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(54) Title: SYSTEM AND METHOD OF DESORBING NITROGEN FROM PARTICLES

(57) Abstract: Described herein are various embodiments of an oxygen concentrator system. In some embodiments, oxygen concentrator system includes one or more components that improve the useful lifetime of gas separation adsorbents.

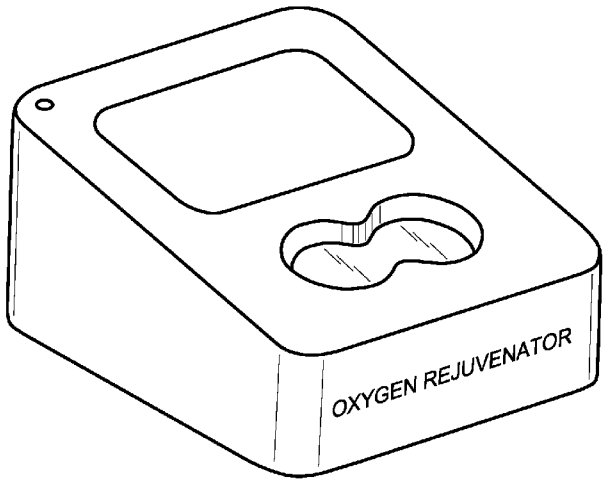

FIG. 16

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TITLE: SYSTEM AND METHOD OF DESORBING NITROGEN FROM PARTICLES

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates generally to health equipment and, more specifically, to oxygen concentrators.

2. Description of the Related Art

There are many patients that require supplemental oxygen as part of Long Term Oxygen Therapy (LTOT). Currently, the vast majority of patients that are receiving LTOT are diagnosed under the general category of Chronic Obstructive Pulmonary Disease, COPD. This general diagnosis includes such common diseases as Chronic Asthma, Emphysema, Congestive Heart Failure and several other cardio-pulmonary conditions. Other people (e.g., obese individuals) may also require supplemental oxygen, for example, to maintain elevated activity levels.

Doctors may prescribe oxygen concentrators or portable tanks of medical oxygen for these patients. Usually a specific oxygen flow rate is prescribed (e.g., 1 liter per minute (LPM), 2 LPM, 3 LPM, etc.). Experts in this field have also recognized that exercise for these patients provide long term benefits that slow the progression of the disease, improve quality of life and extend patient longevity. Most stationary forms of exercise like tread mills and stationary bicycles, however, are too strenuous for these patients. As a result, the need for mobility has long been recognized. Until recently, this mobility has been facilitated by the use of small compressed oxygen tanks. The disadvantage of these tanks is that they have a finite amount of oxygen and they are heavy, weighing about 50 pounds, when mounted on a cart with dolly wheels.

Oxygen concentrators have been in use for about 50 years to supply patients suffering from respiratory insufficiency with supplemental oxygen. Traditional oxygen concentrators used to provide these flow rates have been bulky and heavy making ordinary ambulatory activities with them difficult and impractical. Recently, companies that manufacture large stationary home oxygen concentrators began developing portable oxygen concentrators, POCs. The advantage of POCs concentrators was that they can produce a theoretically endless supply of oxygen. In order to make these devices small for mobility, the various systems necessary for the production of oxygen enriched gas are condensed.

SUMMARY

Systems and methods of providing an oxygen enriched gas to a user of an oxygen concentrator are described herein.

In some embodiments, an oxygen concentrator includes at least one canister; gas separation adsorbent disposed in at least one canister, at least two electrodes coupled to at least one canister, and a power supply coupled to at least one of the electrodes. The gas separation adsorbent separates at least some nitrogen from air in the canister to produce oxygen enriched gas. The power supply is configured to electrically excite at least one of the electrodes such that current flows between the electrodes and ionizes air between the two electrodes. The ionized air assists in removal of at least one compound from the gas separation adsorbent. At least one compound is water and/or bacteria.

In some embodiments, a method of treating gas separation adsorbent of an oxygen concentrator includes providing electrical current to a first electrode such that electrical current flows from the first electrode to a second electrode; the electrical current flowing through at least a portion of the gas adsorbent and ionizing air in the gas separation adsorbent; and removing one or more compounds from the ionized gas separation adsorbent.

In some embodiments, a method of treating gas separation adsorbent in an oxygen concentrator includes providing air to the gas separation adsorbent, providing electrical current to a first electrode such that electrical current flows from the first electrode to a second electrode; the electrical current flowing through at least a portion of the gas adsorbent and ionizing at least a portion of the provided air, and removing one or more compounds from the gas separation adsorbent.

A method of operating an oxygen concentrator system includes providing at least two electrodes to at least one canister of a first oxygen concentrator of the oxygen concentrator system, the gas canister comprising gas separation adsorbent. Electrical current is to a first electrode of the two electrodes such that electrical current flows from the first electrode to a second electrode of the two electrodes. The electrical current flows through at least a portion of a gas adsorbent for a period of time. The canister after the period of time has elapsed is provided to a second oxygen concentrator of the oxygen concentrator system.

A method of providing oxygen enriched gas to a user of an oxygen concentrator system, includes automatically assessing a state of the gas separation adsorbent and operating the power supply at a voltage sufficient to electrically excite at least one of the electrodes such that current flows between the electrodes and ionizes the gas separation adsorbent.

In an embodiment, an ionization module is used to produce ionized gas. An ionization module, in one embodiment, includes an ionizer capable of producing ionized gas, the ionizer comprising an ionizer outlet through which ionized gas produced by the ionizer exits. The ionization module may, optionally, include a pump coupled to the ionizer outlet. The ionizer includes a coupling which is configured to couple the ionizer to a gas separation adsorbent canister.

BRIEF DESCRIPTION OF THE DRAWINGS

Advantages of the present invention will become apparent to those skilled in the art with the benefit of the following detailed description of embodiments and upon reference to the accompanying drawings in which:

FIG. 1 depicts a schematic diagram of an embodiment of the components of an oxygen concentrator;

FIG. 2 depicts a schematic diagram of an embodiment of the outlet components of an oxygen concentrator;

FIG. 3 depicts a schematic diagram of an embodiment of an outlet conduit for an oxygen concentrator;

FIG. 4 depicts a perspective view of an embodiment of a dissembled canister system;

FIG. 5 depicts a perspective view of an embodiment of an end of a canister system;

FIG. 6 depicts the assembled end of an embodiment of the canister system end depicted in FIG. 5;

FIG. 7 depicts a perspective view of an embodiment of an opposing end of the canister system depicted in FIG. 4 and 5;

FIG. 8 depicts a perspective view of an embodiment of the assembled opposing end of the canister system end depicted in FIG. 7;

FIG. 9 depicts various profiles of embodiments for providing oxygen enriched gas from an oxygen concentrator;

FIG. 10 depicts a perspective view of an embodiment of a canister that includes at least two electrodes in a canister;

FIG. 11 depicts a top view of an embodiment of the canister of FIG. 12 containing gas separation adsorbent;

FIG. 12 depicts a perspective view of an embodiment of a canister that includes at least two electrodes;

FIG. 13 depicts an exploded view of an ionization module;

FIG. 14 depicts a schematic diagram of the interconnection of the components of an ionization module;

FIG. 15 depicts a schematic diagram of an alternate interconnection of the components of an ionization module; and

FIG. 16 depicts a projection view of an ionization module.

While the invention is susceptible to various modifications and alternative forms, specific embodiments thereof are shown by way of example in the drawings and will herein be described in detail. It should be understood, however, that the drawings and detailed description thereto are not intended to limit the invention to the particular form disclosed, but on the contrary, the intention is to cover all modifications, equivalents, and alternatives falling within the spirit and scope of the present invention as defined by the appended claims.

DETAILED DESCRIPTION

It is to be understood the present invention is not limited to particular devices or methods, which may, of course, vary. It is also to be understood that the terminology used herein is for the purpose of describing particular embodiments only, and is not intended to be limiting. Headings are for organizational purposes only and are not meant to be used to limit or interpret the description or claims. As used in this specification and the appended claims, the singular forms "a", "an", and "the" include singular and plural referents unless the content clearly dictates otherwise. Furthermore, the word "may" is used throughout this application in a permissive sense (i.e., having the potential to, being able to), not in a mandatory sense (i.e., must). The term "include," and derivations thereof, mean "including, but not limited to."

The term "coupled" as used herein means either a direct connection or an indirect connection (e.g., one or more intervening connections) between one or more objects or components. The phrase "connected" means a direct connection between objects or components such that the objects or components are connected directly to each other. As used herein the phrase "obtaining" a device means that the device is either purchased or constructed.

Oxygen concentrators take advantage of pressure swing adsorption (PSA). Pressure swing adsorption involves using a compressor to increase gas pressure inside a canister that contains particles of a gas separation adsorbent. As the pressure increases, certain molecules in the gas may become adsorbed onto the gas separation adsorbent. Removal of a portion of the gas in the canister under the pressurized conditions allows separation of the non-adsorbed molecules from the adsorbed molecules. The gas separation adsorbent may be regenerated by reducing the pressure, which reverses the adsorption of molecules from the adsorbent. Further details

regarding oxygen concentrators may be found, for example, in U.S. Published Patent Application No. 2009-0065007, published March 12, 2009, and entitled "Oxygen Concentrator Apparatus and Method", which is incorporated herein by reference.

Ambient air usually includes approximately 78% nitrogen and 21% oxygen with the balance comprised of argon, carbon dioxide, water vapor and other trace elements. If a gas mixture such as air, for example, is passed under pressure through a vessel containing a gas separation adsorbent bed that attracts nitrogen more strongly than it does oxygen, part or all of the nitrogen will stay in the bed, and the gas coming out of the vessel will be enriched in oxygen. When the bed reaches the end of its capacity to adsorb nitrogen, it can be regenerated by reducing the pressure, thereby releasing the adsorbed nitrogen. It is then ready for another cycle of producing oxygen enriched air. By alternating canisters in a two-canister system, one canister can be collecting oxygen while the other canister is being purged (resulting in a continuous separation of the oxygen from the nitrogen). In this manner, oxygen can be accumulated out of the air for a variety of uses include providing supplemental oxygen to patients.

FIG. 1 illustrates a schematic diagram of an oxygen concentrator **100**, according to an embodiment. Oxygen concentrator **100** may concentrate oxygen out of an air stream to provide oxygen enriched gas to a user. As used herein, "oxygen enriched gas" is composed of at least about 50% oxygen, at least about 60% oxygen, at least about 70% oxygen, at least about 80% oxygen, at least about 90% oxygen, at least about 95% oxygen, at least about 98% oxygen, or at least about 99% oxygen.

Oxygen concentrator **100** may be a portable oxygen concentrator. For example, oxygen concentrator **100** may have a weight and size that allows the oxygen concentrator to be carried by hand and/or in a carrying case. In one embodiment, oxygen concentrator **100** has a weight of less than about 20 lbs., less than about 15 lbs., less than about 10 lbs., or less than about 5 lbs. In an embodiment, oxygen concentrator **100** has a volume of less than about 1000 cubic inches, less than about 750 cubic inches; less than about 500 cubic inches, less than about 250 cubic inches, or less than about 200 cubic inches.

Oxygen may be collected from ambient air by pressurizing ambient air in canisters **302** and **304,** which include a gas separation adsorbent. Gas separation adsorbents useful in an oxygen concentrator are capable of separating at least nitrogen from an air stream to produce oxygen enriched gas. Examples of gas separation adsorbents include molecular sieves that are capable of separation of nitrogen from an air stream. Examples of adsorbents that may be used in an oxygen concentrator include, but are not limited to, zeolites (natural) or synthetic crystalline aluminosilicates that separate nitrogen from oxygen in an air stream under elevated pressure.

Examples of synthetic crystalline aluminosilicates that may be used include, but are not limited to: OXYSIV adsorbents available from UOP LLC, Des Plaines, IW; SYLOBEAD adsorbents available from W. R. Grace & Co, Columbia, MD; SILIPORITE adsorbents available from CECA S.A. of Paris, France; ZEOCHEM adsorbents available from Zeochem AG, Uetikon, Switzerland; and AgLiLSX adsorbent available from Air Products and Chemicals, Inc., Allentown, PA.

As shown in FIG. 1, air may enter the oxygen concentrator through air inlet **106**. Air may be drawn into air inlet **106** by compression system **200**. Compression system **200** may draw in air from the surroundings of the oxygen concentrator and compress the air, forcing the compressed air into one or both canisters **302** and **304**. In an embodiment, an inlet muffler **108** may be coupled to air inlet **106** to reduce sound produced by air being pulled into the oxygen generator by compression system **200**. In an embodiment, inlet muffler **108** may be a moisture and sound absorbing muffler. For example, a water absorbent material (such as a polymer water absorbent material or a zeolite material) may be used to both absorb water from the incoming air and to reduce the sound of the air passing into the air inlet **106**.

Compression system **200** may include one or more compressors capable of compressing air. In some embodiments, compression system may include one, two, three, four, or more compressors. Compression system **200** as depicted that includes compressor **210** and motor **220**. Motor **220** is coupled to compressor **210** and provides an operating force to the compressor to operate the compression mechanism. Pressurized air, produced by compression system **200**, may be forced into one or both of the canisters **302** and **304**. In some embodiments, the ambient air may be pressurized in the canisters to a pressure approximately in a range of 13-20 pounds per square inch (psi). Other pressures may also be used, depending on the type of gas separation adsorbent disposed in the canisters.

In some embodiments, motor **220** is coupled to a pressurizing device (e.g. piston pump or a diaphragm pump). The pressuring device may be a piston pump that has multiple pistons. During operation, the pistons may be selectively turned on or off. In some embodiments, motor **220** may be coupled to multiple pumps. Each pump may be selectively turned on or off. For example, controller **400** may determine which pumps or pistons should be operated based on predetermined operating conditions.

Coupled to each canister **302/304** are inlet valves **122/124** and outlet valves **132/134**. As shown in FIG. 1, inlet valve **122** is coupled to canister **302** and inlet valve **124** is coupled to canister **304**. Outlet valve **132** is coupled to canister **302** and outlet valve **134** is coupled to canister **304**. Inlet valves **122/124** are used to control the passage of air from compression

system **200** to the respective canisters. Outlet valves **132/134** are used to release gas from the respective canisters during a venting process. In some embodiments, inlet valves **122/124** and outlet valves **132/134** may be silicon plunger solenoid valves. Other types of valves, however, may be used. Plunger valves offer advantages over other kinds of valves by being quiet and having low slippage.

In some embodiments, a two-step valve actuation voltage may be used to control inlet valves **122/124** and outlet valves **132/134**. For example, a high voltage (e.g., 24 V) may be applied to an inlet valve to open the inlet valve. The voltage may then be reduced (e.g., to 7 V) to keep the inlet valve open. Using less voltage to keep a valve open may use less power (Power = Voltage * Current). This reduction in voltage minimizes heat buildup and power consumption to extend run time from the battery. When the power is cut off to the valve, it closes by spring action. In some embodiments, the voltage may be applied as a function of time that is not necessarily a stepped response (e.g., a curved downward voltage between an initial 24 V and a final 7 V).

In some embodiments, air may be pulled into the oxygen concentrator through compressors **305**, **310**. In some embodiments, air may flow from compressors **305**, **310** to canisters **302**, **304**. In some embodiments, one of valves **122** or **124** may be closed (e.g., as signaled by controller **400**) resulting in the combined output of both compressors **305**, **310** lowing through the other respective valve **122** or **124** into a respective canister **302**, **304**. For example, if valve **124** is closed, the air from both compressors **305**, **310** may flow through valve **122**. If valve **122** is closed, the air from both compressors **305**, **310** may flow through valve **124**. In some embodiments, valve **122** and valve **124** may alternate to alternately direct the air from the compressors **305**, **310** into respective canisters **302** or **304**.

In an embodiment, pressurized air is sent into one of canisters **302** or **304** while the other canister is being vented. For example, during use, inlet valve **122** is opened while inlet valve **124** is closed. Pressurized air from compression system **200** is forced into canister **302**, while being inhibited from entering canister **304** by inlet valve **124**. In an embodiment, a controller **400** is electrically coupled to valves **122**, **124**, **132**, and **134**. Controller **400** includes one or more processors **410** operable to execute program instructions stored in memory **420**. The program instructions are operable to perform various predefined methods that are used to operate the oxygen concentrator. Controller **400** may include program instructions for operating inlet valves **122** and **124** out of phase with each other, i.e., when one of inlet valves **122** or **124** is opened, the other valve is closed. During pressurization of canister **302**, outlet valve **132** is closed and outlet valve **134** is opened. Similar to the inlet valves, outlet valves **132** and **134** are operated out of

phase with each other. In some embodiments, the voltages and the duration of the voltages used to open the input and output valves may be controlled by controller **400**.

Check valves **142** and **144** are coupled to canisters **302** and **304**, respectively. Check valves **142** and **144** are one way valves that are passively operated by the pressure differentials that occur as the canisters are pressurized and vented. Check valves **142** and **144** are coupled to canisters to allow oxygen produced during pressurization of the canister to flow out of the canister, and to inhibit back flow of oxygen or any other gases into the canister. In this manner, check valves **142** and **144** act as one way valves allowing oxygen enriched gas to exit the respective canister during pressurization.

The term "check valve", as used herein, refers to a valve that allows flow of a fluid (gas or liquid) in one direction and inhibits back flow of the fluid. Examples of check valves that are suitable for use include, but are not limited to: a ball check valve; a diaphragm check valve; a butterfly check valve; a swing check valve; a duckbill valve; and a lift check valve. Under pressure, nitrogen molecules in the pressurized ambient air are adsorbed by the gas separation adsorbent in the pressurized canister. As the pressure increases, more nitrogen is adsorbed until the gas in the canister is enriched in oxygen. The nonadsorbed gas molecules (mainly oxygen) flow out of the pressurized canister when the pressure reaches a point sufficient to overcome the resistance of the check valve coupled to the canister. In one embodiment, the pressure drop of the check valve in the forward direction is less than 1 psi. The break pressure in the reverse direction is greater than 100 psi. It should be understood, however, that modification of one or more components would alter the operating parameters of these valves. If the forward flow pressure is increased, there is, generally, a reduction in oxygen enriched gas production. If the break pressure for reverse flow is reduced or set too low, there is, generally, a reduction in oxygen enriched gas pressure.

In an exemplary embodiment, canister **302** is pressurized by compressed air produced in compression system **200** and passed into canister **302**. During pressurization of canister **302** inlet valve **122** is open, outlet valve **132** is closed, inlet valve **124** is closed and outlet valve **134** is open. Outlet valve **134** is opened when outlet valve **132** is closed to allow substantially simultaneous venting of canister **304** while canister **302** is pressurized. Canister **302** is pressurized until the pressure in canister is sufficient to open check valve **142**. Oxygen enriched gas produced in canister **302** exits through check valve and, in one embodiment, is collected in accumulator **106**.

After some time the gas separation adsorbent will become saturated with nitrogen and will be unable to separate significant amounts of nitrogen from incoming air. This point is

usually reached after a predetermined time of oxygen enriched gas production. In the embodiment described above, when the gas separation adsorbent in canister **302** reaches this saturation point, the inflow of compressed air is stopped and canister **302** is vented to remove nitrogen. During venting, inlet valve **122** is closed, and outlet valve **132** is opened. While canister **302** is being vented, canister **304** is pressurized to produce oxygen enriched gas in the same manner described above. Pressurization of canister **304** is achieved by closing outlet valve **134** and opening inlet valve **124**. The oxygen enriched gas exits canister **304** through check valve **144**.

During venting of canister **302**, outlet valve **132** is opened allowing pressurized gas (mainly nitrogen) to exit the canister through concentrator outlet **130**. In an embodiment, the vented gases may be directed through muffler **133** to reduce the noise produced by releasing the pressurized gas from the canister. As gas is released from canister **302**, pressure in the canister drops. The drop in pressure may allow the nitrogen to become desorbed from the gas separation adsorbent. The released nitrogen exits the canister through outlet **130**, resetting the canister to a state that allows renewed separation of oxygen from an air stream. Muffler **133** may include open cell foam (or another material) to muffle the sound of the gas leaving the oxygen concentrator. In some embodiments, the combined muffling components/techniques for the input of air and the output of gas may provide for oxygen concentrator operation at a sound level below 50 decibels.

During venting of the canisters, it is advantageous that at least a majority of the nitrogen is removed. In an embodiment, at least about 50%, at least about 60%, at least about 70%, at least about 80%, at least about 90%, at least about 95%, at least about 98%, or substantially all of the nitrogen in a canister is removed before the canister is re-used to separate oxygen from air. In some embodiments, a canister may be further purged of nitrogen using an oxygen enriched stream that is introduced into the canister from the other canister.

In an exemplary embodiment, a portion of the oxygen enriched gas may be transferred from canister **302** to canister **304** when canister **304** is being vented of nitrogen. Transfer of oxygen enriched gas from canister **302** to **304**, during venting of canister **304**, helps to further purge nitrogen (and other gases) from the canister. In an embodiment, oxygen enriched gas may travel through flow restrictors **151**, **153**, and **155** between the two canisters. Flow restrictor **151** may be a trickle flow restrictor. Flow restrictor **151**, for example, may be a 0.009D flow restrictor (e.g., the flow restrictor has a radius of 0.009 inches which is less than the diameter of the tube it is inside). Flow restrictors **153** and **155** may be 0.013D flow restrictors. Other flow restrictor types and sizes are also contemplated and may be used depending on the specific

configuration and tubing used to couple the canisters. In some embodiments, the flow restrictors may be press fit flow restrictors that restrict air flow by introducing a narrower diameter in their respective tube. In some embodiments, the press fit flow restrictors may be made of sapphire, metal or plastic (other materials are also contemplated).

Flow of oxygen enriched gas is also controlled by use of valve **152** and valve **154**. Valves **152** and **154** may be opened for a short duration during the venting process (and may be closed otherwise) to prevent excessive oxygen loss out of the purging canister. Other durations are also contemplated. In an exemplary embodiment, canister **302** is being vented and it is desirable to purge canister **302** by passing a portion of the oxygen enriched gas being produced in canister **304** into canister **302**. A portion of oxygen enriched gas, upon pressurization of canister **304**, will pass through flow restrictor **151** into canister **302** during venting of canister **302**. Additional oxygen enriched air is passed into canister **302**, from canister **304**, through valve **154** and flow restrictor **155**. Valve **152** may remain closed during the transfer process, or may be opened if additional oxygen enriched gas is needed. The selection of appropriate flow restrictors **151** and **155**, coupled with controlled opening of valve **154** allows a controlled amount of oxygen enriched gas to be sent from canister **304** to **302**. In an embodiment, the controlled amount of oxygen enriched gas is an amount sufficient to purge canister **302** and minimize the loss of oxygen enriched gas through venting valve **132** of canister **302**. While this embodiment describes venting of canister **302**, it should be understood that the same process can be used to vent canister **304** using flow restrictor **151**, valve **152** and flow restrictor **153**.

The pair of equalization/vent valves **152/154** work with flow restrictors **153** and **155** to optimize the air flow balance between the two canisters. This may allow for better flow control for venting the canisters with oxygen enriched gas from the other of the canisters. It may also provide better flow direction between the two canisters. It has been found that, while flow valves **152/154** may be operated as bi-directional valves, the flow rate through such valves varies depending on the direction of fluid flowing through the valve. For example, oxygen enriched gas flowing from canister **304** toward canister **302** has a flow rate faster through valve **152** than the flow rate of oxygen enriched gas flowing from canister **302** toward canister **304** through valve **152**. If a single valve was to be used, eventually either too much or too little oxygen enriched gas would be sent between the canisters and the canisters would, over time, begin to produce different amounts of oxygen enriched gas. Use of opposing valves and flow restrictors on parallel air pathways may equalize the flow pattern of the oxygen between the two canisters. Equalizing the flow may allow for a steady amount of oxygen available to the user over multiple cycles and also may allow a predictable volume of oxygen to purge the other of the canisters. In

some embodiments, the air pathway may not have restrictors but may instead have a valve with a built in resistance or the air pathway itself may have a narrow radius to provide resistance.

At times, oxygen concentrator may be shut down for a period of time. When an oxygen concentrator is shut down, the temperature inside the canisters may drop as a result of the loss of adiabatic heat from the compression system. As the temperature drops, the volume occupied by the gases inside the canisters will drop. Cooling of the canisters may lead to a negative pressure in the canisters. Valves (e.g., valves **122, 124, 132,** and **134**) leading to and from the canisters are dynamically sealed rather than hermetically sealed. Thus, outside air may enter the canisters after shutdown to accommodate the pressure differential. When outside air enters the canisters, moisture from the outside air may condense inside the canister as the air cools. Condensation of water inside the canisters may lead to gradual degradation of the gas separation adsorbents, steadily reducing ability of the gas separation adsorbents to produce oxygen enriched gas.

In an embodiment, outside air may be inhibited from entering canisters after the oxygen concentrator is shut down by pressurizing both canisters prior to shut down. By storing the canisters under a positive pressure, the valves may be forced into a hermetically closed position by the internal pressure of the air in the canisters. In an embodiment, the pressure in the canisters, at shutdown, should be at least greater than ambient pressure. As used herein the term "ambient pressure" refers to the pressure of the surroundings that the oxygen generator is located (e.g. the pressure inside a room, outside, in a plane, etc.). In an embodiment, the pressure in the canisters, at shutdown, is at least greater than standard atmospheric pressure (i.e., greater than 760 mmHg (Torr), 1 atm, 101,325 Pa). In an embodiment, the pressure in the canisters, at shutdown, is at least about 1.1 times greater than ambient pressure; is at least about 1.5 times greater than ambient pressure; or is at least about 2 times greater than ambient pressure.

In an embodiment, pressurization of the canisters may be achieved by directing pressurized air into each canister from the compression system and closing all valves to trap the pressurized air in the canisters. In an exemplary embodiment, when a shutdown sequence is initiated, inlet valves **122** and **124** are opened and outlet valves **132** and **134** are closed. Because inlet valves **122** and **124** are joined together by a common conduit, both canisters **302** and **304** may become pressurized as air and or oxygen enriched gas from one canister may be transferred to the other canister. This situation may occur when the pathway between the compression system and the two inlet valves allows such transfer. Because the oxygen generator operates in an alternating pressurize/venting mode, at least one of the canisters should be in a pressurized state at any given time. In an alternate embodiment, the pressure may be increased in each canister by operation of compression system **200**. When inlet valves **122** and **124** are opened,

pressure between canisters **302** and **304** will equalize, however, the equalized pressure in either canister may not be sufficient to inhibit air from entering the canisters during shutdown. In order to ensure that air is inhibited from entering the canisters, compression system **200** may be operated for a time sufficient to increase the pressure inside both canisters to a level at least greater than ambient pressure. Regardless of the method of pressurization of the canisters, once the canisters are pressurized, inlet valves **122** and **124** are closed, trapping the pressurized air inside the canisters, which inhibits air from entering the canisters during the shutdown period.

An outlet system, coupled to one or more of the canisters, includes one or more conduits for providing oxygen enriched gas to a user. In an embodiment, oxygen enriched gas produced in either of canisters **302** and **304** is collected in accumulator **106** through check valves **142** and **144**, respectively, as depicted schematically in FIG. 1. The oxygen enriched gas leaving the canisters may be collected in oxygen accumulator **106** prior to being provided to a user. In some embodiments, a tube may be coupled to accumulator **106** to provide the oxygen enriched gas to the user. Oxygen enriched gas may be provided to the user through an airway delivery device that transfer the oxygen enriched gas to the user's mouth and/or nose. In an embodiment, an outlet may include a tube that directs the oxygen toward a user's nose and/or mouth that may not be directly coupled to the user's nose.

Turning to FIG. 2, a schematic diagram of an embodiment of an outlet system for an oxygen concentrator is shown. Supply valve **160** may be coupled to outlet tube to control the release of the oxygen enriched gas from accumulator **106** to the user. In an embodiment, supply valve **160** is an electromagnetically actuated plunger valve. Supply valve **160** is actuated by controller **400** to control the delivery of oxygen enriched gas to a user. Actuation of supply valve **160** is not timed or synchronized to the pressure swing adsorption process. Instead, actuation is, in some embodiments, synchronized to the patient's breathing. Additionally, supply valve **160** may have multiple actuations to help establish a clinically effective flow profile for providing oxygen enriched gas.

Oxygen enriched gas in accumulator **106** passes through supply valve **160** into expansion chamber **170** as depicted in FIG. 2. In an embodiment, expansion chamber may include one or more devices capable of being used to determine an oxygen concentration of gas passing through the chamber. Oxygen enriched gas in expansion chamber **170** builds briefly, through release of gas from accumulator by supply valve **160**, and then is bled through small orifice flow restrictor **175** to flow rate sensor **185** and then to particulate filter **187**. Flow restrictor **175** may be a 0.025 D flow restrictor. Other flow restrictor types and sizes may be used. In some embodiments, the diameter of the air pathway in the housing may be restricted to create restricted air flow. Flow

rate sensor **185** may be any sensor capable of assessing the rate of gas flowing through the conduit. Particulate filter **187** may be used to filter bacteria, dust, granule particles, etc. prior to delivery of the oxygen enriched gas to the user. The oxygen enriched gas passes through filter **187** to connector **190** which sends the oxygen enriched gas to the user via conduit **192** and to pressure sensor **194**.

The fluid dynamics of the outlet pathway, coupled with the programmed actuations of supply valve **160,** results in a bolus of oxygen being provided at the correct time and with a flow profile that assures rapid delivery into the patient's lungs without any excessive flow rates that would result in wasted retrograde flow out the nostrils and into the atmosphere. It has been found, in our specific system, that the total volume of the bolus required for prescriptions is equal to 11 mL for each LPM, i.e., 11 mL for a prescription of 1 LPM; 22 mL for a prescription of 2 LPM; 33 mL for a prescription of 3 LPM; 44 mL for a prescription of 4 LPM; 55 mL for a prescription of 5 LPM; etc. This is generally referred to as the LPM equivalent. It should be understood that the LPM equivalent may vary between apparatus due to differences in construction design, tubing size, chamber size, etc.

Expansion chamber **170** may include one or more oxygen sensors capable of being used to determine an oxygen concentration of gas passing through the chamber. In an embodiment, the oxygen concentration of gas passing through expansion chamber **170** is assessed using oxygen sensor **165**. An oxygen sensor is a device capable of detecting oxygen in a gas. Examples of oxygen sensors include, but are not limited to, ultrasonic oxygen sensors, electrical oxygen sensors, and optical oxygen sensors. In one embodiment, oxygen sensor **165** is an ultrasonic oxygen sensor that includes ultrasonic emitter **166** and ultrasonic receiver **168**. In some embodiments, ultrasonic emitter **166** may include multiple ultrasonic emitters and ultrasonic receiver **168** may include multiple ultrasonic receivers. In embodiments having multiple emitters/receivers, the multiple ultrasonic emitters and multiple ultrasonic receivers may be axially aligned (e.g., across the gas mixture flow path which may be perpendicular to the axial alignment).

In use, an ultrasonic sound wave (from emitter **166**) may be directed through oxygen enriched gas disposed in chamber **170** to receiver **168**. Ultrasonic sensor assembly may be based on detecting the speed of sound through the gas mixture to determine the composition of the gas mixture (e.g., the speed of sound is different in nitrogen and oxygen). In a mixture of the two gases, the speed of sound through the mixture may be an intermediate value proportional to the relative amounts of each gas in the mixture. In use, the sound at the receiver **168** is slightly out of phase with the sound sent from emitter **166**. This phase shift is due to the relatively slow

velocity of sound through a gas medium as compared with the relatively fast speed of the electronic pulse through wire. The phase shift, then, is proportional to the distance between the emitter and the receiver and the speed of sound through the expansion chamber. The density of the gas in the chamber affects the speed of sound through the chamber and the density is proportional to the ratio of oxygen to nitrogen in the chamber. Therefore, the phase shift can be used to measure the concentration of oxygen in the expansion chamber. In this manner the relative concentration of oxygen in the accumulation chamber may be assessed as a function of one or more properties of a detected sound wave traveling through the accumulation chamber.

In some embodiments, multiple emitters **166** and receivers **168** may be used. The readings from the emitters **166** and receivers **168** may be averaged to cancel errors that may be inherent in turbulent flow systems. In some embodiments, the presence of other gases may also be detected by measuring the transit time and comparing the measured transit time to predetermined transit times for other gases and/or mixtures of gases.

The sensitivity of the ultrasonic sensor system may be increased by increasing the distance between emitter **166** and receiver **168**, for example to allow several sound wave cycles to occur between emitter **166** and the receiver **168**. In some embodiments, if at least two sound cycles are present, the influence of structural changes of the transducer may be reduced by measuring the phase shift relative to a fixed reference at two points in time. If the earlier phase shift is subtracted from the later phase shift, the shift caused by thermal expansion of expansion chamber **170** may be reduced or cancelled. The shift caused by a change of the distance between emitter **166** and receiver **168** may be the approximately the same at the measuring intervals, whereas a change owing to a change in oxygen concentration may be cumulative. In some embodiments, the shift measured at a later time may be multiplied by the number of intervening cycles and compared to the shift between two adjacent cycles. Further details regarding sensing of oxygen in the expansion chamber may be found, for example, in U.S. Published Patent Application No. 2009-0065007, published March 12, 2009, and entitled "Oxygen Concentrator Apparatus and Method, which is incorporated herein by reference.

Flow rate sensor **185** may be used to determine the flow rate of gas flowing through the outlet system. Flow rate sensors that may be used include, but are not limited to: diaphragm/bellows flow meters; rotary flow meters (e.g. Hall Effect flow meters); turbine flow meters; orifice flow meters; and ultrasonic flow meters. Flow rate sensor **185** may be coupled to controller **400**. The rate of gas flowing through the outlet system may be an indication of the breathing volume of the user. Changes in the flow rate of gas flowing through the outlet system may also be used to determine a breathing rate of the user. Controller **400** may control actuation

of supply valve **160** based on the breathing rate and/or breathing volume of the user, as assessed by flow rate sensor **185**

In some embodiments, ultrasonic sensor system **165** and, for example, flow rate sensor **185** may provide a measurement of an actual amount of oxygen being provided. For example, follow rate sensor **185** may measure a volume of gas (based on flow rate) provided and ultrasonic sensor system **165** may provide the concentration of oxygen of the gas provided. These two measurements together may be used by controller **400** to determine an approximation of the actual amount of oxygen provided to the user.

Oxygen enriched gas passes through flow meter **185** to filter **187**. Filter **187** removes bacteria, dust, granule particles, etc. prior to providing the oxygen enriched gas to the user. The filtered oxygen enriched gas passes through filter **187** to connector **190**. Connector **190** may be a "Y" connector coupling the outlet of filter **187** to pressure sensor **194** and outlet conduit **192**. Pressure sensor **194** may be used to monitor the pressure of the gas passing through conduit **192** to the user. Changes in pressure, sensed by pressure sensor **194**, may be used to determine a breathing rate of a user, as well as the onset of inhalation. Controller **400** may control actuation of supply valve **160** based on the breathing rate and/or onset of inhalation of the user, as assessed by pressure sensor **194**. In an embodiment, controller **400** may control actuation of supply valve **160** based on information provided by flow rate sensor **185** and pressure sensor **194**.

Oxygen enriched gas may be provided to a user through conduit **192**. In an embodiment, conduit **192** may be a silicone tube. Conduit **192** may be coupled to a user using an airway coupling member **196**, as depicted in FIG. 3. Airway coupling member **196** may be any device capable of providing the oxygen enriched gas to nasal cavities or oral cavities. Examples of airway coupling members include, but are not limited to: nasal masks, nasal pillows, nasal prongs, nasal cannulas, and mouthpieces. A nasal cannula airway delivery device is depicted in FIG. 3. During use, oxygen enriched gas from oxygen concentrator system **100** is provided to the user through conduit **192** and airway coupling member **196**. Airway coupling member **196** is positioned proximate to a user's airway (e.g., proximate to the user's mouth and or nose) to allow delivery of the oxygen enriched gas to the user while allowing the user to breath air from the surroundings.

Canister System

Oxygen concentrator system **100** may include at least two canisters, each canister including a gas separation adsorbent. The canisters of oxygen concentrator system **100** may be disposed formed from a molded housing. In an embodiment, canister system **300** includes two

housing components **310** and **510**, as depicted in FIG. 4. The housing components **310** and **510** may be formed separately and then coupled together. In some embodiments, housing components **310** and **510** may be injection molded or compression molded. Housing components **310** and **510** may be made from a thermoplastic polymer such as polycarbonate, methylene carbide, polystyrene, acrylonitrile butadiene styrene (ABS), polypropylene, polyethylene, or polyvinyl chloride. In another embodiment, housing components **310** and **510** may be made of a thermoset plastic or metal (such as stainless steel or a light-weight aluminum alloy). Lightweight materials may be used to reduce the weight of the oxygen concentrator **100**. In some embodiments, the two housings **310** and **510** may be fastened together using screws or bolts. Alternatively, housing components **310** and **510** may be solvent welded together.

As shown, valve seats **320**, **322**, **324**, and **326** and air pathways **330** and **332** may be integrated into the housing component **310** to reduce the number of sealed connections needed throughout the air flow of the oxygen concentrator **100**. In various embodiments, the housing components **310** and **410** of the oxygen concentrator **100** may form a two-part molded plastic frame that defines two canisters **302** and **304** and accumulation chamber **106**.

Air pathways/tubing between different sections in housing components **310** and **510** may take the form of molded conduits. Conduits in the form of molded channels for air pathways may occupy multiple planes in housing components **310** and **510**. For example, the molded air conduits may be formed at different depths and at different x,y,z positions in housing components **310** and **510**. In some embodiments, a majority or substantially all of the conduits may be integrated into the housing components **310** and **510** to reduce potential leak points.

In some embodiments, prior to coupling housing components **310** and **510** together, O-rings may be placed between various points of housing components **310** and **510** to ensure that the housing components are properly sealed. In some embodiments, components may be integrated and/or coupled separately to housing components **310** and **510**. For example, tubing, flow restrictors (e.g., press fit flow restrictors), oxygen sensors, gas separation adsorbents **139**, check valves, plugs, processors, power supplies, etc. may be coupled to housing components **510** and **410** before and/or after the housing components are coupled together.

In some embodiments, apertures **337** leading to the exterior of housing components **310** and **410** may be used to insert devices such as flow restrictors. Apertures may also be used for increased moldability. One or more of the apertures may be plugged after molding (e.g., with a plastic plug). In some embodiments, flow restrictors may be inserted into passages prior to inserting plug to seal the passage. Press fit flow restrictors may have diameters that may allow a friction fit between the press fit flow restrictors and their respective apertures. In some

embodiments, an adhesive may be added to the exterior of the press fit flow restrictors to hold the press fit flow restrictors in place once inserted. In some embodiments, the plugs may have a friction fit with their respective tubes (or may have an adhesive applied to their outer surface). The press fit flow restrictors and/or other components may be inserted and pressed into their respective apertures using a narrow tip tool or rod (e.g., with a diameter less than the diameter of the respective aperture). In some embodiments, the press fit flow restrictors may be inserted into their respective tubes until they abut a feature in the tube to halt their insertion. For example, the feature may include a reduction in radius. Other features are also contemplated (e.g., a bump in the side of the tubing, threads, etc.). In some embodiments, press fit flow restrictors may be molded into the housing components (e.g., as narrow tube segments).

In some embodiments, spring baffle **129** may be placed into respective canister receiving portions of housing component **310** and **510** with the spring side of the baffle **129** facing the exit of the canister. Spring baffle **129** may apply force to gas separation adsorbent **139** in the canister while also assisting in preventing gas separation adsorbent **139** from entering the exit apertures. Use of a spring baffle **129** may keep the gas separation adsorbent compact while also allowing for expansion (e.g., thermal expansion). Keeping the gas separation adsorbent **139** compact may prevent the gas separation adsorbent from breaking during movement of the oxygen concentrator system **100**).

In some embodiments, pressurized air from the compression system **200** may enter air inlet **306**. Air inlet **306** is coupled to inlet conduit **330**. Air enters housing component **310** through inlet **306** travels through conduit **330**, and then to valve seats **322** and **324**. FIG. 5 and FIG. 6 depict an end view of housing **310**. FIG. 5 depicts an end view of housing **310** prior to fitting valves to housing **310**. FIG. 6 depicts an end view of housing **310** with the valves fitted to the housing **310**. Valve seats **322** and **324** are configured to receive inlet valves **122** and **124** respectively. Inlet valve **122** is coupled to canister **302** and inlet valve **124** is coupled to canister **304**. Housing **310** also includes valve seats **332** and **334** configured to receive outlet valves **132** and **134** respectively. Outlet valve **132** is coupled to canister **302** and outlet valve **134** is coupled to canister **304**. Inlet valves **122/124** are used to control the passage of air from conduit **330** to the respective canisters.

In an embodiment, pressurized air is sent into one of canisters **302** or **304** while the other canister is being vented. For example, during use, inlet valve **122** is opened while inlet valve **124** is closed. Pressurized air from compression system **200** is forced into canister **302**, while being inhibited from entering canister **304** by inlet valve **124**. During pressurization of canister **302**, outlet valve **132** is closed and outlet valve **134** is opened. Similar to the inlet valves, outlet

valves **132** and **134** are operated out of phase with each other. Each inlet valve seat **322** includes an opening **375** that passes through housing **310** into canister **302**. Similarly valve seat **324** includes an opening **325** that passes through housing **310** into canister **302**. Air from conduit **330** passes through openings **323,** or **325** if the respective valve (**322** or **324**) is open, and enters a canister.

Check valves **142** and **144** (*See*, FIG. 4) are coupled to canisters **302** and **304**, respectively. Check valves **142** and **144** are one way valves that are passively operated by the pressure differentials that occur as the canisters are pressurized and vented. Oxygen enriched gas, produced in canisters **302** and **304** pass from the canister into openings **542** and **544** of housing **410**. A passage (not shown) links openings **542** and **544** to conduits **342** and **344**, respectively. Oxygen enriched gas produced in canister **302** passes from the canister though opening **542** and into conduit **342** when the pressure in the canister is sufficient to open check valve **142**. When check valve **142** is open, oxygen enriched gas flows through conduit **342** toward the end of housing **310**. Similarly, oxygen enriched gas produced in canister **304** passes from the canister though opening **544** and into conduit **344** when the pressure in the canister is sufficient to open check valve **144**. When check valve **144** is open, oxygen enriched gas flows through conduit **344** toward the end of housing **310**.

Oxygen enriched gas from either canister, travels through conduit **342** or **344** and enters conduit **346** formed in housing **310**. Conduit **346** includes openings that couple the conduit to conduit **342**, conduit **344** and accumulator **106**. Thus oxygen enriched gas, produced in canister **302** or **304**, travels to conduit **346** and passes into accumulator **106**.

After some time the gas separation adsorbent will become saturated with nitrogen and will be unable to separate significant amounts of nitrogen from incoming air. When the gas separation adsorbent in a canister reaches this saturation point, the inflow of compressed air is stopped and the canister is vented to remove nitrogen. Canister **302** is vented by closing inlet valve **122** and opening outlet valve **132**. Outlet valve **132** releases the vented gas from canister **302** into the volume defined by the end of housing **310**. Foam material may cover the end of housing **310** to reduce the sound made by release of gases from the canisters. Similarly, canister **304** is vented by closing inlet valve **124** and opening outlet valve **134**. Outlet valve **134** releases the vented gas from canister **304** into the volume defined by the end of housing **310**.

While canister **302** is being vented, canister **304** is pressurized to produce oxygen enriched gas in the same manner described above. Pressurization of canister **304** is achieved by closing outlet valve **134** and opening inlet valve **124**. The oxygen enriched gas exits canister **304** through check valve **144**.

In an exemplary embodiment, a portion of the oxygen enriched gas may be transferred from canister **302** to canister **304** when canister **304** is being vented of nitrogen. Transfer of oxygen enriched gas from canister **302** to canister **304**, during venting of canister **304**, helps to further purge nitrogen (and other gases) from the canister. Flow of oxygen enriched gas between the canisters is controlled using flow restrictors and valves, as depicted in FIG. 1. Three conduits are formed in housing **510** for use in transferring oxygen enriched gas between canisters. As shown in FIG. 7, conduit **530** couples canister **302** to canister **304**. Flow restrictor **151** (not shown) is disposed in conduit **530**, between canister **302** and canister **304** to restrict flow of oxygen enriched gas during use. Conduit **532** also couples canister **302** to **304**. Conduit **532** is coupled to valve seat **552** which receives valve **152**, as shown in FIG. 8. Flow restrictor **153** (not shown) is disposed in conduit **532**, between canister **302** and **304.** Conduit **534** also couples canister **302** to **304**. Conduit **534** is coupled to valve seat **554** which receives valve **154**, as shown in FIG. 8. Flow restrictor **155** (not shown) is disposed in conduit **434**, between canister **302** and **304**. The pair of equalization/vent valves **152/154** work with flow restrictors **153** and **155** to optimize the air flow balance between the two canisters.

Oxygen enriched gas in accumulator **106** passes through supply valve **160** into expansion chamber **170** which is formed in housing **510**. An opening (not shown) in housing **510** couples accumulator **106** to supply valve **160**. In an embodiment, expansion chamber may include one or more devices capable of being used to determine an oxygen concentration of gas passing through the chamber.

Controller System

Operation of oxygen concentrator system **100** may be performed automatically using an internal controller **400** coupled to various components of the oxygen concentrator system, as described herein. Controller **400** includes one or more processors **410** and internal memory **420**, as depicted in FIG. 1. Methods used to operate and monitor oxygen concentrator system **100** may be implemented by program instructions stored in memory **420** or a carrier medium coupled to controller **400**, and executed by one or more processors **410**. A non-transitory memory medium may include any of various types of memory devices or storage devices. The term "memory medium" is intended to include an installation medium, e.g., a Compact Disc Read Only Memory (CD-ROM), floppy disks, or tape device; a computer system memory or random access memory such as Dynamic Random Access Memory (DRAM), Double Data Rate Random Access Memory (DDR RAM), Static Random Access Memory (SRAM), Extended Data Out Random Access Memory (EDO RAM), Rambus Random Access Memory (RAM), etc.; or a non-

volatile memory such as a magnetic media, e.g., a hard drive, or optical storage. The memory medium may comprise other types of memory as well, or combinations thereof. In addition, the memory medium may be located in a first computer in which the programs are executed, or may be located in a second different computer that connects to the first computer over a network, such as the Internet. In the latter instance, the second computer may provide program instructions to the first computer for execution. The term "memory medium" may include two or more memory mediums that may reside in different locations, e.g., in different computers that are connected over a network.

In some embodiments, controller **400** includes processor **410** that includes, for example, one or more field programmable gate arrays (FPGAs), microcontrollers, etc. included on a circuit board disposed in oxygen concentrator system **100**. Processor **410** is capable of executing programming instructions stored in memory **420**. In some embodiments, programming instructions may be built into processor **410** such that a memory external to the processor may not be separately accessed (i.e., the memory **420** may be internal to the processor **410**).

Processor **410** may be coupled to various components of oxygen concentrator system **100**, including, but not limited to compression system **200**, one or more of the valves used to control fluid flow through the system (e.g., valves **122**, **124**, **132**, **134**, **152**, **154**, **160**, or combinations thereof), oxygen sensor **165**, pressure sensor **194**, flow rate monitor **180**, temperature sensors, fans, and any other component that may be electrically controlled. In some embodiments, a separate processor (and/or memory) may be coupled to one or more of the components.

Controller **400** is programmed to operate oxygen concentrator system **100** and is further programmed to monitor the oxygen concentrator system for malfunction states. For example, in one embodiment, controller **400** is programmed to trigger an alarm if the system is operating and no breathing is detected by the user for a predetermined amount of time. For example, if controller **400** does not detect a breath for a period of 75 seconds, an alarm LED may be lit and/or an audible alarm may be sounded. If the user has truly stopped breathing, for example, during a sleep apnea episode, the alarm may be sufficient to awaken the user, causing the user to resume breathing. The action of breathing may be sufficient for controller **400** to reset this alarm function. Alternatively, if the system is accidently left on when output conduit **192** is removed from the user, the alarm may serve as a reminder for the user to turn oxygen concentrator system **100** off.

Controller **400** is further coupled to oxygen sensor **165**, and may be programmed for continuous or periodic monitoring of the oxygen concentration of the oxygen enriched gas passing through expansion chamber **170**. A minimum oxygen concentration threshold may be

programmed into controller **400**, such that the controller lights an LED visual alarm and/or an audible alarm to warn the patient of the low concentration of oxygen.

Controller **400** is also coupled to internal power supply **180** and is capable of monitoring the level of charge of the internal power supply. A minimum voltage and/or current threshold may be programmed into controller **400**, such that the controller lights an LED visual alarm and/or an audible alarm to warn the patient of low power condition. The alarms may be activated intermittently and at an increasing frequency as the battery approaches zero usable charge.

Further functions of controller **400** are described in detail in other sections of this disclosure.

A user may have a low breathing rate or depth if relatively inactive (e.g., asleep, sitting, etc.) as assessed by comparing the detected breathing rate or depth to a threshold. The user may have a high breathing rate or depth if relatively active (e.g., walking, exercising, etc.). An active/sleep mode may be assessed automatically and/or the user may manually indicate a respective active or sleep mode by a pressing button for active mode and another button for sleep mode. In some embodiments, a user may toggle a switch from active mode, normal mode, or sedentary mode. The adjustments made by the oxygen concentrator system in response to activating active mode or sleep mode are described in more detail herein.

Methods of Delivery of Oxygen Enriched Gas

The main use of an oxygen concentrator system is to provide supplemental oxygen to a user. Generally, the amount of supplemental oxygen to be provided is assessed by a physician. Typical prescribed amounts of supplemental oxygen may range from about 1 LPM to up to about 10 LPM. The most commonly prescribed amounts are 1 LPM, 2 LPM, 3 LPM, and 4 LPM. Generally, oxygen enriched gas is provided to the use during a breathing cycle to meet the prescription requirement of the user. As used herein the term "breathing cycle" refers to an inhalation followed by an exhalation of a person.

In order to minimize the amount of oxygen enriched gas that is needed to be produced to meet the prescribed amounts, controller **400** may be programmed to time delivery of the oxygen enriched gas with the user's inhalations. Releasing the oxygen enriched gas to the user as the user inhales may prevent unnecessary oxygen generation (further reducing power requirements) by not releasing oxygen, for example, when the user is exhaling. Reducing the amount of oxygen required may effectively reduce the amount of air compressing needed for oxygen concentrator **100** (and subsequently may reduce the power demand from the compressors).

Oxygen enriched gas, produced by oxygen concentrator system **100** is stored in an oxygen accumulator **106** and released to the user as the user inhales. The amount of oxygen enriched gas provided by the oxygen concentrator system is controlled, in part, by supply valve **160**. In an embodiment, supply valve **160** is opened for a sufficient amount of time to provide the appropriate amount of oxygen enriched gas, as assessed by controller **400**, to the user. In order to minimize the amount of oxygen required to meet the prescription requirements of a user, the oxygen enriched gas may be provided in a bolus when a user's inhalation is first detected. For example, the bolus of oxygen enriched gas may be provided in the first few milliseconds of a user's inhalation.

In an embodiment, pressure sensor **194** and/or flow rate sensor **185** may be used to determine the onset of inhalation by the user. For example, the user's inhalation may be detected by using pressure sensor **194**. In use, a conduit for providing oxygen enriched gas is coupled to a user's nose and/or mouth (e.g., using a nasal cannula or a face mask). At the onset of an inhalation, the user begins to draw air into their body through the nose and/or mouth. As the air is drawn in, a negative pressure is generated at the end of the conduit, due, in part, to the venturi action of the air being drawn across the end of the delivery conduit. Pressure sensor **194** may be operable to create a signal when a drop in pressure is detected, to signal the onset of inhalation. Upon detection of the onset of inhalation, supply valve **160** is controlled to release a bolus of oxygen enriched gas from the accumulator **106**.

In some embodiments, pressure sensor **194** may provide a signal that is proportional to the amount of positive or negative pressure applied to a sensing surface. The amount of the pressure change detected by pressure sensor **194** may be used to refine the amount of oxygen enriched gas being provided to the user. For example, if a large negative pressure change is detected by pressure sensor **194**, the volume of oxygen enriched gas provided to the user may be increased to take into account the increased volume of gas being inhaled by the user. If a smaller negative pressure is detected, the volume of oxygen enriched gas provided to the user may be decreased to take into account the decreased volume of gas being inhaled by the user. A positive change in the pressure indicates an exhalation by the user and is generally a time that release of oxygen enriched gas is discontinued. Generally while a positive pressure change is sensed, valve **160** remains closed until the next onset of inhalation.

In some embodiments, the sensitivity of the pressure sensor **194** may be affected by the physical distance of the pressure sensor **194** from the user, especially if the pressure sensor is located in oxygen concentrator system **100** and the pressure difference is detected through the tubing coupling the oxygen concentrator system to the user. In some embodiments, the pressure

sensor may be placed in the airway delivery device used to provide the oxygen enriched gas to the user. A signal from the pressure sensor may be provided to controller **400** in the oxygen concentrator **100** electronically via a wire or through telemetry such as through BLUETOOTH® (Bluetooth, SIG, Inc. Kirkland, Washington) or other wireless technology.

In an embodiment, the user's inhalation may be detected by using flow rate sensor **185**. In use, a conduit for providing oxygen enriched gas is coupled to a user's nose and/or mouth (e.g., using a nasal cannula or face mask). At the onset of an inhalation, the user begins to draw air into their body through the nose and/or mouth. As the air is drawn in, an increase in flow of gas passing through conduit is created. Flow rate sensor **185** may be operable to create a signal when an increase in flow rate is detected, to signal the onset of inhalation. Upon detection of the onset of inhalation, supply valve **160** is controlled to release a bolus of oxygen enriched gas from the accumulator **106**.

A user breathing at a rate of 30 breaths per minute (BPM) during an active state (e.g., walking, exercising, etc.) may consume two and one-half times as much oxygen as a user who is breathing at 12 BPM during a sedentary state (e.g., asleep, sitting, etc.). Pressure sensor **194** and/or flow rate sensor **185** may be used to determine the breathing rate of the user. Controller **400** may process information received from pressure sensor **194** and/or flow rate sensor **185** and determine a breathing rate based on the frequency of the onset of inhalation. The detected breathing rate of the user may be used to adjust the bolus of oxygen enriched gas. The volume of the bolus of oxygen enriched gas may be increased as the users breathing rate increase, and may be decreased as the users breathing rate decreases. Controller **400** may automatically adjust the bolus based on the detected activity state of the user. Alternatively, the user may manually indicate a respective active or sedentary mode by selecting the appropriate option on the control panel of the oxygen concentrator. Alternatively, a user may operate controller **400** from a remote electronic device. For example, a user may operate the controller using a smart phone or tablet device.

In some embodiments, if the user's current activity level as assessed using the detected user's breathing rate exceeds a predetermined threshold, controller **400** may implement an alarm (e.g., visual and/or audio) to warn the user that the current breathing rate is exceeding the delivery capacity of the oxygen concentrator system. For example, the threshold may be set at 20 breaths per minute.

In some embodiments, controller **400** may operate the oxygen concentrator based on the change in the inspiration breath pressure threshold. The frequency and/or duration of the provided oxygen enriched gas to the user relative to the current frequency and/or duration may be

adjusted based on the change in the inspiration breath pressure threshold. Upon determining that the inspiration breath pressure threshold has been lowered, the controller **400** may switch the oxygen concentrator to a sedentary mode. Controller **400** may switch the oxygen concentrator to an active mode, when the inspiration breath pressure threshold has been raised.

In some embodiments, as seen in FIG. 9, the bolus of provided oxygen enriched gas may include two or more pulses. For example, with a one liter per minute (LPM) delivery rate, the bolus may include two pulses: a first pulse **556** at approximately 7 cubic centimeters and a second pulse **558** at approximately 3 cubic centimeters. Other delivery rates, pulse sizes, and number of pulses are also contemplated. For example, at 2 LPMs, the first pulse may be approximately 14 cubic centimeters and a second pulse may be approximately 6 cubic centimeters and at 3 LPMs, the first pulse may be approximately 21 cubic centimeters and a second pulse may be approximately 9 cubic centimeters. In some embodiments, the larger pulse **556** may be provided when the onset of inhalation is detected (e.g., detected by pressure sensor **194**). In some embodiments, the pulses may be provided when the onset of inhalation is detected and/or may be spread time-wise evenly through the breath. In some embodiments, the pulses may be stair-stepped through the duration of the breath. In some embodiments, the pulses may be distributed in a different pattern. Additional pulses may also be used (e.g., 3, 4, 5, etc. pulses per breath). While the first pulse **556** is shown to be approximately twice the second pulse **558**, in some embodiments, the second pulse **558** may be larger than the first pulse **556**. In some embodiments, pulse size and length may be controlled by, for example, supply valve **160** which may open and close in a timed sequence to provide the pulses. A bolus with multiple pulses may have a smaller impact on a user than a bolus with a single pulse. The multiple pulses may also result in less drying of a user's nasal passages and less blood oxygen desaturation. The multiple pulses may also result in less oxygen waste.

In some embodiments, the sensitivity of the oxygen concentrator **100** may be selectively attenuated to reduce false inhalation detections due to movement of air from a different source (e.g., movement of ambient air). For example, the oxygen concentrator **100** may have two selectable modes – an active mode and an inactive mode. In some embodiments, the user may manually select a mode (e.g., through a switch or user interface). In some embodiments, the mode may be automatically selected by the oxygen concentrator **100** based on a detected breathing rate. For example, the oxygen concentrator **100** may use the pressure sensor **194** to detect a breathing rate of the user. If the breathing rate is above a threshold, the oxygen concentrator **100** may operate in an active mode (otherwise, the oxygen concentrator may operate in an inactive mode). Other modes and thresholds are also contemplated.

In some embodiments, in active mode, the sensitivity of the pressure sensor **194** may be mechanically, electronically, or programmatically attenuated. For example, during active mode, controller **400** may look for a greater pressure difference to indicate the start of a user breath (e.g., an elevated threshold may be compared to the detected pressure difference to determine if the bolus of oxygen should be released). In some embodiments, the pressure sensor **194** may be mechanically altered to be less sensitive to pressure differences. In some embodiments, an electronic signal from the pressure sensor may be electronically altered to ignore small pressure differences. This can be useful when in active mode. In some embodiments, during the inactive mode the sensitivity of the pressure sensor may be increased. For example, the controller **400** may look for a smaller pressure difference to indicate the start of a user breath (e.g., a smaller threshold may be compared to the detected pressure difference to determine if the bolus of oxygen should be released). In some embodiments, with increased sensitivity, the response time for providing the bolus of oxygen during the user's inhalation may be reduced. The increased sensitivity and smaller response time may reduce the size of the bolus necessary for a given flow rate equivalence. The reduced bolus size may also reduce the size and power consumption of the oxygen concentrator **100.**

Providing a Bolus Based on Inhalation Profile

In an embodiment, the bolus profile can be designed to match the profile of a particular user. To do so, an inhalation profile may be generated based on information gathered from pressure sensor **194** and flow rate sensor **185**. An inhalation profile is assessed based on, one or more of the following parameters: the breathing rate of the user; the inhalation volume of the user; the exhalation volume of the user; the inhalation flow rate of the user; and the exhalation flow rate of the user. The breathing rate of the user may be assessed by detecting the onset of inhalation using pressure sensor **194** or flow rate sensor **185** as previously discussed. Inhalation volume may be assessed by measuring the change in pressure during inhalation and calculating or empirically assessing the inhalation volume based on the change in pressure. Alternatively, inhalation volume may be assessed by measuring the flow rate during inhalation and calculating or empirically assessing the inhalation volume based on the flow rate and the length of the inhalation. Exhalation volume may be assessed in a similar manner using either positive pressure changes during exhalation, or flow rate and exhalation time. Inhalation flow rate of the user is measured from shortly after the onset of inhalation. Detection of the end of inhalation may be from the pressure sensor or the flow rate sensor. When onset of inhalation is detected by the pressure sensor, the onset is characterized by a drop in pressure. When the pressure begins to

increase, the inhalation is considered complete. When onset of inhalation is detected by the flow rate sensor, the onset is characterized by an increase in the flow rate. When the flow rate begins to decrease, the inhalation is considered complete.

There is a minimum amount of oxygen necessary for a person to remain conscious. A person who is breathing rapidly is bringing in a lower volume of air in each breath, and thus, requires less oxygen enriched gas per inhalation. While there is some variation from patient to patient, this relationship can be used to establish the mean flow rate for each breath mathematically. By measuring a large population of patients, the profile of the relative flow from onset of inhalation to the onset of exhalation may be established. Using this flow profile as a template, the calculated actual flow based on breathing rate can be adjusted mathematically to a calculated actual flow profile. This profile can be used to adjust the opening and closing of the delivery valve to create an idealized profile for the patient based on their breathing rate. Inhalation profile data gathered from a population of users may be used to create an algorithm that makes the appropriate adjustments based on the detected inhalation profile. Alternatively, a look up table may be used to control valve actuation durations and pulse quantities based on a detected inhalation profile.

Measuring the inhalation profile of the patient provides a more accurate basis for control of the bolus of oxygen enriched gas being provided to the patient. For example, basing the delivery of oxygen enriched gas on the onset of inhalation may not take into account differences between individual users. For example, people having a similar breathing rate can have different inhalation/exhalation volume, inhalation/exhalation flow rates and, thus, different bolus requirements necessary to produce the prescribed amount of oxygen. In one embodiment, an inhalation profile is created based on the flow rate of air during inhalation and the duration of inhalation. The inhalation profile can then be used as a predictor of the volume of air taken in by a specific user during inhalation. Thus, inhalation profile information can be used to modify the amount of oxygen enriched air provided to the user to ensure that the prescribed level of oxygen is received. The amount of oxygen provided to a user may be adjusted by modifying the frequency and or duration of release of oxygen enriched gas from the accumulator with supply valve **160**. By tracking the inhalation profile of the patient controller adjusts the delivery supply valve actuation to idealize the bolus profile to provide the oxygen at the maximum rate without causing wasteful retrograde flow.

Power Management

Power for operation of oxygen concentrator system is provided by an internal power supply **180**. Having an internal power supply allows portable use of the oxygen concentrator system. In one embodiment, internal power supply **180** includes a lithium ion battery. Lithium ion batteries offer advantages over other rechargeable batteries by being able to provide more power by weight than many other batteries.

In one embodiment, the compression system, valves, cooling fans and controller may all be powered by an internal power supply. Controller **400** (depicted schematically in FIG. 1) measures the actual output voltage of the internal power supply and adjusts the voltage to the various subsystems to the appropriate level though dedicated circuits on a printed circuit board positioned inside the oxygen concentrator.

In one embodiment, controller **400** adjusts the operation of compressors **305** and **310** based on the oxygen output needs of the user. Controller **400** may assess a preselected prescription for the oxygen concentrator. In the embodiments shown herein, the oxygen concentrator has a switch which is set by the user or the prescribing doctor at the proper prescription rate (1 LPM up to 5 LPM). Controller **400** can assess the position of the switch to determine the prescription for the subject. Based on the prescription of the subject, the controller causes one or more of the compressors to operate to begin production of oxygen.

In many instances, the operation energy of the oxygen concentrator can be optimized by operating the compressors at less than their normal maximum compressor speed. As used herein, the phrase "normal maximum compressor speed" means the speed that the compressor runs when the compressor is supplied with a current and voltage that corresponds with the manufacturer's highest listed current and voltage for proper operation of the compressor.

At low prescription rates (e.g., 1 LPM) it may not be necessary to run both compressors to produce enough oxygen for the user. In some instances, it may not be necessary to run the compressor(s) at the normal maximum compressor speed. Controller **400** may be programmed to control the operation of one or more compressors at a percentage of the normal maximum compressor speed, wherein the percentage is assessed based on the preselected prescription. In some instance, the selected percentage is percentage less than 100%. If the prescription setting for the oxygen concentrator is changed, controller **400** may adjust the compressor speed to a different percentage of the normal maximum compressor speed based on changes in the prescription and/or the breathing rate of the user.

Controller **400** may further assess the breathing rate of the subject. When providing oxygen to the user, the amount of oxygen needed to maintain the proper prescription is based on

the breathing rate of the user. When the user has a low breathing rate (e.g., 15 breaths per minute ("bpm") or less) then the compressor may operate at a first percentage of the normal maximum compressor speed. If the users breathing rate increases, it may be necessary for the compressor to be operated at a second percentage of the normal maximum compressor speed, which is different from the first percentage. In this situation the second percentage will be a higher percentage than the first percentage.

When only one compressor is being used, the controller may arbitrarily select which compressor is operated. The selection of the compressor may be randomized or alternated, to avoid using one compressor more than the other compressor(s). This will help extend the life of the compressors.

At high prescriptions, (e.g., 3 LPM or more) it may be necessary to run more than one compressor at the same time to provide sufficient oxygen for the user. When two or more compressors are operated at the same time, each of the compressors may be operated at a percentage less than the normal maximum compressor speed. If the breathing rate of the user increases, the speed of each compressor may also be increased. In some embodiments, the compressors may not be capable of moving enough air to produce sufficient oxygen for the patient when operating at 100% of the normal maximum compressor speed. Controller **400** may be capable of sending a voltage and or current to one or more of the compressors that is above the manufacturer's highest listed current and voltage for proper operation of the compressor. This will cause the compressor(s) to run at a speed above the normal maximum compressor speed. This allows the controller to maintain proper oxygen delivery to the patient, even when the patient's oxygen needs exceed the normal operating parameters of the oxygen concentrator.

In some embodiments, only one compressor may be used to produce the oxygen needed by the patient. The compressor may be operated at a speed that is less than the normal maximum compressor speed. If the activity level of the patient increases the controller may increase the speed of the compressor to increase the production of oxygen. As the speed of the compressor approaches 100% of the normal maximum compressor speed, the controller may start a second compressor before the first compressor reaches 100% of the normal maximum compressor speed. Both compressors may be operated at the same speed, or different speeds. Both compressors may be operated at a speed that is less than the normal maximum compressor speed. The first compressor and the second compressor may be operated at the same percentage of the normal compressor speed.

In an exemplary embodiment, an oxygen concentrator has two compressors. At a prescription of 1 LPM, a single compressor is operated at about 65% of the normal maximum

compressor speed to provide oxygen to the user, if the breathing rate is at about 12-15 bpm. The compressor that is operated is arbitrarily selected by the controller. If the breathing rate of the subject increases above 15 bpm, the compressor speed may be increased to compensate for the increased breathing rate. In this example, the compressor speed remains below 100% of the normal maximum compressor speed at any given breathing rate.

In the same exemplary system, if the prescription is increased to 2 LPM, a single compressor is operated at about 75% of the normal maximum compressor speed, to provide oxygen to the user, if the breathing rate is at about 12-15 bpm. If the breathing rate of the user increases above 15 bpm, the compressor speed is increased up until the speed of the compressor reaches 85% of the normal maximum compressor speed. At this point the controller turns on the second compressor, and adjust the speed of both compressors, so that both compressors operate at about 65% of the normal maximum compressor speed.

In the same exemplary system, if the prescription is increased to 3 LPM, both compressors are operated at about 85% of the normal maximum compressor speed, to provide oxygen to the user, if the breathing rate is at about 12-15 bpm. If the breathing rate of the user increases above 15 bpm, the speed of both compressors is increased. If the breathing rate approaches 25 bpm, the compressors may not be able to provide sufficient oxygen when operated at the normal maximum compressor speed. To provide the proper amount of oxygen to the patient, each compressor may be operated at a speed that is greater than the normal maximum compressor speed. Since breathing rates at or above 25 bpm are typically not maintained for long periods of time by the user, the overdriving of the compressors is typically not performed for long.

This method of controlling the compressors was shown to improve the battery life of the oxygen concentrator. In a prior set up, when the compressors were operated at a single speed, the battery life for the oxygen concentrator was about 2 hours. When the same system was updated using the control method described above, the battery life was increased to 9 hours.

Ionized Air

Due to the size of the canister in the oxygen concentrator, the quantity of gas separation adsorbent is small, but is capable of producing an adequate quantity of product gas. Since the gas separation adsorbent is optimized for maximum performance for a specific oxygen concentrator (for example, the canister), any significant decrease in capacity of the gas separation adsorbent over time results in decreased product purity. One contributing factor that may lead to a decrease in bed capacity is the adsorption of impurities that do not completely desorb during

normal process operation, leading to the accumulation and retention of impurities in the gas separation adsorbent. An example of such an impurity that reduces the adsorption capacity of many zeolites used in air separation is water.

Some stationary concentrators utilize some means of removing water from the compressed gas before feeding the gas separation adsorbent. Portable concentrators, by the nature of their application, are more likely to be exposed to a wide range of operating conditions including high humidity environments and/or rapid temperature changes that could result in the need for more sophisticated water rejection capabilities than implemented in conventional portable oxygen concentrators. If water is present, either in the form of liquid or vapor, and enters the gas separation adsorbent, the gas adsorbent may adsorb at least some of the water during each adsorption cycle.

When zeolites are used as the gas separation adsorbent, the energy of adsorption of water is high relative to other types of adsorbent. During the gas separation process not all adsorbed water may be desorbed during evacuation/purge of the beds under typical cycling. Therefore, complete removal of adsorbed water from gas separation adsorbent usually entails applying some sort of energy to the beds, such as thermal, infrared, or microwave, and purging with a dry gas or applying a vacuum to the beds during the regeneration process.

Although highly effective air drying systems exist in other types of gas separation adsorbent fields, most of these systems consume power, increase size and weight, or reduce system efficiency in a manner detrimental to the stringent power consumption, size/weight, and acoustic noise level requirements of portable concentrators. Using a single process gas separation adsorbent with some portion of the gas separation adsorbent dedicated to impurity processing/rejection is a common method of adding impurity rejection to a gas separation system. Adding canisters containing gas separation adsorbent dedicated to dehydration of the feed stream upstream of the gas separation adsorbent or implementing layered absorbent utilizing desiccants in addition to gas adsorbent suited for the desired gas fractionation are also common methods of adding water rejection capacity to a gas separation system, and can be effective in many circumstances. However, additional canisters add significant size and weight to the concentrator, or in the case of layered absorbents, the desiccant layer displaces volume that could otherwise be used for adsorbent used for highly efficient air separation or the volume of the process columns could be decreased accordingly, and additional power is used to compress gas through the desiccant.

Desiccants typically used for pre-drying air are also prone to deactivation during constant cycling as well as during shutdown periods, and are often regenerated via applying one of the

aforementioned methods. In some cases, the desiccant layer may be advantageous, but also might not be entirely effective at protecting the specialized adsorbents from water damage. By their nature, personal oxygen concentrators, be they portable or stationary, often operate in varied usage modalities rather than in the continuous duty manner of an industrial gas production plant. The duty cycle, storage time between use, and storage environment, can vary widely from unit to unit. For example, home health care providers may have a fleet of units that are stored in warehouses that are not climate controlled while waiting for delivery to patients for use. Similarly, patients may store units in their car or home for a given period of time without use depending on their individual oxygen needs. Thus, care must be used in shutting down and storing units containing gas separation adsorbent that are run on an intermittent basis. Any water (or other impurities) remaining in the desiccant layer(s) or portion of the gas separation adsorbent used for feed gas drying upon shutdown will diffuse over time due to the gradient in chemical potential between the portion of the bed that is used for impurity removal during normal operation and the dry portion of the beds.

The diffusion coefficient of water in zeolites has Arrhenius type temperature dependence, so if a concentrator is stored in a high temperature environment the rate of intraparticle diffusion will increase exponentially with temperature. The gas phase diffusion rate will increase with increasing temperature as well. Thus, in an oxygen concentrator system it is advantageous to remove as much water as possible from the compressed gas feed stream to prevent deactivation of the highly efficient zeolite, use less desiccant, and minimize the presence of water in the gas separation adsorbent during shutdown. Traditional means of removing water such as coalescing filters and gravity water traps have limited abilities to remove water and can thereby limit the usable service life of oxygen concentrating equipment. The varying operating and storage environments that portable concentrators may be exposed to result in design challenges that more conventional gas separation systems such as gas separation plants might not encounter and must be addressed. As described, more efficient removal of water and/or other impurities from gas separation adsorbent is desired.

Gas separation adsorbent (for example, zeolites) may have two or more layers that include charged layers. A first layer may include positively charged particles, and a second layer may include negatively charged particles dispersed on top of the positively charged particles, or vise versa. The negatively charged particles may be evenly or unevenly dispersed on the first layer. For example, water molecules may be electrostatically bound to protons or metal cations in the zeolite. Applying current to the gas separation adsorbent or providing charged air to the gas separation adsorbent may change or disturb the electrostatic charge. For example, the Gouy-

Chapman model of electrical double layer may be applied to the canisters. Disruption of the electrostatic charge may release the water from the gas separation adsorbent. The water may be vented from the canister. Removal of a sufficient amount of water may recharge the gas separation adsorbent. Thus, the gas separation adsorbent may be reused. Such treatment of a gas separation adsorbent may extend the life of the gas separation adsorbent and provide economical gas separation adsorbents with good reliability.

In some embodiments, oxygen concentrator apparatus **100** may include a canister containing gas separation adsorbent, at least two electrodes and a power supply. FIG. 10 depicts a perspective view of an embodiment of a canister that includes at least two electrodes **610**, **610'** in canister **612**. FIG. 11 depicts a top view of the canister of FIG. 10 containing gas separation adsorbent **618**. FIG. 12 depicts an embodiment of a canister that includes at least two electrodes **610**, **610'** on the outer surface of canister **612**. Electrodes **610**, **610'** are connected to power supply **614** by cables **616**. Power supply **614** may be a separate power supply (for example, an external power supply or a wall plug) or the same power supply (for example, a battery) for the oxygen concentrator. Power supply **614** may provide alternating current or direct current to electrodes **610**, **610'.** In some embodiments, power supply may include a power switch to turn the power supply on and off.

Electrodes **610, 610'** may be flat, cylindrical or any suitable shape. As shown in FIG. 12, electrodes **610**, **610'** are positioned on an outer portion of canister **612**. In some embodiments, electrodes **610**, **610'** are positioned between an inner wall and an outer wall of canister **612**. Electrodes **610**, **610'** may be made of materials known to be suitable for the ionization of air. Suitable materials include, but are not limited to, platinum, copper, nickel, doped ceramic materials or the like. In some embodiments, electrodes **610**, **610'** are a single unit that includes electrolyte material between the two electrodes.

In some embodiments, electrodes **610**, **610'** are removably coupled to the canister. Using electrodes **610**, **610'** (and electrode power supply) that are removably coupled to the canister allows the electrodes to be removed after the gas separation adsorbent is recharged. Thus, the extra weight of the power supply and/or electrodes is not added to the weight of the portable oxygen concentrator.

Supply of power to one of the electrodes, electrically excites the electrode such that current flows between the two electrodes. The current may ionize air flowing between the two electrodes. The ionized air may contact the gas separation adsorbent and ionize water absorbed in the gas separation adsorbent. In some embodiments, contact of the ionized air with bacteria absorbed on the gas separation adsorbent may kill some or all of the bacteria present. In some

embodiments, current flowing between electrodes **610**, **610'** may produce sufficient heat to desorb water from the gas separation adsorbent and/or kill bacteria in the gas separation adsorbent. Removal of water and/or bacteria from the gas separation adsorbent may sufficiently recharge the gas separation adsorbent for continued use.

An embodiment of an ionization module **700** is depicted in FIG. 13. Ionization module **700** includes top shell **710** and bottom shell **712**. Bottom shell 712 provides support for the ionization components, while top shell **710** covers the components. Ionization module includes an ionizer **720** which generates ionized gas (e.g., ionized dried air) to be used to regenerate the gas separation adsorbent. Optionally, ionizer **720** also includes a heater (not shown) which heats the ionized gas before delivery to the gas separation adsorbent. An exemplary ionizer is SMC Ionizer IZN10 available from SMC Corporation of America, Noblesville IN. During use, ionizer **720** generates ionized gas which exits the ionizer through ionizer outlet **722**. Ionizer may be coupled to bottom shell **712** by mounting bracket **725**.

Ionization module **700** also includes an interface **730** which couples ionizer outlet **722** to an appropriate input port of an oxygen concentrator. Interface **730** includes a support bracket **732**, a pump **734**, a power cord holder **736**, and a control board **738**. Support bracket **732** is mounted to bottom shell 712 and provides support for the interface **730** components. Ionizer outlet **722** is coupled to a pump **734** which is fitted into the tubular support of support bracket **732**. During use ionized gas from ionizer **720** enters pump **734** which pressurizes the ionized gas and sends the gas into a canister which is holding the gas separation adsorbent. Pump **734** and ionizer **720** are coupled to a power supply via a cord (not shown) which is support be cord support **736**. Operation of the ionizer and the pump are controlled by control board **738**. During use, control board **738** sends control signals to ionizer **720** and pump **734** to control the operation of these components. Control board **738** includes an LCD screen **737** which displays information regarding the status of the ionization module.

Ionization module is used to regenerate gas separation adsorbent by passing ionized gas through the gas separation adsorbent to help desorb contaminants from the adsorbent. Gas separation adsorbent is typically disposed in a canister (as described previously). In some embodiments, the canister is disposed in an oxygen concentrator (e.g., a portable oxygen concentrator apparatus, as discussed herein). In such embodiments, a conduit is used to couple an input port of the oxygen concentrator to the outlet of pump **734**. The input port of the oxygen concentrator apparatus receives the ionized gas from pump **734** and uses the ionized gas during a venting process to assist in removal of contaminants (e.g., nitrogen and water) from the gas separation adsorbent in the canister. A schematic diagram of the interconnection of the

components is shown in FIG. 14. A schematic diagram of an alternate interconnection of the components is shown in FIG. 15. In the ionization module of FIG. 15, the ionizer may include a pump capable of pressuring the produced ionized gas.

In an alternate embodiment, canisters that hold gas separation adsorbent are removable from an oxygen concentrator apparatus. The removable canisters can be coupled to the ionization module using appropriate couplings. An exemplary ionization module which includes canister couplings is depicted in FIG. 16.

In this patent, certain U.S. patents, U.S. patent applications, and other materials (e.g., articles) have been incorporated by reference. The text of such U.S. patents, U.S. patent applications, and other materials is, however, only incorporated by reference to the extent that no conflict exists between such text and the other statements and drawings set forth herein. In the event of such conflict, then any such conflicting text in such incorporated by reference U.S. patents, U.S. patent applications, and other materials is specifically not incorporated by reference in this patent.

Further modifications and alternative embodiments of various aspects of the invention may be apparent to those skilled in the art in view of this description. Accordingly, this description is to be construed as illustrative only and is for the purpose of teaching those skilled in the art the general manner of carrying out the invention. It is to be understood that the forms of the invention shown and described herein are to be taken as embodiments. Elements and materials may be substituted for those illustrated and described herein, parts and processes may be reversed, and certain features of the invention may be utilized independently, all as would be apparent to one skilled in the art after having the benefit of this description of the invention. Changes may be made in the elements described herein without departing from the spirit and scope of the invention as described in the following claims.

WHAT IS CLAIMED IS:

1. An ionization module comprising:

an ionizer capable of producing ionized gas, the ionizer comprising an ionizer outlet through which ionized gas produced by the ionizer exits;

a coupling which is configured to couple the ionizer to a gas separation adsorbent canister.

2. The ionization module of claim 1, wherein the ionizer ionizes air.

3. The ionization module of claim 1, further comprising a pump coupled to the ionizer outlet.

4. The ionization module of claim 1, wherein the ionizer further comprises a heater configured to heat the ionized gas produced by the ionizer.

5. The ionization module of claim 1, further comprising a heater coupled to the ionizer outlet, wherein the heater heats ionized gas produced by the ionizer.

6. The ionization module of claim 1, further comprising a control board coupled to the ionizer, wherein the control board, during use, sends control signals to the ionizer.

7. The ionization module of claim 1, wherein the coupling comprises a conduit which couples to an outlet of the pump and an inlet of an oxygen concentrator apparatus.

8. The ionization module of claim 1, wherein the coupling comprises a canister coupling configured to receive one or more canisters holding gas separation adsorbents.

9. An oxygen concentrator system comprising:

an oxygen concentrator apparatus comprising:

gas separation adsorbent disposed in at least two canisters, wherein the gas separation adsorbent separates at least some nitrogen from air in the canister to produce oxygen enriched gas; and

a compression system comprising at least one compressor coupled to at least one canister; and

a ionization module as described in any one of claims 1-8.

10. A method of removing nitrogen from an oxygen concentrator apparatus, the oxygen concentrator apparatus comprising:

two or more canisters;

gas separation adsorbent disposed in at least two canisters, wherein the gas separation adsorbent separates at least some nitrogen from air in the canister to produce oxygen enriched gas; and

a compression system comprising at least one compressor coupled to at least one canister;

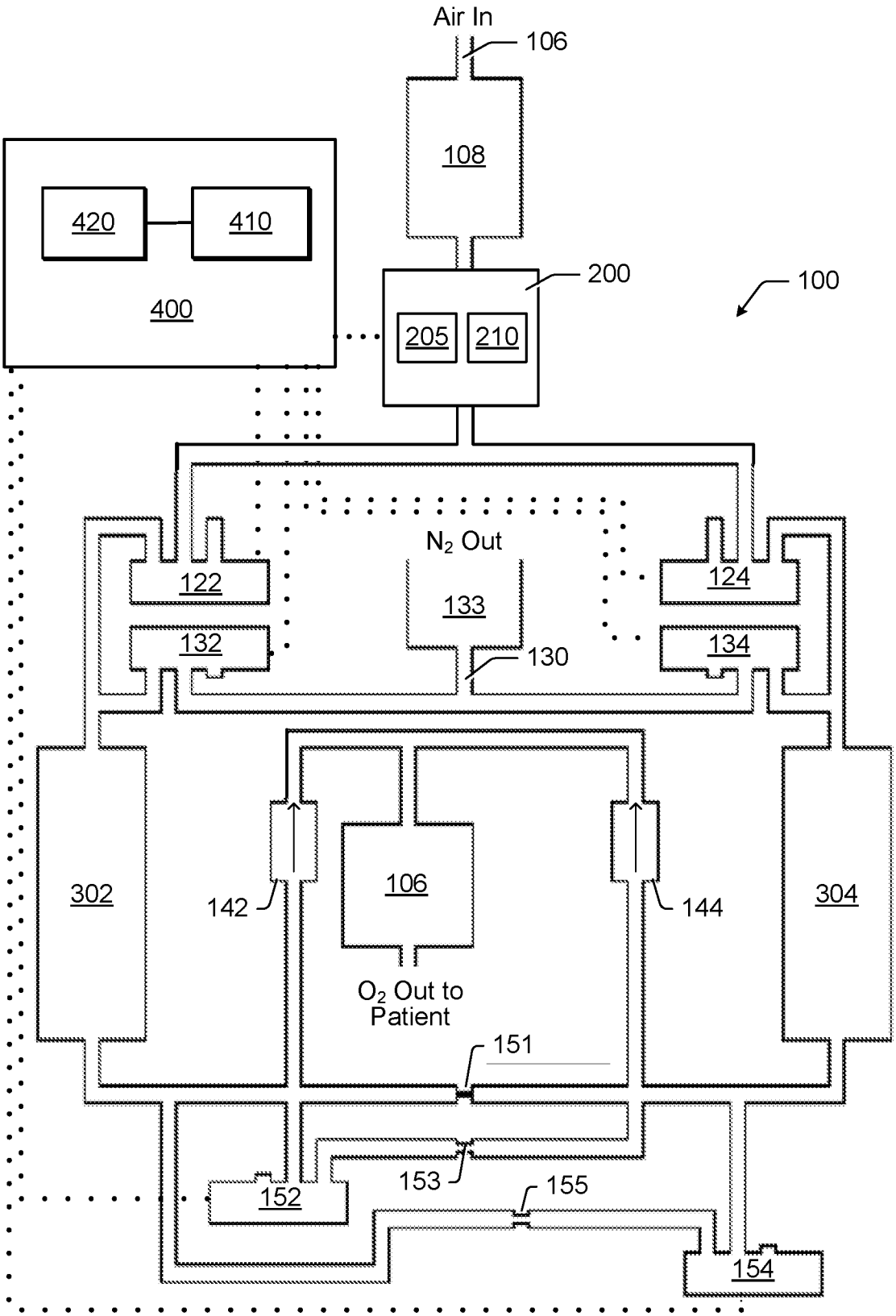
the method comprising:

venting nitrogen from the first canister or second canister after producing oxygen from the first canister or second canister;

producing ionized gas using an ionization module;

passing ionized air through the first canister or the second canister as the first canister or the second canister is vented.

11. The method of claim 10, wherein the ionization module is an ionization module as claimed in any one of claims 1-8.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108
420
410
400
200
205
210
100
N_2 Out
122
124
133
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134
130
302
142
106
144
304
O_2 Out to Patient
151
153
155
152
154

FIG. 1

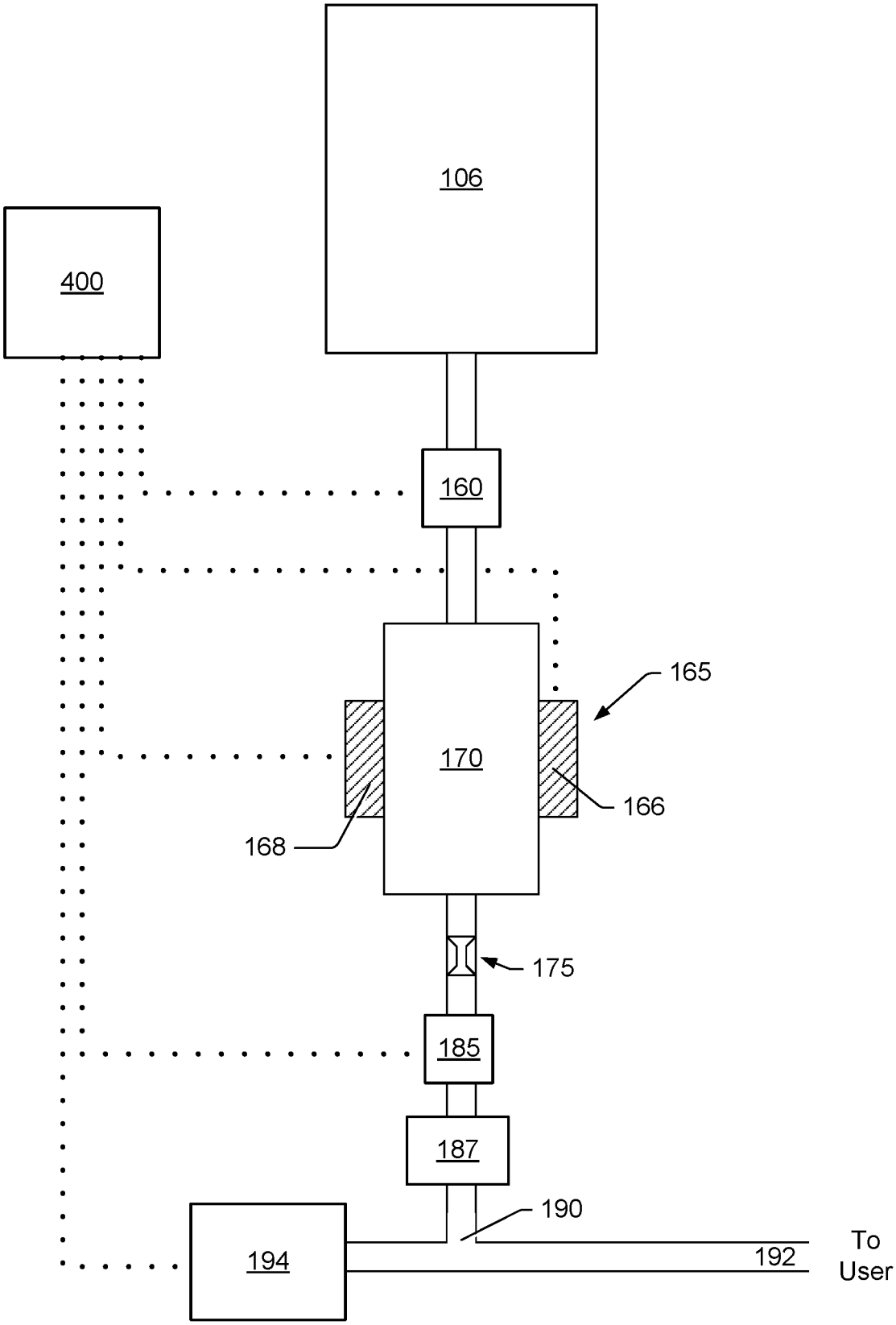


FIG. 2

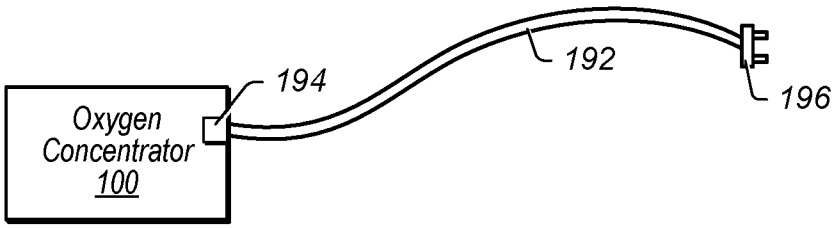
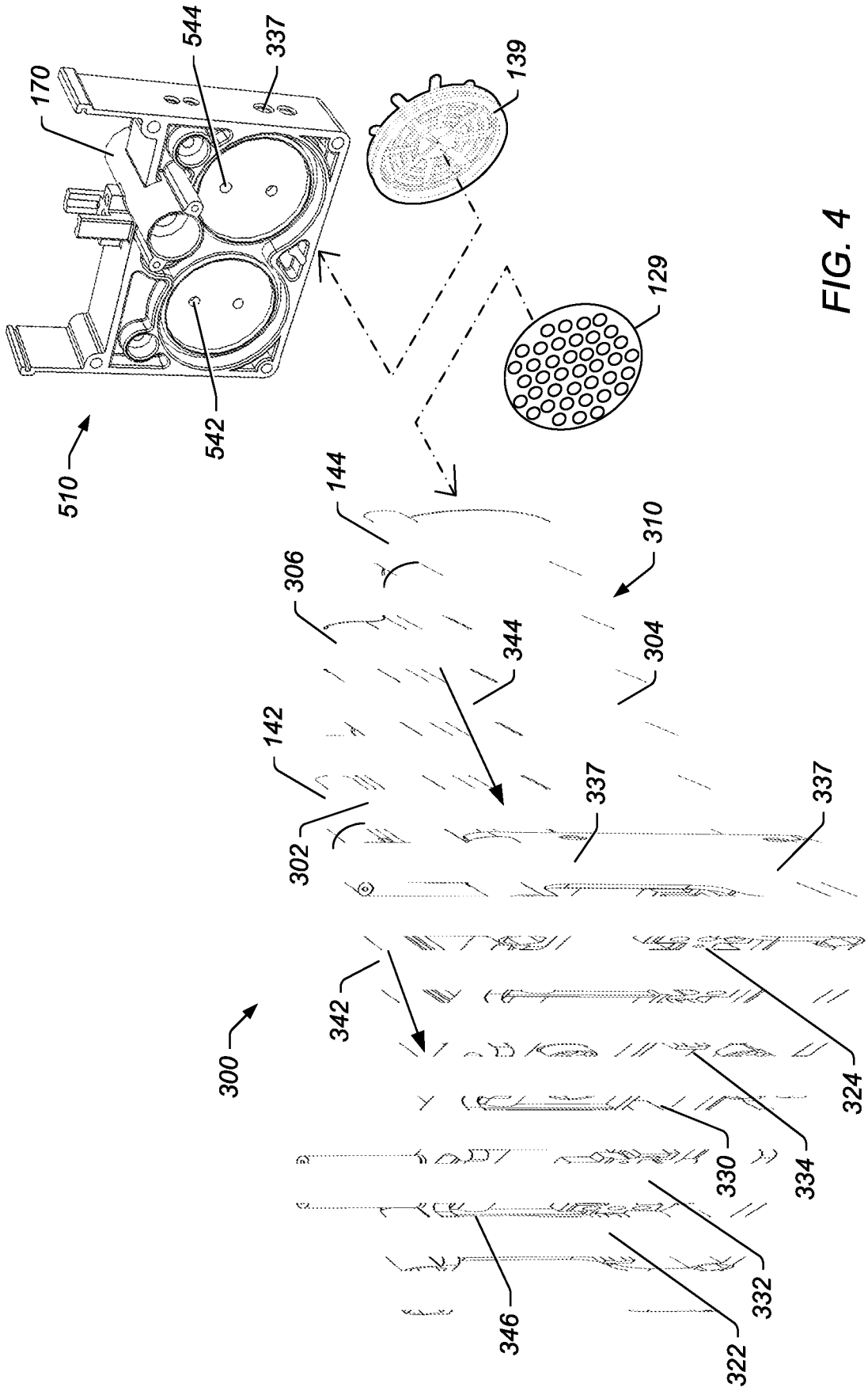


FIG. 3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139
129
542
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332
346
322
300

FIG. 4

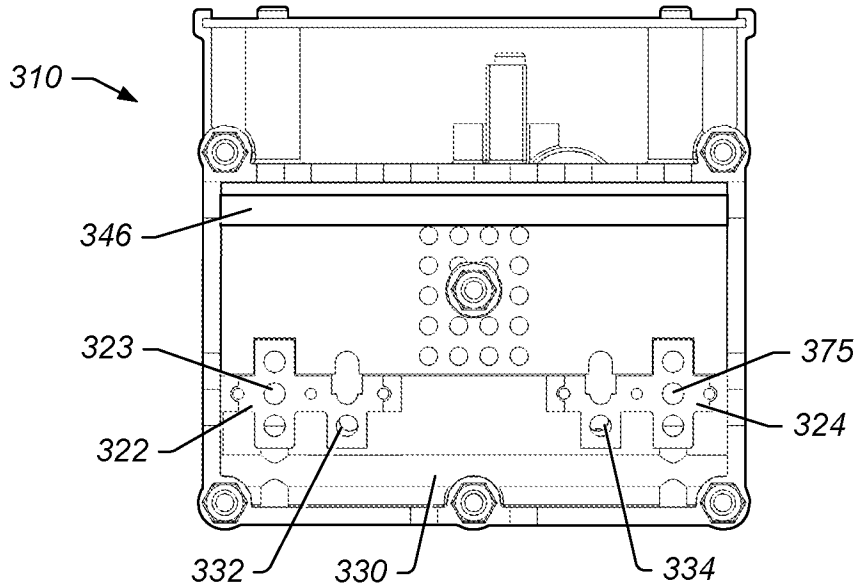

FIG. 5

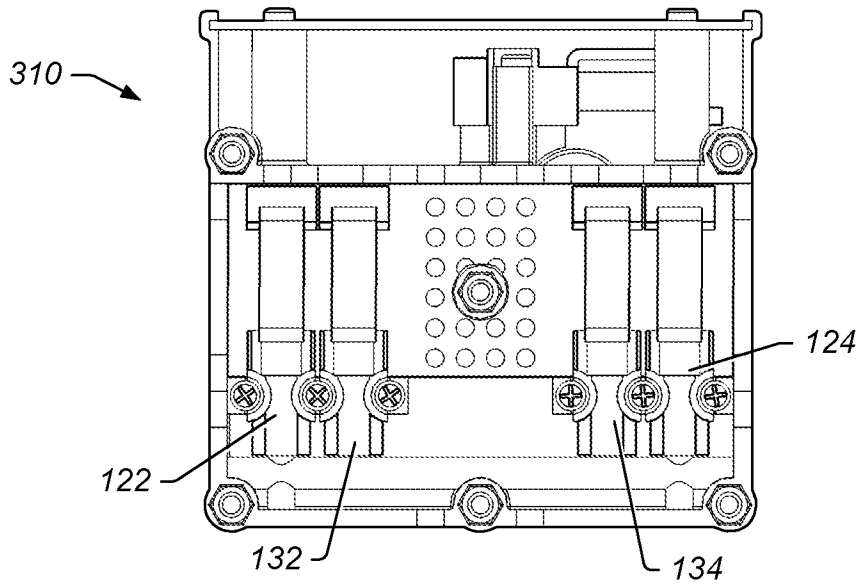

FIG. 6

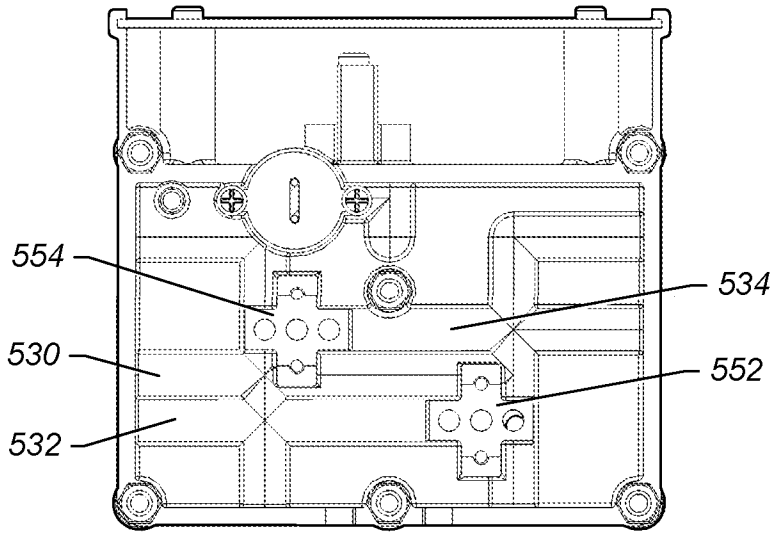

FIG. 7

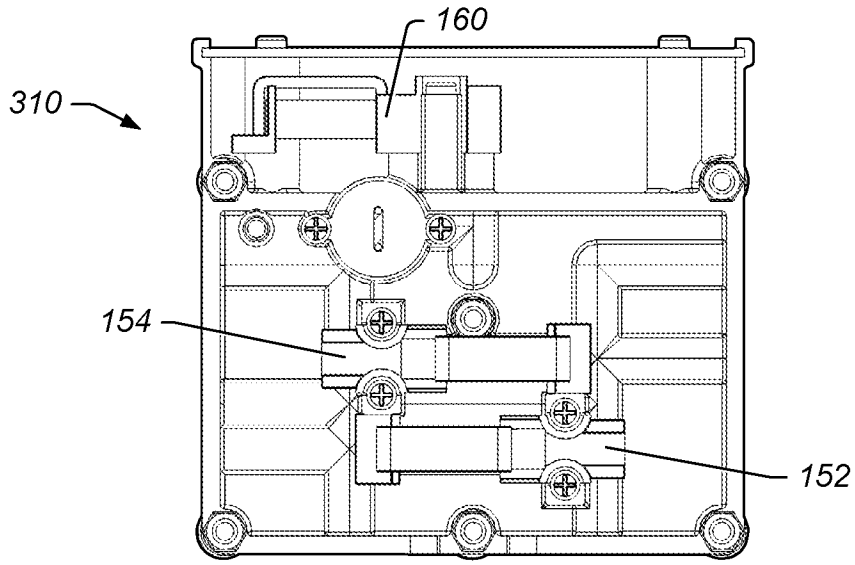

FIG. 8

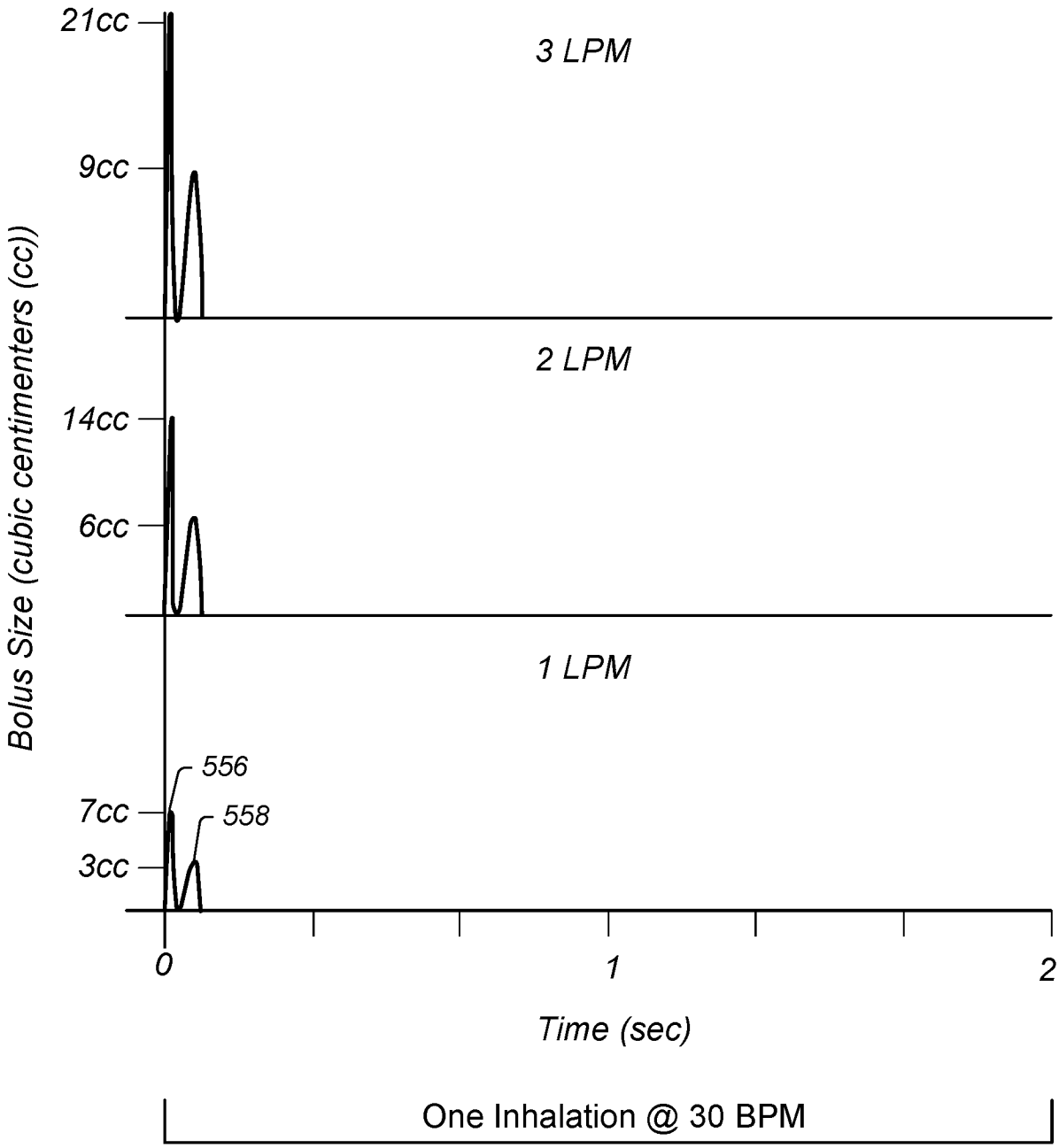
21cc
3 LPM
9cc
2 LPM
14cc
6cc
1 LPM
556
7cc
558
3cc
Bolus Size (cubic centimenters (cc))
0
1
2
Time (sec)
One Inhalation @ 30 BPM

FIG. 9

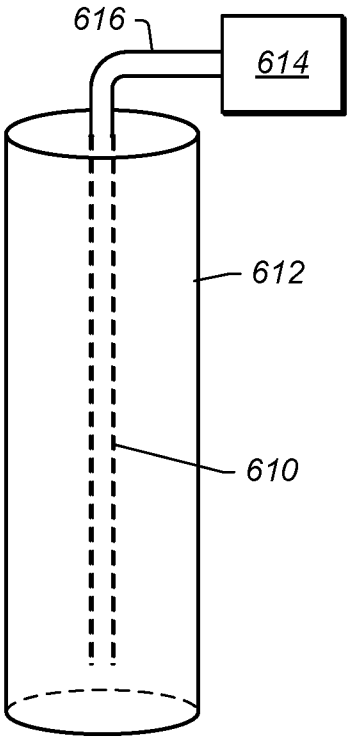

FIG. 10

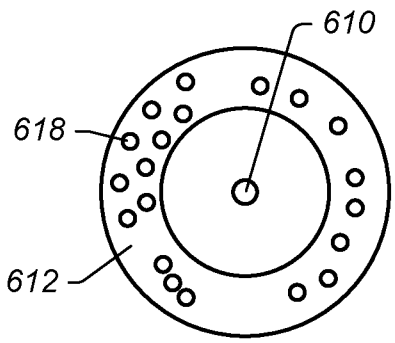

FIG. 11

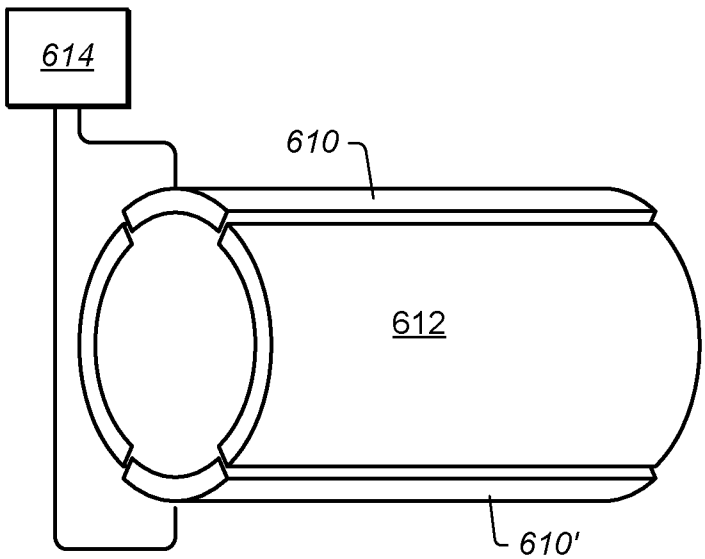

FIG. 12

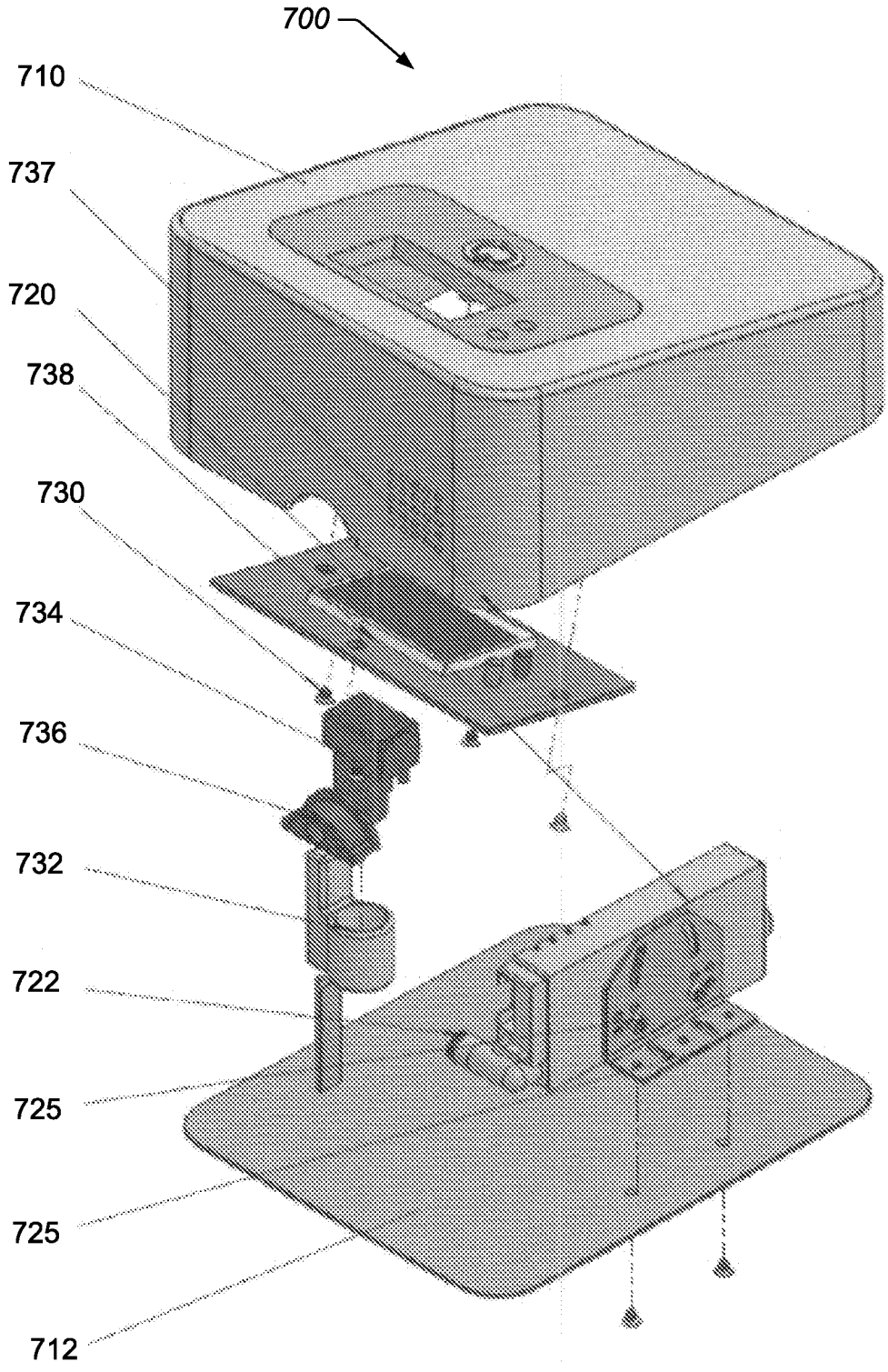

FIG. 13

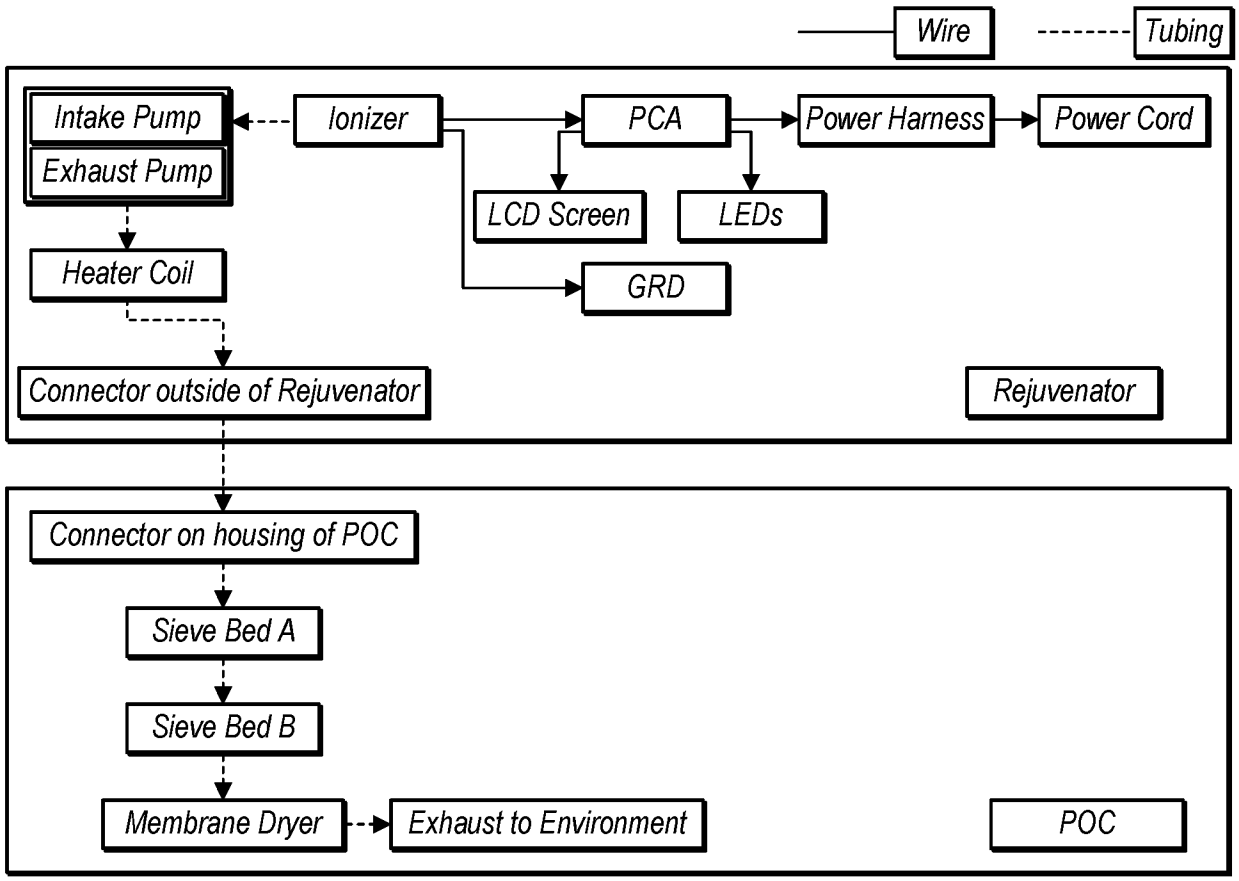
Wire
Tubing
Intake Pump
Exhaust Pump
Ionizer
PCA
Power Harness
Power Cord
LCD Screen
LEDs
GRD
Heater Coil
Connector outside of Rejuvenator
Rejuvenator
Connector on housing of POC
Sieve Bed A
Sieve Bed B
Membrane Dryer
Exhaust to Environment
POC

FIG. 14

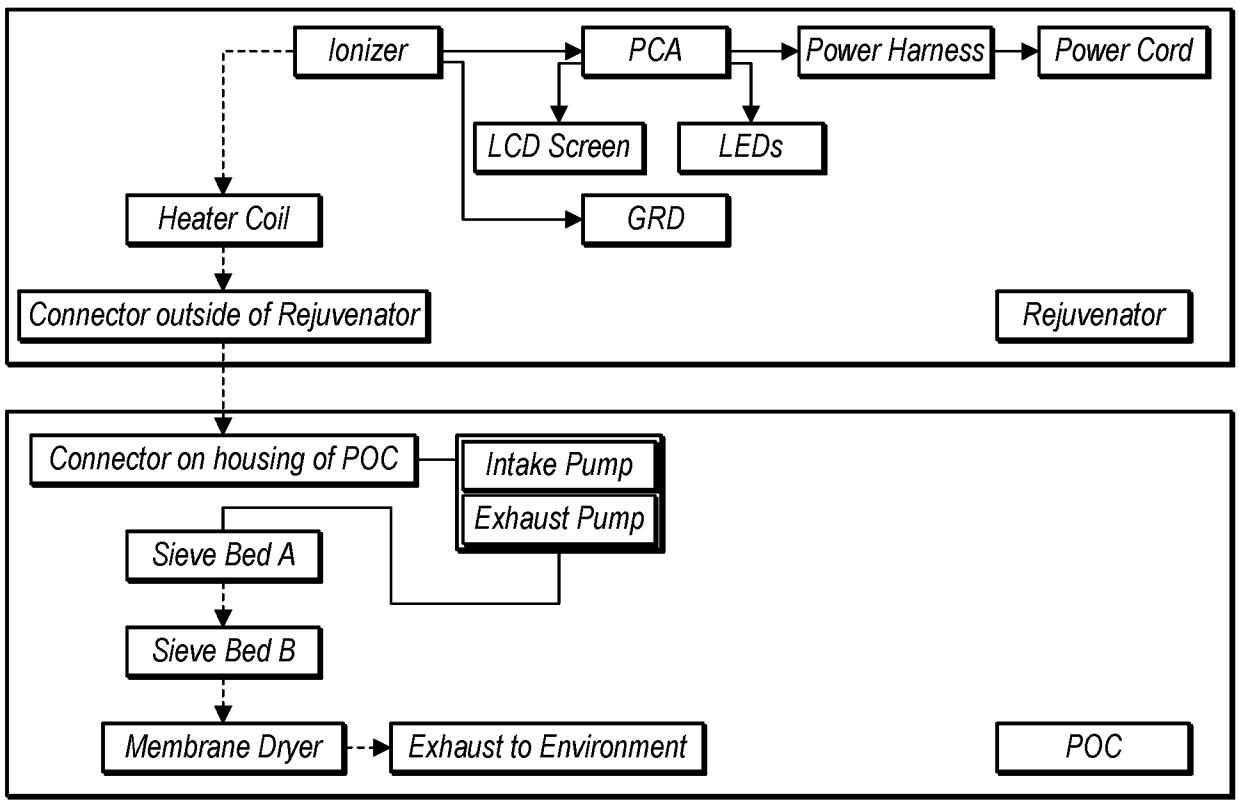
Ionizer
PCA
Power Harness
Power Cord
LCD Screen
LEDs
GRD
Heater Coil
Connector outside of Rejuvenator
Rejuvenator
Connector on housing of POC
Intake Pump
Exhaust Pump
Sieve Bed A
Sieve Bed B
Membrane Dryer
Exhaust to Environment
POC

FIG. 15

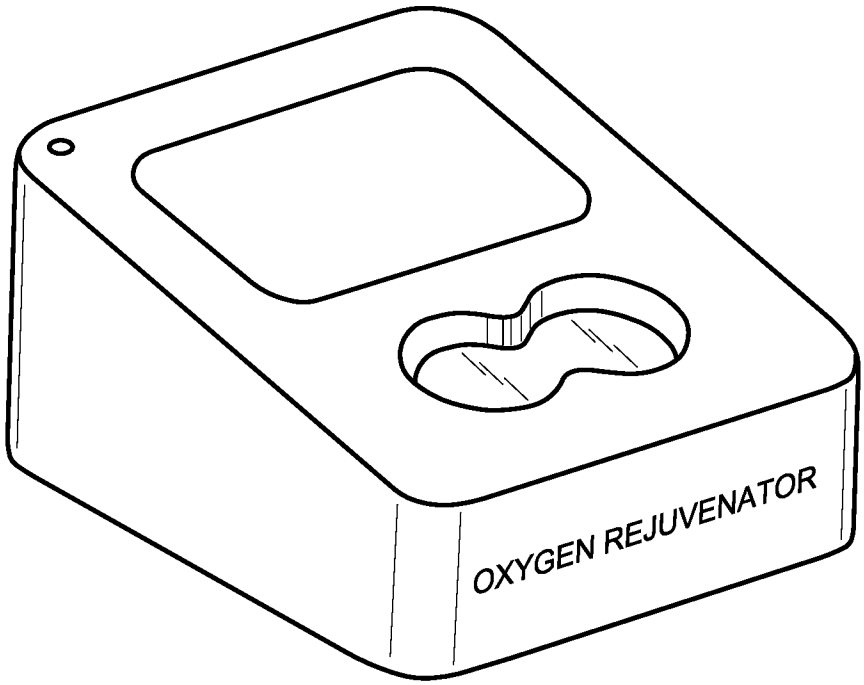

FIG. 16

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 17/16950

A. CLASSIFICATION OF SUBJECT MATTER
IPC(8) - A61L 9/22; B03C 3/41; B01D 53/04 (2017.01)
CPC - A61L 9/22; B01D 53/02; B01D 53/229; B01D 53/54; B01D 2253/00; B03C 3/41

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
See Search History Document

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
See Search History Document

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
See Search History Document

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2015/0335849 A1 (Wilkinson et al.) 26 November 2015 (26.11.2015); entire document, but especially: para [0013], para [0020], para [0047], para [0056], para [0092], para [0095], para [0141], para [0142], para [0144], fig. 14	1-11
X	US 8,883,083 B2 (Law et al.) 11 November 2014 (11.11.2014); entire document, but especially: col 1 line 7, col 3 line 19, col 3 lines 32-35, col 3 lines 37-38, col 3 lines 54-56, fig. 1	1-2
X	US 4,668,489 A (Alexander et al.) 26 May 1987 (26.05.1987); col 4 lines 3-16, col 4 lines 50-59, fig. 2	1
X	US 2007/0196590 A1 (Xia) 23 August 2007 (23.08.2007); para [0040]- para [0042], fig. 1	1
X	US 2015/0231551 A1 (Wilkinson et al.) 20 August 2015 (20.08.2015); entire document	1-11
A	GB 2 135 443 A (Burger et al.) 30 August 1984 (30.08.1984); entire document	1-11
A	US 2007/0295213 A1 (Okamoto et al.) 27 December 2007 (27.12.2007); entire document	1-11

☐ Further documents are listed in the continuation of Box C. ☐

* Special categories of cited documents:
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"E" earlier application or patent but published on or after the international filing date
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
"O" document referring to an oral disclosure, use, exhibition or other means
"P" document published prior to the international filing date but later than the priority date claimed
"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"&" document member of the same patent family

Date of the actual completion of the international search	Date of mailing of the international search report
14 March 2017	25 APR 2017

Name and mailing address of the ISA/US	Authorized officer:
Mail Stop PCT, Attn: ISA/US, Commissioner for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450 Facsimile No. 571-273-8300	Lee W. Young PCT Helpdesk: 571-272-4300 PCT OSP: 571-272-7774