internal configurations. The multiple parameter processors 310 input the sensor signal 301 and provide parallel measurements 312 of the physiological parameter, each measurement having differing characteristics, such as response time or bandwidth to name a few. The alarm processor 300 further has an alarm indicator 320 that inputs the parallel parameter measurements 312 and generates the alarm outputs 303 based upon alarm conditions 305. The alarm outputs 303 change state to indicate that the parameter may have exceed one or more limits and to trigger an alarm accordingly. The alarm conditions 305 define particular limits with respect to one or more of the measurements 312. The alarm conditions 305 may be predefined, such as by user input, or determined by a separate process, such as a measurement of sensor signal quality or data confidence as described in U.S. patent application Ser. No. 09/858,114 entitled "Pulse Oximetry Data Confidence Indicator," assigned to Masimo Corporation, Irvine, Calif. and incorporated by reference herein. The alarm processor 300 may also have a display driver 330 that processes one or more of the parameter measurements 312 and provides one or more display outputs 307.

FIG. 4 illustrates a pulse oximeter embodiment 400 of the alarm processor 300 (FIG. 3) described above. A pulse oximeter sensor (not shown) provides a signal input 301 responsive to arterial oxygen saturation, as described with respect to FIG. 1, above. The alarm processor 400 has dual oxygen saturation processors 310. An integrator oxygen saturation (SpO₂) processor 410 outputs a slow SpO₂ measurement 412, i.e. a measurement having a slow response time to changes in the SpO₂ parameter. A predictor SpO₂ processor 420 outputs a fast SpO₂ measurement 422, i.e. a measurement having a fast response time that tracks changes in the SpO₂ parameter. The slow SpO₂ measurement 412 is input to a display driver 330, which provides an oxygen saturation display output 307. For example, the display output 307 may be input to a digital display that provides a

numerical readout of oxygen saturation to a caregiver. Both the slow SpO₂ measurement 412 and the fast SpO₂ measurement 422 are input to an alarm indicator 320 that generates at least one alarm output 303 based upon alarm conditions 305, as described in further detail with respect to FIGS. 5–8, below.

The integrator SpO₂ processor 410, advantageously, provides a smoothed measurement of oxygen saturation suitable for threshold detection. The predictor SpO₂ processor 420, advantageously, provides a curve-fitting or a predictive measurement of oxygen saturation that detects trends in oxygen saturation, as described in further detail with respect to FIG. 5 and FIGS. 6A–B, below. Further, the predictor SpO₂ processor 420 advantageously tracks oxygen saturation details that may signal a critical physiological event, as described in further detail with respect to FIGS. 7–8, below. The integrator SpO₂ processor 410 and predictor SpO₂ processor 420 may be a pulse oximeter as described in U.S. patent application Ser. No. 09/586,845 entitled "Variable Mode Averager," assigned to Masimo Corporation, Irvine, Calif. and incorporated by reference herein.

FIG. 5 illustrates a trend embodiment of an alarm indicator 320, which has a threshold detector 510, a slope detector 520 and alarm detector 530. The threshold detector 510 has a slow SpO₂ measurement 412 and a threshold alarm condition 305 as inputs and a logic output BELOW 512. The slope detector 520 has a fast SpO₂ measurement 422 input and a logic output POSITIVE/522. The alarm detector 530 has BELOW 512 and POSITIVE/522 logic inputs and generates an alarm output 303. The threshold detector 510 is a comparator that asserts BELOW 512 while the slow SpO₂ measurement 412 is less in value than the value of the threshold 305. The slope detector 520 is a differentiator and comparator that asserts POSITIVE/522 while the slope of the fast SpO₂ measurement 422 is non-positive, i.e. while the derivative of the fast SpO₂ measurement 422 is zero or less than zero. The alarm detector 530 performs a logical AND function, asserting the alarm output 303 and indicating an alarm when BELOW 512 and POSITIVE/522 are both asserted. In this manner, an alarm output 303 only changes state when the slow SpO₂ measurement 412 is below a threshold 305 and the fast SpO₂ measurement 422 has not begun to increase in value. Advantageously, the trend recognition alarm indicator 320 reduces false alarms by suppressing a threshold-based alarm on the slow SpO₂ measurement 412 when the fast SpO₂ measurement 422 determines that a patient's oxygen saturation is in recovery, as described in further detail with respect to FIGS. 6A–B, below.

FIGS. 6A–B illustrate operation of the trend recognition alarm indicator 320 (FIG. 5). In FIG. 6A, a graph 600 has an SpO₂ axis 601 and a time axis 602. Shown along the SpO₂ axis 601 is a constant SpO₂ value 606 corresponding to a threshold 305 (FIG. 5). The graph 600 shows a first plot of SpO₂ versus time 610 corresponding to a fast SpO₂ measurement 422 (FIG. 5). The graph 600 also shows a second plot of SpO₂ versus time 620 corresponding to a slow SpO₂ measurement 412 (FIG. 5). A suppressed alarm interval 640 along the time axis 602 corresponds to an alarm that would be indicated by the threshold detector 510 (FIG. 5) but is suppressed as occurring during a positive slope portion 630 of a fast SpO₂ measurement 610. The alarm detector 530 (FIG. 5) would not assert an alarm output 303 (FIG. 5) during this interval.

In FIG. 6B, a graph 650 shows a first plot of SpO₂ versus time 660 corresponding to a fast SpO₂ measurement 422 (FIG. 5). The graph 650 also shows a second plot of SpO₂

versus time 670 corresponding to a slow SpO₂ measurement 412 (FIG. 5). An alarm interval 690 along the time axis 602 corresponds to an alarm period triggered by the alarm output 303 (FIG. 5). This alarm interval 640 occurs while a slow SpO₂ measurement 670 is below the threshold 606 and before a positive slope portion 680 of a fast SpO₂ measurement 660.

FIG. 7 illustrates a pattern recognition embodiment of an alarm indicator 320, having a threshold detector 710, a pattern extractor 720, a pattern memory 730 and a pattern comparator 740. Further, the alarm indicator 320 has slow SpO₂ 412 and fast SpO₂ 422 measurement inputs in addition to threshold 701 and reference pattern 732 alarm condition inputs 305. The threshold detector 710 has a slow SpO₂ measurement 412 and a SpO₂ threshold 701 as inputs and a first alarm output 712. The threshold detector 710 changes the state of the first alarm output 712 when the value of the slow SpO₂ measurement 412 crosses the SpO₂ threshold 701. For example, the first alarm output 712 changes state to trigger an alarm when the slow SpO₂ measurement 412 becomes less than the SpO₂ threshold 701.

As shown in FIG. 7, the pattern extractor 720 has a fast SpO₂ measurement 422 and a pattern threshold 734 as inputs and an extracted pattern output 722. The pattern extractor 720 identifies features of the fast SpO₂ measurement 422 that may be used for pattern matching. Features may be, for example, the number of times the fast SpO₂ measurement 422 crosses the pattern threshold 734 within a certain time period, or the duration of each time period that the fast SpO₂ measurement 422 is less than the pattern threshold 734, to name a few. The pattern memory 730 has a pattern selection input 705 and a reference pattern output 732. The pattern memory 730 stores values for particular features that are identified by the pattern extractor 720. The reference pattern output 732 transfers these stored values to the pattern comparator 740. The pattern memory 730 may be nonvolatile and one or more patterns may be stored at the time of manufacture or downloaded subsequently via a data input (not shown). One of multiple patterns may be determined via the pattern selection input 705, by a user or by a separate process, for example. The pattern threshold 734 may be generated in response to the pattern selection input 705 or in conjunction with a selected reference pattern 732.

Also shown in FIG. 7, the pattern comparator 740 has the extracted pattern 722 and the reference pattern 732 as inputs and generates a second alarm output 742. That is, the pattern comparator 740 matches extracted measurement features provided by the pattern extractor 720 with selected features retrieved from pattern memory 730, changing the state of the second alarm output 742 accordingly. For example, the second alarm output 742 changes state to trigger an alarm when features of the fast SpO₂ measurement 422 match the reference pattern output 732. Advantageously, the pattern recognition alarm indicator 320 reduces missed events by supplementing the threshold-based first alarm output 712 responsive to the slow SpO₂ measurement 412 with a pattern-based second alarm output 742 responsive to detail in the fast SpO₂ measurement 422. In this manner, if a patient's oxygen saturation is, for example, irregular or intermittent, the second alarm output 742 may trigger a caregiver alert when the first alarm output 712 does not, as described in further detail with respect to FIG. 8, below.

FIG. 8 illustrates operation of a pattern recognition alarm indicator 320 (FIG. 7), as described above. A graph 800 has an SpO₂ axis 801 and a time axis 802. The graph 800 shows a SpO₂ plot versus time 810 corresponding to the slow SpO₂ measurement 412 (FIG. 7). Shown along the time axis 802

is a constant SpO₂ value 812 corresponding to the SpO₂ threshold 701 (FIG. 7). Due to the short duration of irregular and intermittent drops in SpO₂, the slow SpO₂ measurement 810 does not fall below the SpO₂ threshold 812. Thus, the first alarm output 712 (FIG. 7) does not trigger an alarm in this example.

Also shown in FIG. 8, the graph 800 shows a SpO₂ plot versus time 820 corresponding to the fast SpO₂ measurement 422 (FIG. 7). Shown along the time axis 802 is a constant SpO₂ value 822 corresponding to the pattern threshold 734 (FIG. 7). A corresponding graph 805 has a logic level axis 806 and a time axis 807. The graph 805 shows a logic level plot versus time 830 corresponding to the extracted pattern output 722 (FIG. 7). The logic level plot 830 has a "1" level when the fast SpO₂ plot 820 is above the pattern threshold 822 and a "0" level when the fast SpO₂ plot 820 is below the pattern threshold 822. In this manner, the logic level plot 830 indicates the number and duration of times the fast SpO₂ plot 820 falls below a threshold value 822.

Further shown in FIG. 8, an alarm interval 870 along the time axis 802 corresponds to an alarm period indicated by the pattern comparator 740 (FIG. 7). This alarm interval 870 occurs after a reference pattern 732 (FIG. 7) is detected as matching an extracted pattern 722 (FIG. 7) and ends, correspondingly, when there is no longer a match. For example, assume that the reference pattern output 732 (FIG. 7) has the alarm criteria that at least three below threshold periods of minimum duration T_1 must occur during a maximum period T_2 , where the value of T_1 and T_2 are illustrated along the time axis 807. The below threshold time periods 831–834 are each greater in duration than T_2 and a first set of three, below-threshold time periods 831–833 occurs within a time period $T_1=T_2$, as illustrated. Thus, the alarm interval beginning 872 is triggered by the second alarm output 742 (FIG. 7). A second set of three, below-threshold time periods 832–834 also occurs within a time period $T_2=T_2$, as illustrated. Thus, the alarm interval 870 continues. There is no third set of three, below-threshold time periods. Thus, after the end of the time interval $T_3=T_2$, the alarm interval end 874 is triggered. This example illustrates how the pattern recognition alarm indicator 320 (FIG. 7) can trigger an alarm on an event, such as a period of irregular heartbeats, that might be missed by a threshold-based alarm responsive to the slow SpO₂ measurement 412.

Although some alarm processor embodiments were described above in terms of pulse oximetry and oxygen saturation measurements, one of ordinary skill in the art will recognize that an alarm processor as disclosed herein is also applicable to the measurement and monitoring of other blood constituents, for example blood glucose and total hemoglobin concentration to name a few, and other physiological parameters such as blood pressure, pulse rate, respiration rate, and EKG to name a few.

An arrhythmia alarm processor 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. An arrhythmia alarm processor comprising: a pattern extractor having an output responsive to short duration, intermittent oxygen desaturations of a patient as determined by a fast blood oxygen saturation processor incorporated within a pulse oximeter;

7

a predetermined reference pattern indicative of a series of oxygen desaturations resulting from an irregular heartbeat; and

an alarm triggered when the pattern extractor output matches the predetermined reference pattern.

2. A patient monitor configured to receive a sensor signal responsive to multiple wavelengths of light emitted into a tissue site, the patient monitor comprising:

a blood oxygen saturation processor capable of providing a predictor measurement of blood oxygen saturation derived from a tissue site in response to a sensor signal, wherein the blood oxygen saturation processor is responsive to short duration, intermittent oxygen desaturations of a patient;

a pattern processor responsive to the predictor measurement of blood oxygen saturation so as to detect a pattern in a series of oxygen desaturations indicative of an irregular heartbeat of a patient; and

an alarm responsive to the pattern processor so as to indicate the occurrence of irregular heartbeats.

3. An arrhythmia alarm method comprising the steps of: transmitting light having multiple wavelengths into a patient tissue site;

8

detecting the light after absorption by arterial blood within the tissue site so as to generate a sensor signal; generating a predictor blood oxygen saturation measurement responsive to the sensor signal and to short duration, intermittent oxygen desaturations of the patient;

recognizing a pattern in the blood oxygen saturation measurement indicative of an irregular heartbeat event; and

triggering an alarm in response to the recognized pattern.

4. A patient monitor comprising:

a processor means for deriving a plurality of oxygen saturation measurements;

a pattern recognition means for extracting a desaturation pattern of short duration, intermittent oxygen desaturations;

a reference means for comparing the extracted desaturation pattern with a stored pattern indicative of irregular heartbeats; and

an alarm means for indicating a match between the extracted desaturation pattern and the stored pattern.

* * * * *

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 7,190,261 B2
APPLICATION NO. : 11/405815
DATED : March 13, 2007
INVENTOR(S) : Ammar Al-Ali

Page 1 of 1

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

Title Page item 56

On Page 2, Column 2, Line 14, please delete "Pishney et al." and insert -- Kiani et al. --, therefore.

On Page 2, Column 2, Line 61, please delete "Al et al." and insert -- Ali et al. --, therefore.

Sheet 1 of 9 (FIG. 1), Box No. 110, above PROCESSOR, please delete " S_pO_2 " and insert -- SpO_2 --, therefore.

Sheet 4 of 9 (FIG. 4), Box No. 410, above PROCESSOR, please delete " S_pO_2 " and insert -- SpO_2 --, therefore.

Sheet 4 of 9 (FIG. 4), Box No. 420, above PROCESSOR, please delete " S_pO_2 " and insert -- SpO_2 --, therefore.

Signed and Sealed this

Twenty-fourth Day of June, 2008

A handwritten signature in black ink, appearing to read "Jon W. Dudas". The signature is stylized with a large, looping initial "J" and a distinct "D" at the end.

JON W. DUDAS
Director of the United States Patent and Trademark Office

专利名称(译)	心律失常报警处理器		
公开(公告)号	US7190261	公开(公告)日	2007-03-13
申请号	US11/405815	申请日	2006-04-18
[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	G08B29/00 A61B5/00		
CPC分类号	A61B5/746 A61B5/14551		
优先权	60/351510 2002-01-24 US		
其他公开文献	US20060192667A1		
外部链接	Espacenet USPTO		

摘要(译)

心律失常警报处理器具有图案提取器和预定的参考图案。图案提取器具有响应于短持续时间的输出，由脉搏血氧计中包含的快速血氧饱和度处理器确定的患者的间歇性氧饱和度降低。参考图案表示由不规则心跳引起的一系列氧饱和度降低。当模式提取器输出与预定参考模式匹配时，触发警报。

