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(54) **AUTONOMOUS DRUG DELIVERY SYSTEM**

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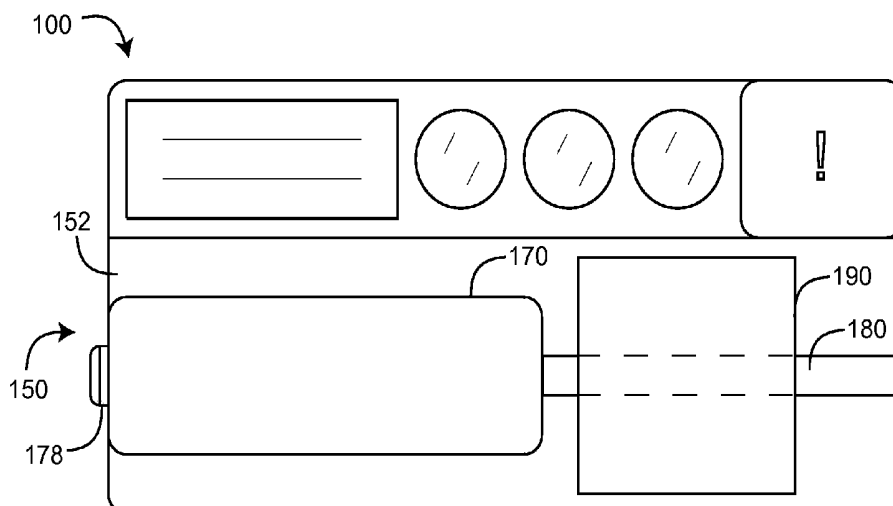
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(57) **ABSTRACT**

An autonomous drug delivery system advantageously uti-
lizes physiological monitor outputs so as to automatically
give a bolus of a rescue drug or other necessary medication
when certain criteria and confidence levels are met. An
emergency button is provided to manually trigger adminis-
tration of the rescue drug. The rescue drug may be an opioid
antagonist in response to an analgesia overdose, a hypoten-
sive drug to avert an excessive drop in blood pressure or an
anti-arrhythmia drug to suppress abnormal heartbeats, to
name a few.

(58) **Field of Classification Search**
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17 Claims, 8 Drawing Sheets



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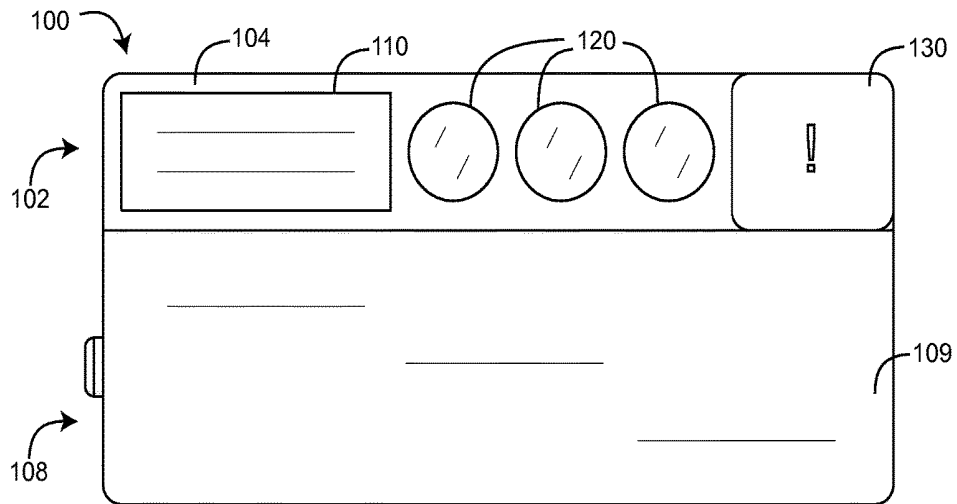


FIG. 1A

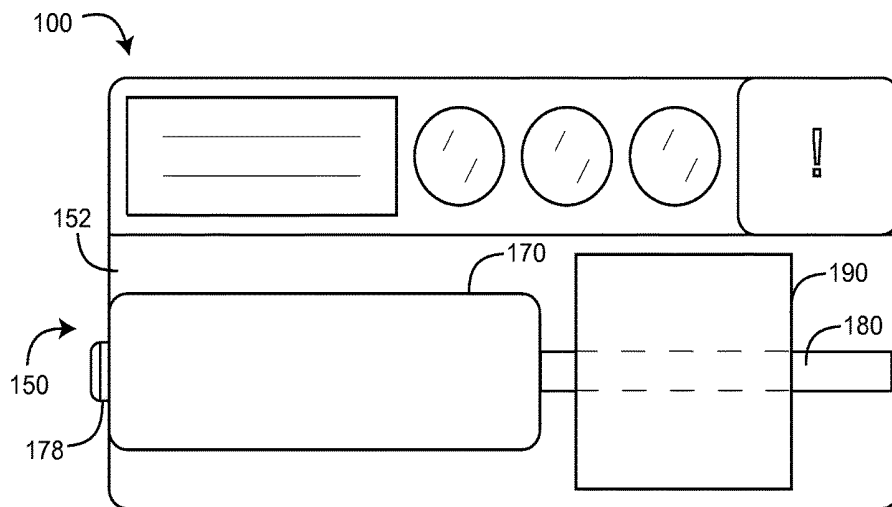


FIG. 1B

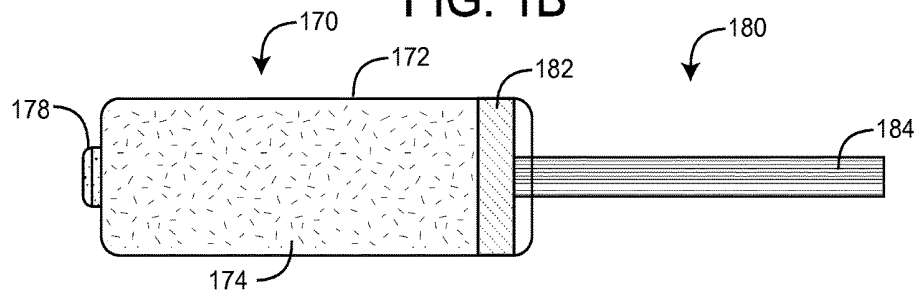


FIG. 1C

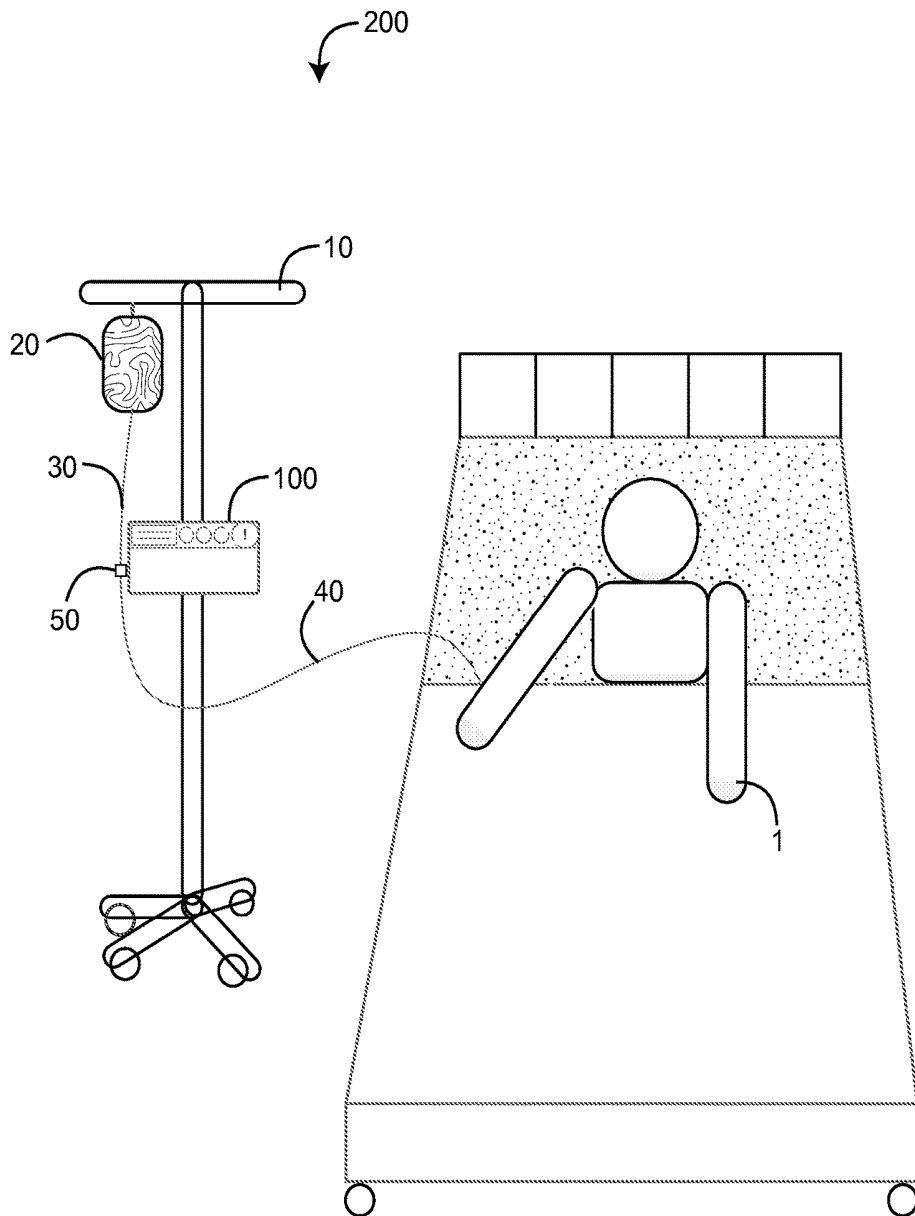


FIG. 2

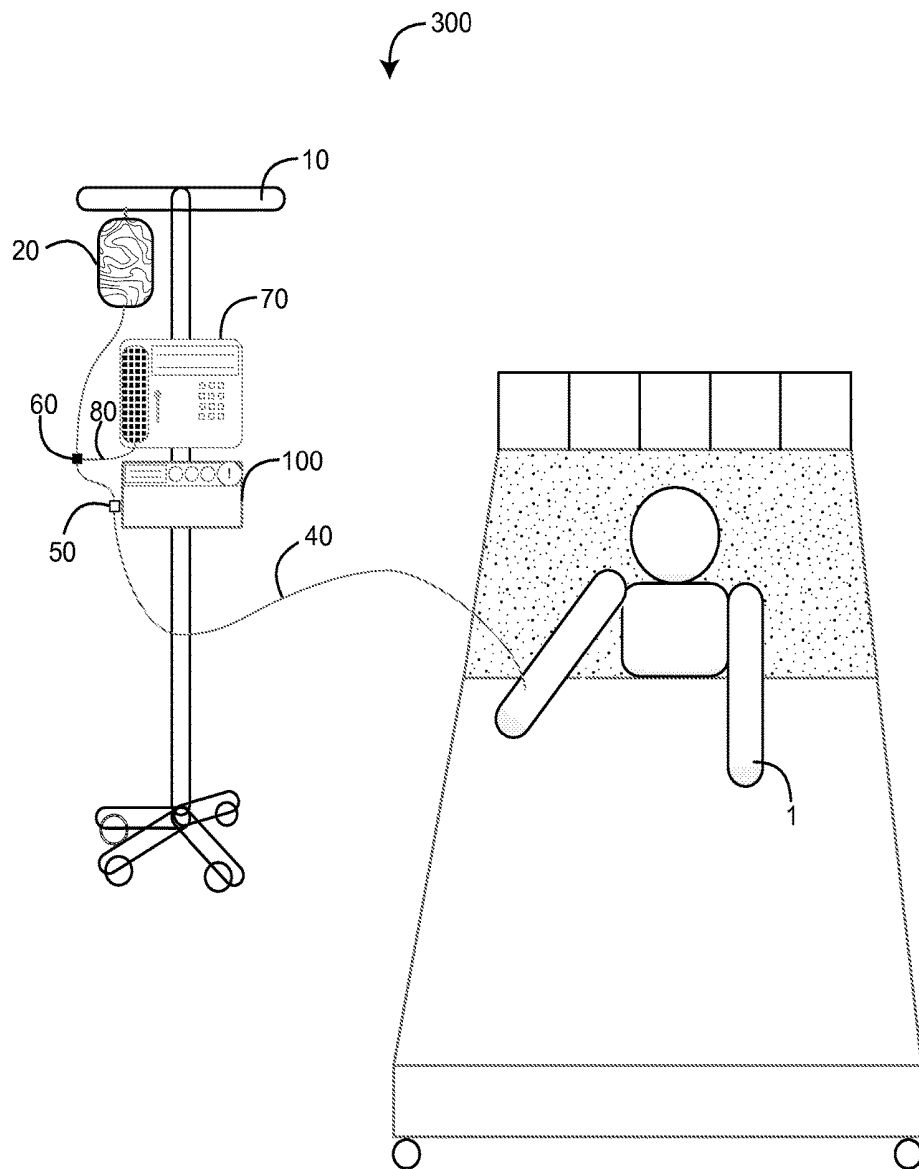


FIG. 3

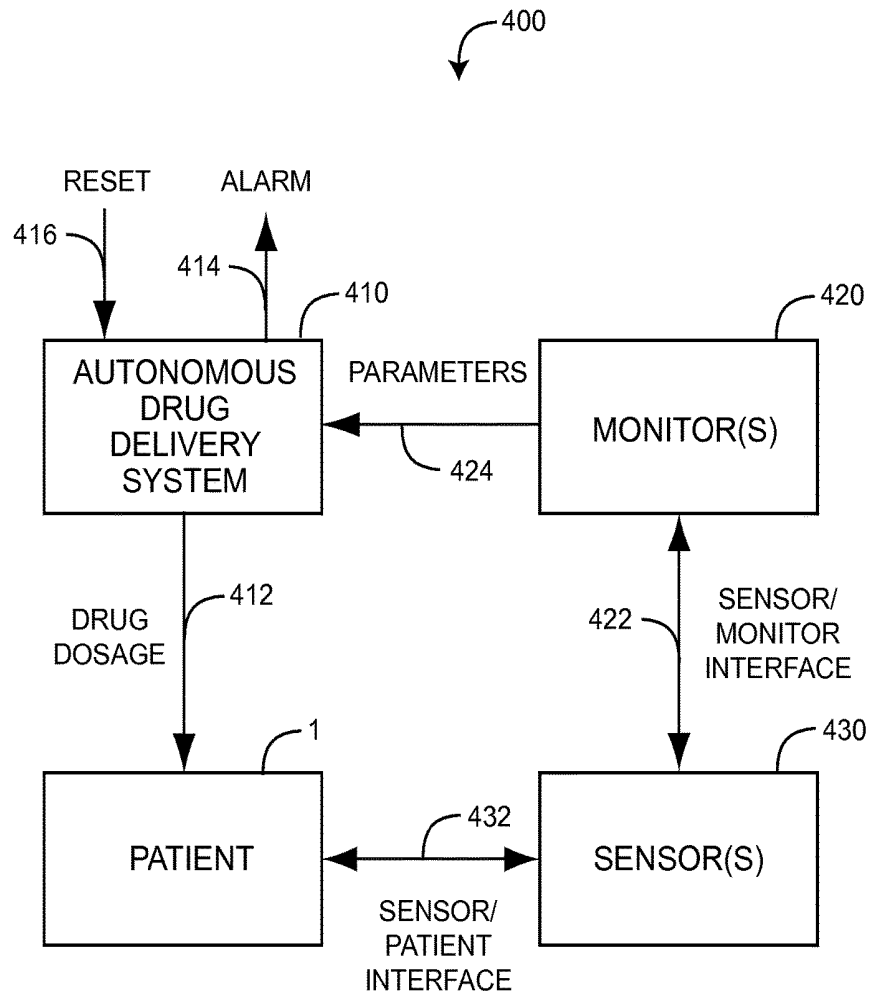


FIG. 4

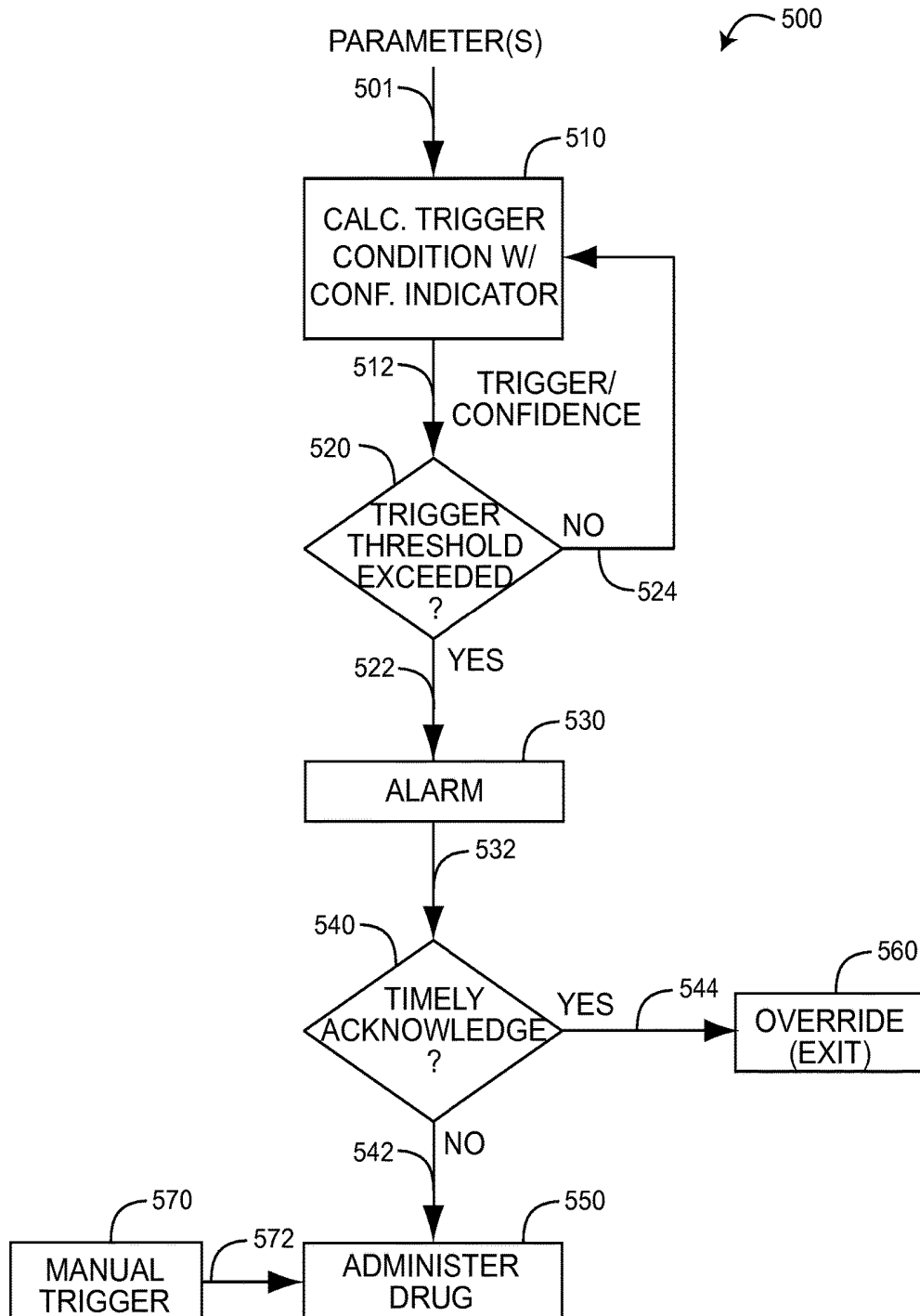


FIG. 5

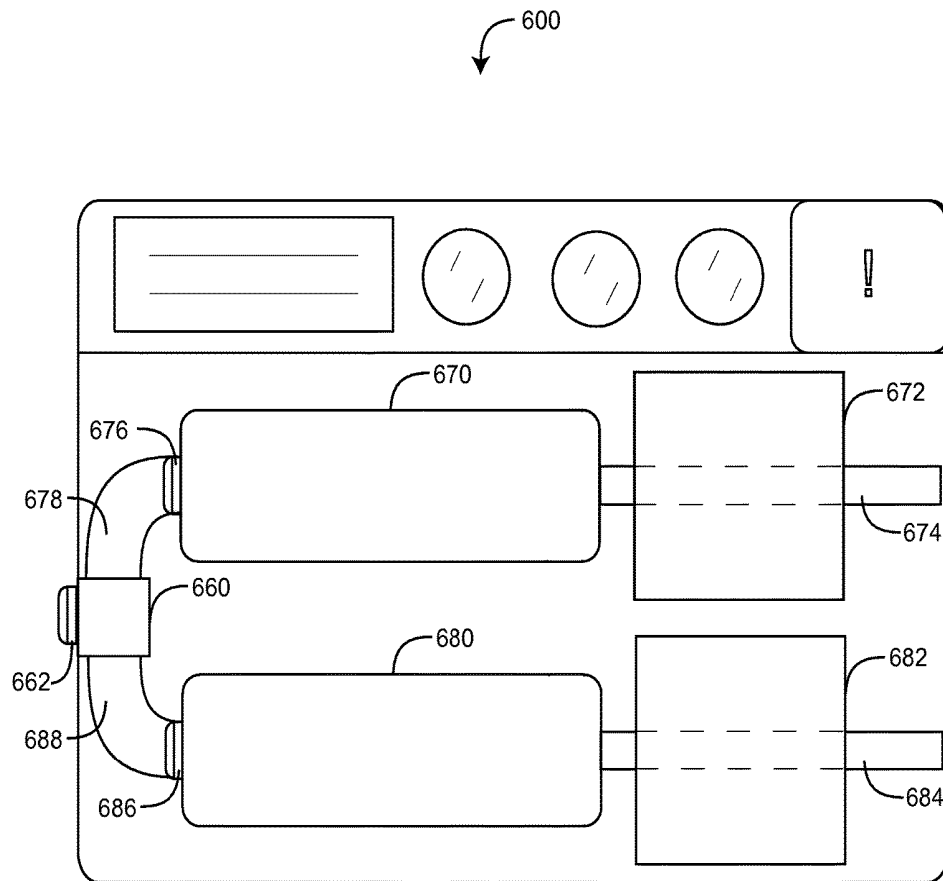


FIG. 6

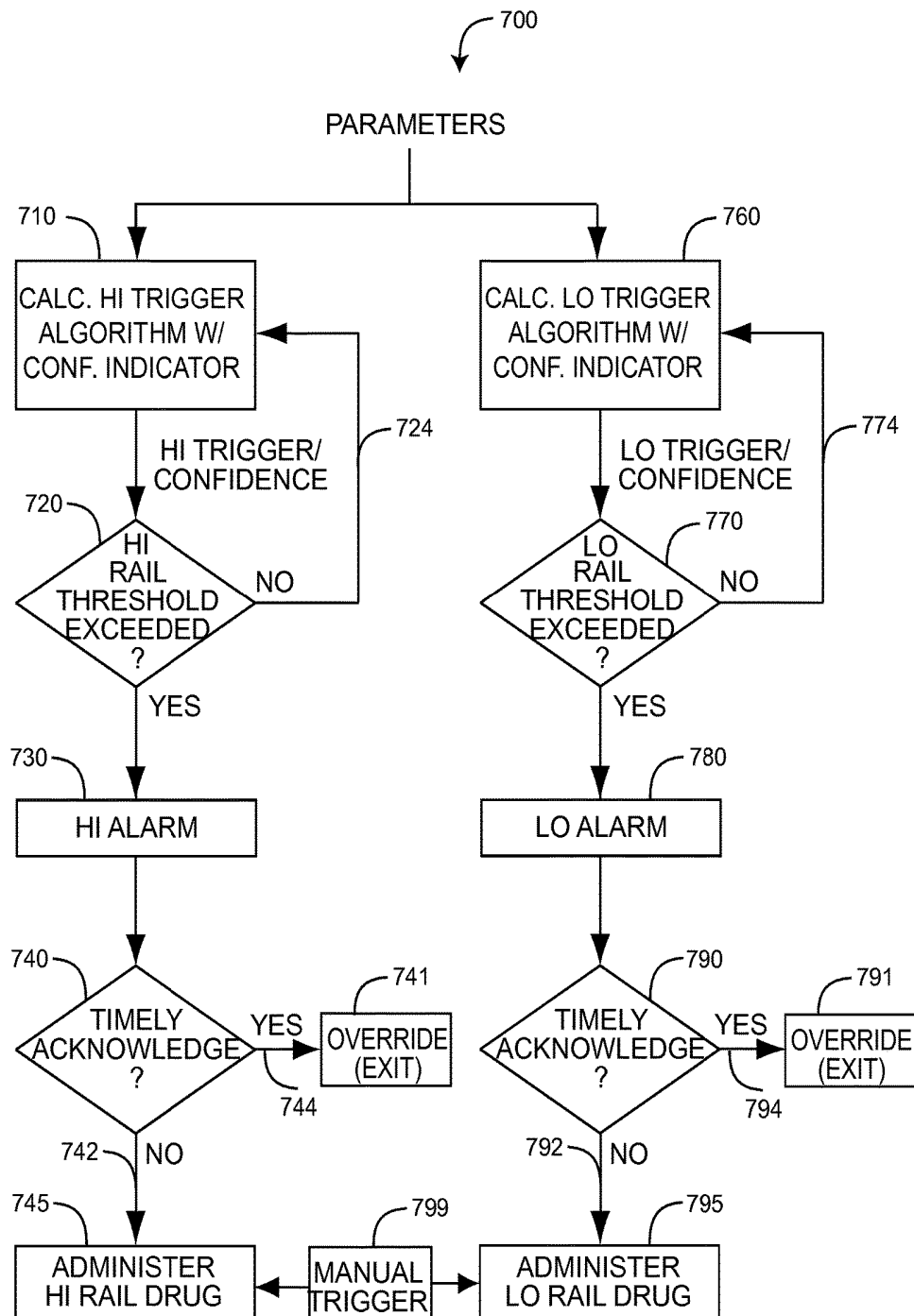


FIG. 7

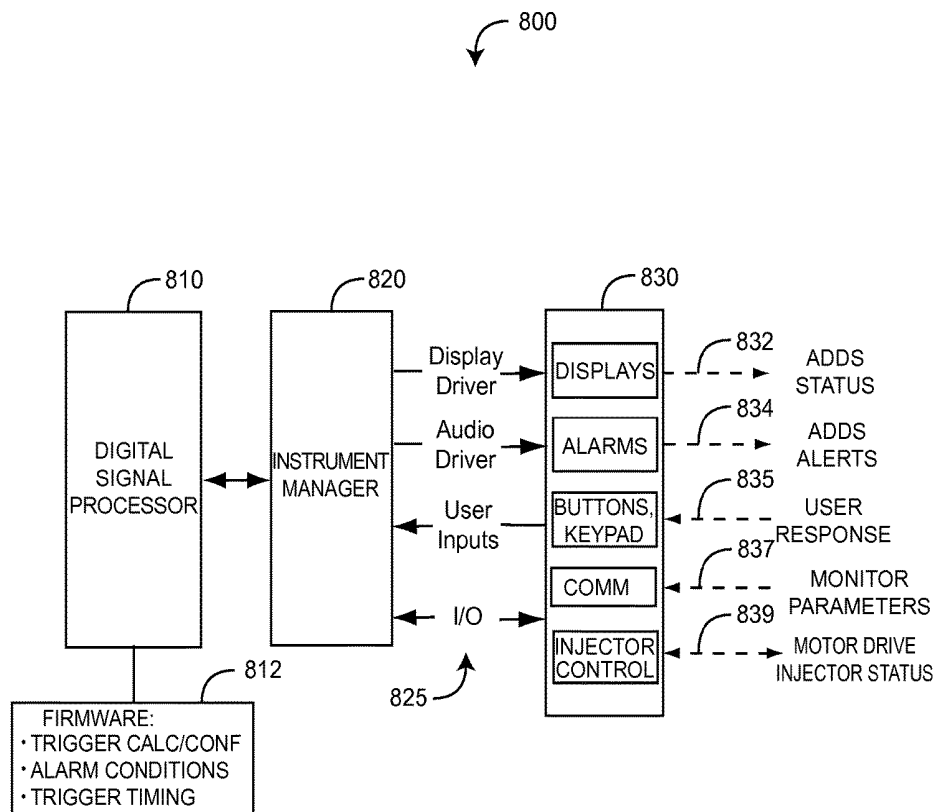


FIG. 8

AUTONOMOUS DRUG DELIVERY SYSTEM**PRIORITY CLAIM TO RELATED
PROVISIONAL APPLICATION**

The present application claims priority benefit under 35 U.S.C. § 119(e) to U.S. Provisional Patent Application Ser. No. 61/932,437 filed Jan. 28, 2014, titled Opioid Agonist Rescue. The above-cited provisional patent application is hereby incorporated in its entirety by reference herein.

BACKGROUND OF THE INVENTION

Pulse oximetry is a widely accepted noninvasive procedure for measuring the oxygen saturation level of arterial blood, an indicator of a person's oxygen supply. A typical pulse oximetry system utilizes an optical sensor attached to a fingertip to measure the relative volume of oxygenated hemoglobin in pulsatile arterial blood flowing within the fingertip. Oxygen saturation (SpO_2), pulse rate and a plethysmograph waveform, which is a visualization of pulsatile blood flow over time, are displayed on a monitor accordingly.

Conventional pulse oximetry assumes that arterial blood is the only pulsatile blood flow in the measurement site. During patient motion, venous blood also moves, which causes errors in conventional pulse oximetry. Advanced pulse oximetry processes the venous blood signal so as to report true arterial oxygen saturation and pulse rate under conditions of patient movement. Advanced pulse oximetry also functions under conditions of low perfusion (small signal amplitude), intense ambient light (artificial or sunlight) and electrosurgical instrument interference, which are scenarios where conventional pulse oximetry tends to fail.

Advanced pulse oximetry is described in at least U.S. Pat. Nos. 6,770,028; 6,658,276; 6,157,850; 6,002,952; 5,769,785 and 5,758,644, which are assigned to Masimo Corporation ("Masimo") of Irvine, Calif. and are incorporated in their entirety by reference herein. Corresponding low noise optical sensors are disclosed in at least U.S. Pat. Nos. 6,985,764; 6,813,511; 6,792,300; 6,256,523; 6,088,607; 5,782,757 and 5,638,818, which are also assigned to Masimo and are also incorporated in their entirety by reference herein. Advanced pulse oximetry systems including Masimo SET® low noise optical sensors and read through motion pulse oximetry monitors for measuring SpO_2 , pulse rate (PR) and perfusion index (PI) are available from Masimo. Optical sensors include any of Masimo LNOP®, LNCS®, SofTouch™ and Blue™ adhesive or reusable sensors. Pulse oximetry monitors include any of Masimo Rad8®, Rad5®, Rad®-5v or SatShare® monitors.

Advanced blood parameter measurement systems are described in at least U.S. Pat. No. 7,647,083, filed Mar. 1, 2006, titled Multiple Wavelength Sensor Equalization; U.S. Pat. No. 7,729,733, filed Mar. 1, 2006, titled Configurable Physiological Measurement System; U.S. Pat. Pub. No. 2006/0211925, filed Mar. 1, 2006, titled Physiological Parameter Confidence Measure and U.S. Pat. Pub. No. 2006/0238358, filed Mar. 1, 2006, titled Noninvasive Multi-Parameter Patient Monitor, all assigned to Cercacor Laboratories, Inc., Irvine, Calif. (Cercacor) and all incorporated in their entirety by reference herein. Advanced blood parameter measurement systems include Masimo Rainbow® SET, which provides measurements in addition to SpO_2 , such as total hemoglobin ($SpHb$ ™), oxygen content ($SpOCT$ ™), methemoglobin ($SpMet$ ®), carboxyhemoglobin ($SpCO$ ®) and PVI®. Advanced blood parameter sensors include

Masimo Rainbow® adhesive, ReSposable™ and reusable sensors. Advanced blood parameter monitors include Masimo Radical-7™, Rad87™ and Rad57™ monitors, all available from Masimo. Such advanced pulse oximeters, low noise sensors and advanced blood parameter systems have gained rapid acceptance in a wide variety of medical applications, including surgical wards, intensive care and neonatal units, general wards, home care, physical training, and virtually all types of monitoring scenarios.

SUMMARY OF THE INVENTION

Hospital patients and out-patients may experience negative effects from various pharmaceutical drugs prescribed for treatment. These negative effects may be due to overdose, underdose or adverse reactions to these drugs. As one example, opioids are often given to post-surgical patients for pain management, and while opioid use is safe for most patients, opioid analgesics are often associated with adverse reactions, such as respiratory depression as a result of excessive dosing, improper monitoring, medication interactions and adverse reactions with other drugs. Complications from opioid use are inevitable and not always avoidable. However, when a patient dies because such complications were not timely recognized or treated appropriately, it is termed a "failure to rescue."

Failure to rescue in the case of opioid overdose can be largely prevented by an advantageous autonomous administration of an opioid antagonist. Similarly, other serious patient conditions such as heart arrhythmia, high or low heart rate, high or low blood pressure, hypoglycemia and anaphylactic shock, to name a few, may be moderated by the autonomous administration of an appropriate rescue drug. An autonomous drug delivery system (ADDS) advantageously utilizes physiological monitor outputs so as to automatically give at least one bolus of at least one drug or medicine when certain criteria and confidence levels are met. In addition, an emergency button is provided to manually trigger administration of such a rescue drug or medicine. In an embodiment, the emergency button may be triggered remotely. ADDS advantageously responds with a rescue drug when delay in clinician response would otherwise result in patient injury or death.

One aspect of an autonomous drug delivery system is a housing with a front panel and a drug compartment. A display and buttons are disposed on the front panel. An IV injector is disposed in the drug compartment, and a nozzle extending from the housing is in mechanical communications with the IV injector. In an embodiment, the IV injector has a drug reservoir, a piston partially disposed within and extending from the drug reservoir and a drive motor in mechanical communications with the piston. The drive motor actuates so as to drive the piston against a drug containing bolus disposed within the drug reservoir. The piston causes the drug to extrude from the nozzle.

Another aspect of an autonomous drug delivery system is receiving a physiological parameter indicative of a medical state of a person and calculating a trigger condition and a corresponding confidence indicator. An alarm occurs if the trigger condition exceeds a predetermined threshold. A drug is administered to the person if the alarm is not manually acknowledged within a predetermined time interval.

BRIEF DESCRIPTION OF THE DRAWINGS

FIGS. 1A-C are front, front partial-cutaway, and cutaway drug reservoir views of an autonomous drug delivery system (ADDS) embodiment;

FIG. 2 is a front view of an autonomous drug delivery system configured with a conventional IV drip;

FIG. 3 is a front view of an autonomous drug delivery system configured with an IV drip and a patient controlled analgesia (PCA) pump;

FIG. 4 is a block diagram of an autonomous drug delivery system having fluid connectivity to a patient and electronic communications with sensor(s) and monitor(s);

FIG. 5 is a single-rail drug administration decision flow chart;

FIG. 6 is a cutaway dual drug reservoir view of an autonomous drug delivery system embodiment;

FIG. 7 is a dual-rail drug administration decision flow chart; and

FIG. 8 is a block diagram of an autonomous drug delivery system signal processing and instrument management.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

FIGS. 1A-C illustrate an autonomous drug delivery system (ADDS) 100 that inputs physiological parameters generated by one or more patient monitors, such as SpO₂, PR, RR, EtCO₂ and BP, and evaluates certain criteria and confidence levels based upon those parameters, so as to automatically give a bolus of a rescue drug. As shown in FIG. 1A, the autonomous drug delivery system 100 has a control section 102 and a drug section 108. The control section 102 has a front panel 104 and an electrical interface (not visible). The front panel 104 provides a user interface including a user display 110, such as an LED or LCD readout of device and patient status, among other data; control buttons 120 such as power on/off, reset, mode among other functions, and an emergency button 130 to manually trigger administration of the rescue drug. The emergency button 130 may have a flip-up cover or other safety mechanism, such as a simultaneous press with another button, so as to prevent inadvertent drug administration. The electrical interface communicates with patient monitor(s), alarm(s) and the drug section 108. The drug section 108 has a cover 109 concealing a drug administration device installed within a recessed compartment, described below.

As shown in FIG. 1B, the cover 109, once flipped-up, slid-open, removed or otherwise opened, exposes an IV injector 150 having a drug reservoir 170, a piston 180 and a drive motor 190 disposed within a drug compartment 152. The drug reservoir 170 is configured to accept a disposable bolus of a rescue drug. When actuated, the motor 190 drives the piston 180 into the drug reservoir 170 so that the rescue drug contained in the drug reservoir 170 is expelled out of the nozzle 178 (FIG. 1C) and into an attached IV tube that carries the rescue drug to the patient, as described with respect to FIGS. 2-3, below. The bolus remains in the drug reservoir 170 until it is used or expires. In an embodiment, the expiration date is read from the bolus or otherwise entered into the ADDS memory (part of the DSP 810 FIG. 8).

As shown in FIG. 1C, in a ready position, the drug reservoir 170 has a generally-cylindrical enclosure 172 containing an unused rescue drug 174 and a piston 180. In particular, the piston 180 has a piston head 182 disposed within the enclosure 172 and a piston shaft 184 extending from the enclosure 172. The motor acts on the piston shaft 184 so as to move the piston head 182 from a first position (shown) distal the nozzle 178 to a second position proximate

the nozzle, thus expelling the rescue drug from the reservoir 170 and into an IV tube (not shown) attached to the nozzle 178.

FIG. 2 illustrates a conventional IV drip configuration 200 incorporating an autonomous drug delivery system 100. In particular, an IV pole 10 mounts an IV bag 20 in fluid communications with a patient 1 via an IV line 30. Splicing the IV line is a one-way valve 50 in communications with the ADDS 100 via a line shunt 40. In the event the ADDS 100 is triggered, either manually via the emergency button 130 (FIG. 1A) or automatically via patient monitor inputs in communications with the control section 102 (FIG. 1A), the ADDS 100 injects its rescue drug 174 (FIG. 1C) into the shunt 40 via the one-way valve 50, which shuts off the IV line 30 blocking further IV bag 20 fluid.

FIG. 3 illustrates another conventional IV drip configuration 300 incorporating an autonomous drug delivery system (ADDS) 100 in addition to a patient controlled analgesia (PCA) pump 70. Similar to the FIG. 2 configuration described above, an IV pole 10 mounts an IV bag 20 in fluid communications with a patient 1 via an IV line 30. Splicing the IV line is a one-valve 50 in communications with the rescue device 100 via a line shunt 40. Also splicing the IV line is a one-valve 60 in communications with the PCA pump. As described above, in the event the ADDS 100 is triggered, either manually via the emergency button 130 (FIG. 1A) or automatically via patient monitor inputs in communications with the control section 102 (FIG. 1A), the ADDS 100 injects its rescue drug 174 (FIG. 1C) into the shunt 40 via the one-way valve 50, which shuts off the IV bag drip 20 and the PCA 70 analgesia.

The ADDS 100 may be used for a variety of medical emergencies and conditions in conjunction with a variety of rescue drugs. In one embodiment, the ADDS is advantageously used in conjunction with a patient controlled analgesia (PCA) device that delivers pain medication (e.g. morphine) upon patient demand (button push). Here, a patient is particularly vulnerable to inadvertently overdosing themselves to the point of respiratory failure. The ADDS inputs one or more parameters such as respiration rate, oxygen saturation, pulse rate, blood pressure and end-tidal CO₂ according to sensors attached to the patient and corresponding monitors and delivers an opioid antagonist such as Naloxone (Narcan), as described in further detail with respect to FIG. 4, below.

In other embodiments, the ADDS 100 is responsive to heart arrhythmias and delivers a rescue drug specific to the type of arrhythmia detected; is responsive to a high heart rate or low heart rate so as to deliver a heart rate regulating drug; is responsive to high or low blood pressure so as to deliver a blood pressure regulating drug; is responsive to hypoglycemia so as to deliver glucagon. In various embodiments, the ADDS 100 delivers compounded (mixed) formulas or more than one drug. This is accomplished through a mixture of drugs stored in a single reservoir or the use of multiple reservoirs. In all of these embodiments, the response is always a bolus (reservoir) administration. The drug is infused in a single administration step all at once (as opposed to over a prescribed amount of time as in a pump). The ADDS is capable of delivering multiple bolus doses, where subsequent bolus doses are ideally enabled after manual review of the initial, automatically delivered dose.

In an embodiment, the ADDS is configured to administer the bolus at a specific date and time, rather than in response to a monitored condition. In particular embodiments, bolus administration may be at multiple discrete times or over a specified time interval. When the ADDS is responsive to

multiple physiological parameters received from one or more monitoring instruments, a prescribed minimum and or maximum interval from a previous dose or start time may be used.

In various situations, physiological “guard rails” must be maintained. (See, e.g. FIGS. 6-7). As an example, a hypotensive drug may be used to raise a patient’s blood pressure during emergencies. As another example, a drug to regulate heart rhythm or suppress arrhythmias may be used. In an embodiment, the display **110** (FIG. 1A) indicates the device is working and receiving proper inputs. The ADDS **100** has a memory that records data that can be recalled to indicate a trigger cause for administering a rescue drug, such as the time and amount of drug administered and other logged conditions. In an embodiment, the rescue drug is administered in a progression rather than all-at-once. For example, a 10% dose may be given and the patient monitored for improvement, with additional doses spaced at intervals as needed. In an embodiment, a spring driven piston with a releasable catch is used to administer the rescue drug in lieu of a motor-driven piston. In an embodiment, an ADDS is advantageously integrated with a PCA device as a single instrument.

FIG. 4 illustrates an autonomous drug delivery system (ADDS) **410** having fluid connectivity to a patient **412** and electronic communications **424** with one or more monitors **420**. One or more sensors **430** interface **432** with the patient **412**, either by direct patient attachment or by remote sensing. For example, an optical sensor **430** may clip to a fingertip site **432** and provide pulsatile blood flow data via cable **422** to a pulse oximeter or blood parameter monitor **420**. The pulse oximeter or blood parameter monitor **420** calculates physiological parameters **424**, such as oxygen saturation and pulse rate, which are transmitted to the ADDS **410**. The ADDS **410** responds to the parameters **424** by regulating (starting, increasing, decreasing or halting) the drug dosage **412** accordingly. The ADDS **410** may generate one or more alarms **414** to alert a caregiver. The caregiver may reset **416** an alarm upon responding to the alert. In an embodiment, communication between the ADDS **410** and a caregiver may be via a wired or wireless network and received at a nurses’ station or equivalent.

FIG. 5 illustrates single-rail drug administration decisions **500**. In this case, there is a single threshold (maximum or minimum) that if exceeded, triggers the ADDS device to administer a rescue drug to a patient. One or more parameters **501** are input to the ADDS device. An ADDS algorithm **510** calculates a trigger condition and an associated confidence indicator **512**. If the ADDS trigger threshold is exceeded **520**, an alarm **530** is triggered **522**. Otherwise **524**, ADDS does nothing. If the alarm **532** is timely acknowledged **540**, such as a caregiver pressing an ADDS acknowledge button **544**, then ADDS exits **560** and the alarm is silenced. If the alarm **532** is not acknowledged **542**, then ADDS administers a rescue drug **550**. Note that ADDS has a manual trigger **570** (button press), so as to manually trigger **572** drug administration **550** (see **130** FIG. 1A). In an embodiment, alarms **530** and corresponding acknowledgment times **540** may progress from a local alarm, a network alarm and finally a pager alarm before autonomous drug delivery **550** is triggered.

FIG. 6 illustrates a dual drug reservoir embodiment **600** of an autonomous drug delivery system. A first drug reservoir **670** and a second drug reservoir **680** may each contain the same drug for one or two separate doses or may contain different drugs for different single doses depending on the monitored condition. See, e.g. FIG. 7. The drug reservoirs

670, 680 share a common nozzle **662**. The nozzle **662** has a junction **660** that connects fluid tubes **678, 688** to respective first **676** and second **686** reservoir nozzles. In an embodiment, a clinician has to re-enable the ADDS before a second dose is administered.

FIG. 7 illustrates dual-rail drug administration decisions **700**. In this case, there are two thresholds: a maximum threshold (HI rail) and a minimum threshold (LO rail). If the maximum threshold is exceeded **720**, i.e. one or more parameter values or combinations of parameter values goes over a predetermined limit, then the ADDS device is triggered to administer a rescue drug to a patient. Also, If the minimum threshold is exceeded **770**, i.e. one or more parameter values or combinations of parameter values falls below a predetermined limit, then the ADDS device is triggered to administer a rescue drug to a patient. In an embodiment, one rescue drug may be administered upon exceeding the maximum threshold and a different rescue drug may be administered upon exceeding the minimum threshold. One or more parameters **701** are input to the ADDS device. ADDS algorithms **710** and **760** calculate maximum (HI) trigger conditions and minimum (LO) trigger conditions and associated confidence indicator. If either the HI or LO ADDS trigger thresholds are exceeded **720, 770** the corresponding alarm **730, 780** is triggered. Otherwise **724, 774** ADDS does nothing. If a HI or LO alarm **730, 780** is timely acknowledged, such as a caregiver pressing an ADDS acknowledge button **744, 794**, then ADDS exits **741, 791** and the alarm is silenced. If the alarm **730, 780** is not acknowledged **742, 792** then ADDS administers the appropriate HI rail **745** or LO rail **795** rescue drug. Note that ADDS has manual triggers **799** (LO or HI button presses), so as to manually trigger either the LO rail drug **745** or the HI rail drug **795**.

FIG. 8 illustrates an autonomous drug delivery system (ADDS) controller **800** having a digital signal processor (DSP) **810**, an instrument manager **820** and interfaces **830**. The DSP **810** has algorithms, such as described with respect to FIGS. 5-7, above, for calculating trigger conditions and confidences, alarm conditions and trigger timing **812**. The instrument manager **820** interfaces with the DSP **810** so as to drive the ADDS displays **832** and alarms **834**, to receive inputs from the buttons/keypad **835**, to communicate with external monitors **837** that derive triggering parameters from patient sensors and to control the injector motor(s) and read injector status **839**, such as bolus full/empty and injector active (delivering rescue drug). In an embodiment, DSP firmware records in memory the time and duration of events that triggered drug delivery, including a before and after history of monitor parameters that triggered drug administration.

An autonomous drug delivery system has been disclosed in detail in connection with various embodiments. These embodiments are disclosed by way of example only and are not to limit the scope of this disclosure or the claims that follow. One of ordinary skill in art will appreciate many variations and modifications.

What is claimed is:

1. An autonomous drug delivery system comprising:
 - a first automated IV drug delivery system administering a first drug using the IV line; and
 - a second drug delivery system administering a second drug using the IV line, the second drug being an antagonist drug which is known to counter the effects of the first drug, the second drug delivery system comprising:

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a housing having a front panel and a drug compartment;
 a display and a plurality of buttons disposed on the front panel;
 an IV injector disposed in the drug compartment;
 a nozzle extending from the housing in mechanical communication with the IV injector;
 a digital signal processor that:
 receives, from a patient monitor, an input of at least one physiological parameter measured from a patient,
 calculates a confidence indicator based upon the at least one physiological parameter,
 determines that the at least one physiological parameter exceeds a threshold and that the confidence indicator is of a sufficient confidence level, and
 triggers an alarm to a caregiver in response to the determination; and
 an instrument manager responsive to the determination to automatically initiate delivery of the second drug after a predetermined time interval passes without the alarm being acknowledged.

2. The autonomous drug delivery system according to claim 1 wherein the IV injector comprises:
 a drug reservoir;
 a piston partially disposed within and extending from the drug reservoir; and
 a drive motor in mechanical communications with the piston,
 wherein the drive motor is configured to actuate so as to drive the piston against a bolus of the second drug disposed within the drug reservoir,
 wherein the piston is configured to cause drug extrusion of the second drug from the nozzle.

3. The autonomous drug delivery system according to claim 1 wherein pressing at least one of the plurality of buttons cancels the delivery of the second drug and silences the alarm.

4. The autonomous drug delivery system of claim 1, wherein the digital signal processor is further configured to deliver a third drug if the at least one physiological parameter continues to exceed the threshold after administration of a first dose of the second drug.

5. The autonomous drug delivery system of claim 1, wherein the instrument manager is further configured to initiate delivery of a second dose of the second drug if the at least one physiological parameter continues to exceed the threshold after administration of a first dose of the second drug.

6. The autonomous drug delivery system of claim 1, further comprising a manual drug delivery trigger.

7. An IV drug delivery system comprising:
 a first drug delivery system in fluid communication with an IV line providing fluid to a patient, the first drug delivery system configured to provide a first drug to the patient;

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a second drug delivery system in fluid communication with the IV line, the second drug delivery system configured to provide a second drug to the patient upon receipt of a trigger signal, the second drug known to counteract an adverse effect of the first drug;
 a processor that:
 receives, from a patient monitor, an input of at least one physiological parameter of the patient,
 calculates a confidence indicator based upon the at least one physiological parameter,
 determines that the physiological parameter exceeds a threshold and that the confidence indicator meets a confidence level,
 triggers an alarm in response to the determination that the physiological parameter exceeds the threshold and that the confidence indicator meets the confidence level,
 after a predetermined time interval passes without the alarm being acknowledged, automatically sends the trigger signal to the second drug delivery system to cause the second drug delivery system to begin administration of the second drug.

8. The IV drug delivery system of claim 7, wherein the second drug delivery system comprises a housing having a front panel and a drug compartment.

9. The IV drug delivery system of claim 8, wherein the second drug delivery system further comprises a display and a plurality of buttons disposed on the front panel.

10. The IV drug delivery system of claim 9, wherein the second drug delivery system further comprises an IV injector disposed in the drug compartment.

11. The IV drug delivery system of claim 10, wherein the second drug delivery system further comprises a nozzle extending from the housing in mechanical communication with the IV injector.

12. The IV drug delivery system of claim 7, wherein the second drug delivery system comprises a drug reservoir.

13. The IV drug delivery system of claim 12, wherein the second drug delivery system further comprises a piston partially disposed within and extending from the drug reservoir.

14. The IV drug delivery system of claim 13, wherein the second drug delivery system further comprises a drive motor in mechanical communication with the piston.

15. The IV drug delivery system of claim 14, wherein the drive motor actuates so as to drive the piston against a drug containing bolus disposed within the drug reservoir.

16. The IV drug delivery system of claim 15, wherein the second drug delivery system comprises the piston causing drug extrusion from a nozzle.

17. The IV drug delivery system of claim 7, wherein the second drug delivery system further comprises a button that cancels administration of the second drug.

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摘要(译)

自主药物输送系统有利地利用生理监测器输出，以便在满足某些标准和置信水平时自动给予大剂量的救援药物或其他必要的药物。提供紧急按钮以手动触发救援药物的施用。救援药物可以是响应镇痛过量的阿片类拮抗剂，避免血压过度下降的降血压药物或抑制心律异常的抗心律失常药物，仅举几例。

