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(54) Title: PERSONALIZED CAPNOGRAPHY

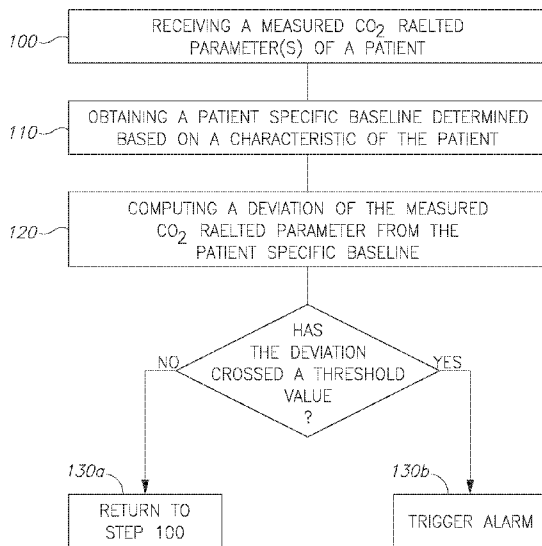


Figure 1

(57) Abstract: Control logic, device and method including same configured to receive a measured carbon dioxide (CO<sub>2</sub>) related parameter of a patient, to obtain a patient specific baseline for said CO<sub>2</sub> related parameter, the patient specific baseline determined based on a characteristic of the patient; to compute a deviation of the measured CO<sub>2</sub> related parameter from the patient specific baseline; and to trigger an alarm when the deviation crosses a predetermined threshold value.

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## **PERSONALIZED CAPNOGRAPHY**

### **TECHNICAL FIELD**

The present disclosure relates generally to the field of personalized capnography  
5 and alarm management.

### **BACKGROUND**

Medical monitoring devices provide crucial data regarding a patient's medical  
condition. For example, capnographs measure and provide values of the carbon dioxide  
10 (CO<sub>2</sub>) concentration in exhaled breath, and as such may be used to characterize patient's  
ventilation functioning.

The medical devices are often configured to trigger an alarm alerting health care  
providers that a monitored parameter deviates from a threshold value. For example, a  
capnograph may set off an alarm when deviations or changes in the patient's CO<sub>2</sub> levels  
15 are detected.

### **SUMMARY**

Aspects of the disclosure, in some embodiments thereof, relate to personalized  
capnography configured to interpret CO<sub>2</sub> waveforms according to a patient's personal  
20 data and medical history. The personalized capnography disclosed herein may facilitate  
the clinicians to swiftly obtain a refined assessment of a patient's respiratory status.  
Furthermore, the personalized capnography may also be utilized to reduce the number of  
false alarms.

Frequent non-actionable alarms are a common complaint of caregivers. These  
25 alarms disrupt clinical workflow, are troubling to the patient and his or her surroundings,  
and may lead to alarm fatigue amongst the medical personnel. As a consequence thereof,

true alerts may be overseen, as the alarm is ignored or even turned off, with a possibly tragic outcome.

According to some embodiments, the control logic, disclosed herein, is configured to obtain a measured carbon dioxide (CO<sub>2</sub>) related parameter(s) of a patient, to obtain a patient specific baseline for the CO<sub>2</sub> related parameter(s), the patient specific baseline determined based on a characteristic(s) of the patient, and to compute a deviation of the measured CO<sub>2</sub> related parameter(s) from the patient specific baseline CO<sub>2</sub>.

This may enable triggering of an alarm only when the measured CO<sub>2</sub> related parameter(s) deviates from a "personal" baseline rather than an "absolute" baseline common to all patients. Thus, the control logic, disclosed herein, enables reducing the amount of both false positive and false negative alarms by personalizing the alarm settings. This may, in turn, avoid disruption of clinicians' workflow while enhancing the confidence in the remaining alarms, consequently reducing the risk of clinicians discounting true alert.

According to some embodiments, the control logic, disclosed herein, is configured to receive a measured CO<sub>2</sub> related parameter(s), to obtain a patient specific first baseline for the CO<sub>2</sub> related parameter, the patient specific first baseline determined based on a background variable of the patient, and to obtain a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline determined based on the background variable and on a background disease of the patient. The control logic is further configured to compute a first deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the first baseline and to compute a second deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the second baseline.

The control logic may thereby enable the caregiver to rapidly assess to what extent measurements obtained from a patient are anomalous relative to normal subjects sharing the same background variable(s) and relative to subjects sharing the same background variable(s) as well as the same background disease(s).

According to some embodiments, there is provided a control logic configured to receive a measured carbon dioxide (CO<sub>2</sub>) related parameter of a patient, obtain a patient specific baseline for the CO<sub>2</sub> related parameter, the patient specific baseline determined based on a characteristic of the patient; compute a deviation of the measured CO<sub>2</sub> related parameter from the patient specific baseline; and trigger an alarm when the deviation crosses a predetermined threshold value.

According to some embodiments, the CO<sub>2</sub> related parameter may include end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the patient characteristic may include age, sex, weight, fitness, background disease or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the background disease may include asthma, chronic obstructive pulmonary disease (COPD), broncho-pulmonary dysplasia (BPD) or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the CO<sub>2</sub> related parameter may include an algorithmically-derived index of multiple CO<sub>2</sub> related parameters. According to some embodiments, the algorithmically-derived index of multiple CO<sub>2</sub> related parameters is computed by:

(a) characterizing a first measured CO<sub>2</sub> related parameter based on a comparison of the first measured CO<sub>2</sub> related parameter against a first reference value;

(b) characterizing a second measured CO<sub>2</sub> related parameter based on a comparison of the second measured CO<sub>2</sub> related parameter against a second reference value; and

(c) computing the index value based on values associated with each of the characterized first and second measured CO<sub>2</sub> related parameters.

According to some embodiments, the patient specific baseline is a CO<sub>2</sub> related parameter obtained from said patient prior to a medical procedure. According to some embodiments, the patient specific baseline is a CO<sub>2</sub> related parameter representative of patients having the same patient characteristic. According to some embodiments, the representative CO<sub>2</sub> related parameter is provided to said control logic through a user interphase.

According to some embodiments, the control logic may be configured to up-load the patient specific baseline carbon dioxide (CO<sub>2</sub>) related parameter and the measured carbon dioxide (CO<sub>2</sub>) related parameter to a remote database. According to some embodiments, the database may be continuously up-loaded. According to some embodiments, the database may be configured to compute an integrated data-set (e.g. an integrated patient specific baseline carbon dioxide (CO<sub>2</sub>) related parameter) specific to patients having the same background characteristics (e.g. suffering from a particular background disease).

According to some embodiments, there is provided a control logic configured to receive a measured CO<sub>2</sub> related parameter from a patient; to obtain a patient specific first baseline for the CO<sub>2</sub> related parameter, the patient specific first baseline determined based on a background variable of the patient; to obtain a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline determined based on the background variable and on a background disease of the patient; to compute a first deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the first baseline; and to compute a second deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the second baseline.

According to some embodiments, the control logic may be configured to display the first and second deviation values.

According to some embodiments, the control logic may be configured to trigger an alarm when the second deviation crosses a predetermined threshold value. According to some embodiments, the control logic may be configured to trigger an alert when the first deviation crosses a predetermined threshold value.

According to some embodiments, the CO<sub>2</sub> related parameter may include end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the background variable may include age, sex, weight, fitness or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the background disease may include asthma, chronic obstructive pulmonary disease (COPD), broncho-pulmonary dysplasia (BPD) or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the CO<sub>2</sub> related parameter may include an algorithmically-derived index of multiple CO<sub>2</sub> related parameters. According to some embodiments, the algorithmically-derived index of multiple CO<sub>2</sub> related parameters is computed by:

(a) characterizing a first measured CO<sub>2</sub> related parameter based on a comparison of the first measured CO<sub>2</sub> related parameter against a first reference value;

(b) characterizing a second measured CO<sub>2</sub> related parameter based on a comparison of the second measured CO<sub>2</sub> related parameter against a second reference value; and

(c) computing the index value based on values associated with each of the characterized first and second measured CO<sub>2</sub> related parameters.

According to some embodiments, the control logic may be configured to up-load the patient specific baseline carbon dioxide (CO<sub>2</sub>) related parameter and the measured carbon dioxide (CO<sub>2</sub>) related parameter to a remote database. According to some embodiments, the database may be continuously up-loaded. According to some embodiments, the database may be configured to compute an integrated data-set (e.g. an integrated patient specific baseline carbon dioxide (CO<sub>2</sub>) related parameter) specific to patients having the same background characteristics (e.g. suffering from a particular background disease).

Certain embodiments of the present disclosure may include some, all, or none of the above advantages. One or more technical advantages may be readily apparent to those skilled in the art from the figures, descriptions and claims included herein. Moreover, while specific advantages have been enumerated above, various embodiments may include all, some or none of the enumerated advantages.

## BRIEF DESCRIPTION OF THE DRAWINGS

Some embodiments of the disclosure are described herein with reference to the accompanying figures. The description, together with the figures, makes apparent to a person having ordinary skill in the art how some embodiments of the disclosure may be practiced. The figures are for the purpose of illustrative discussion and no attempt is made to show structural details of an embodiment in more detail than is necessary for a fundamental understanding of the teachings of the disclosure.

**FIG. 1** is an illustrative flowchart of the operation of a control logic, according to some embodiments;

**FIG. 2** is an illustrative flowchart of the operation of a control logic, according to some embodiments;

**FIG. 3** is an illustrative flowchart of the operation of a control logic, according to some embodiments.

## DETAILED DESCRIPTION

In the following description, various aspects of the disclosure will be described. For the purpose of explanation, specific configurations and details are set forth in order to provide a thorough understanding of the different aspects of the disclosure. However, it will also be apparent to one skilled in the art that the disclosure may be practiced without specific details being presented herein. Furthermore, well-known features may be omitted or simplified in order not to obscure the disclosure.

The present disclosure relates generally to the field of personalized capnography and alarm management.

There is provided, according to some embodiments, a control logic configured to receive a measured carbon dioxide (CO<sub>2</sub>) related parameter of a patient, and to obtain a patient specific baseline for the CO<sub>2</sub> related parameter, the patient specific baseline  
5 determined based on a characteristic of the patient. The control logic may then compute a deviation of the measured CO<sub>2</sub> related parameter from the patient specific baseline; and trigger an alarm if the deviation crosses a predetermined threshold value.

As referred to herein, the terms "patient" and "subject" may interchangeably be  
10 used and may relate to a subject being monitored by a capnograph or any other device configured to monitor CO<sub>2</sub> related parameters.

As used herein, the terms "clinician" and "caregiver" may be interchangeably used and may refer to any medical personnel involved in the care of the patient.

According to some embodiments, the terms "characteristic", "variable" and "data"  
15 may be used interchangeably and may refer to any attribute of the subject which may influence CO<sub>2</sub> related parameter readings. According to some embodiments, the term "characteristic" may be a broader term and may include the term "variable". According to some embodiments, patient variables may include, but are not limited to, age, sex, weight, fitness or any combination thereof. Each possibility is a separate embodiment.  
20 According to some embodiments, patient characteristics may include, but are not limited to age, sex, weight, fitness, background disease or any combination thereof. Each possibility is a separate embodiment. According to some embodiments, exemplary background diseases include asthma, chronic obstructive pulmonary disease (COPD), broncho-pulmonary dysplasia (BPD), hyperventilation, hypoventilation or any  
25 combination thereof. Each possibility is a separate embodiment.

As used herein, the term "measured carbon dioxide (CO<sub>2</sub>) related parameter" may refer to parameters obtained from capnograph readings. According to some embodiments, the parameters may be continuously obtained from the capnograph.

As used herein, the term "patient specific baseline" may refer to a parameter(s) serving as a reference point(s) to the measured CO<sub>2</sub> related parameters. According to some embodiments, the patient specific baseline may refer to baseline parameters incorporating and/or taking into consideration the characteristics of the patient.

5 According to some embodiments, the baseline CO<sub>2</sub> related parameter is a CO<sub>2</sub> related parameter obtained from the (same) patient, for example, prior to a medical procedure. Exemplary medical procedures, typically requiring CO<sub>2</sub> monitoring, include sedation and surgery, but other procedures for which capnographic monitoring is recommended are also applicable. According to some embodiments, the baseline CO<sub>2</sub> related parameter is a

10 CO<sub>2</sub> related parameter obtained from patients having the same patient characteristic(s). According to some embodiments, the baseline CO<sub>2</sub> related parameter may refer to data obtained from patients having the same patient characteristic(s) and stored by a computer memory for example, but not limited to, the control logic. According to some embodiments, the baseline CO<sub>2</sub> related parameter may refer to theoretical (textbook) data

15 of waveforms representative of patients having the same patient characteristic(s).

According to some embodiments, the control logic may be configured to transfer and/or upload the baseline CO<sub>2</sub> related parameter and/or the measured carbon dioxide (CO<sub>2</sub>) related parameter to a computer memory, for example, but not limited to a remote database or a centralized system. According to some embodiments, the up-loaded data

20 may then be downloaded to calculate deviation values. According to some embodiments, the up-load may be continuous, semi-continuous, at predefined time points (e.g. every 5 min) or event oriented (e.g. every time an alert/alarm is triggered). It is thus understood by one of ordinary skill in the art that the database may be revised in an ongoing manner. According to some embodiments, a learning algorithm may be applied to the stored data

25 in order to further refine and/or personalize the data set and, in effect, the parameters calculated therefrom.

According to some embodiments, the control logic may be further configured to produce an integrated data-set specific to patients having the same background characteristics (e.g. suffering from a particular background disease), based on up-loaded

baseline CO<sub>2</sub> related parameters and/or measured carbon dioxide (CO<sub>2</sub>) related parameters from each of the "similar" patients.

According to some embodiments, the stored data may be configured to capture the patient(s)'s response to a treatment (e.g. adjustment of ventilation machine settings), and thereby enable an improved and personalized evaluation of treatment efficiency. Moreover, the control logic may be configured to produce a treatment recommendation, such as, but not limited to, deciding on ventilation settings based on the up-loaded personal data-set.

It is understood by one of ordinary skill in the art that since the patient specific baseline differs among patients due to their different personal characteristics, the control logic enables personalizing alarm settings thereby reducing the amount of both false positive and false negative alarms.

According to some embodiments, the patient specific baseline may be retrieved by the control logic upon providing the patient characteristic(s) to the control logic. For example, the clinician may provide the patient characteristic(s) to the control logic through a user interface. According to some embodiments, the patient characteristic(s) may be encoded at the time of patient enrollment. According to some embodiments, the medical history, including some or part of the patient's characteristics, may be retrieved from a medical file of the patient.

According to some embodiments, the CO<sub>2</sub> related parameter may include end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or combinations thereof. Each possibility is a separate embodiment.

According to some embodiments "shape factors", as used herein, may characterize and/or describe the shape or pattern of a CO<sub>2</sub> waveform. A shape factor may include, for example, parameters of a non-linear function describing an upstroke of the waveform. The shape factors of the waveform are generally indicative of physiological condition(s) of a patient. For example, dominant shape factors of the waveform(s) may relate to respiratory processes such as the mechanics of breathing. Shape factors may be a parameter(s) of a function or a set(s) of binary values (in the form of a vector or a

matrix). It is understood to one of ordinary skill in the art, that different respiratory conditions may influence the shape of the waveform, and thus the shape factors used to describe the waveform. As a non-limiting example, the upstroke of the CO<sub>2</sub> waveform may be prolonged (slope decreased) in patients suffering from respiratory disorders such as COPD.

According to some embodiments, "scale factors", as used herein, may be the waveform values and/or ratios, for example, height, width, width at half-height, duty cycle, inhalation to exhalation ratio (I to E ratio) or any other value or combination of values. Scale factor features typically relate to general processes and/or body functions, such as, perfusion, shunt, metabolism, ventilation, respiration and the like. It is understood to one of ordinary skill in the art that different respiratory conditions may influence the scale factors used to describe the waveform. As a non-limiting example, the height of the CO<sub>2</sub> waveform may be decreased (EtCO<sub>2</sub> decreased) in patients suffering from respiratory obstruction, such as, for example, asthma.

According to some embodiments, the term "a" may refer to at least one. According to some embodiments, the term "at least one" may refer to 1, 2, 3, 4, 5, or more parameters. Each possibility is a separate embodiment. For example, with regards to CO<sub>2</sub> related parameters, the CO<sub>2</sub> related parameters (measured and baseline) may be EtCO<sub>2</sub> and respiration rate (RR). Accordingly, the control logic may compute a delta EtCO<sub>2</sub> value – the deviation between the measured EtCO<sub>2</sub> and the baseline EtCO<sub>2</sub>; and a delta RR – the deviation between the measured RR and the baseline RR.

As used herein, the term "control logic" may refer to a computer, computing system or similar electronic computing device capable of performing actions and/or processes that manipulate and/or transform data.

According to some embodiments, the control logic may compute the deviation by simple subtraction of the measured CO<sub>2</sub> related parameter (e.g. measured RR) from the patient specific baseline (e.g. baseline RR).

According to some embodiments, the control logic may compute the deviation by performing statistical analysis of the deviation over a predetermined period of time. It is

understood by one of ordinary skill in the art that monitoring devices, such as, for example, capnographs, may continuously monitor breath samples and thus continuously provide measurements of the CO<sub>2</sub> related parameter(s) to the control logic. In effect, the deviation may be calculated based on a statistical analysis of n number of measurements  
5 obtained during a predetermined period of time, for example y seconds. It is further understood that the measured CO<sub>2</sub> related parameter may be continuously updated (moving average) such that each measured CO<sub>2</sub> related parameter provided to the control logic may represent n number of measurements obtained during a measurement window of y seconds and updated every z seconds. According to some embodiments, the  
10 measured CO<sub>2</sub> related parameter provided to the control logic may represent 0.5-100 measurements. According to some embodiments, the measured CO<sub>2</sub> related parameter provided to the control logic may represent 2-50 measurements. According to some embodiments, the measured CO<sub>2</sub> related parameter provided to the control logic may represent 5-25 measurements.

15 According to some embodiments, the CO<sub>2</sub> related parameter may include an algorithmically-derived index of multiple CO<sub>2</sub> related parameters. According to some embodiments, the algorithmically-derived index of multiple CO<sub>2</sub> related parameters may be computed by:

- 20 (a) characterizing a first measured CO<sub>2</sub> related parameter based on a comparison of the first measured CO<sub>2</sub> related parameter against a first reference value;
- (b) characterizing a second measured CO<sub>2</sub> related parameter based on a comparison of the second measured CO<sub>2</sub> related parameter against a second reference value; and
- 25 (c) computing the index value based on values associated with each of the characterized first and second measured CO<sub>2</sub> related parameters.

As used herein, the term "alarm" may refer to an audible alarm configured to alert the clinician. According to some embodiments, the clinician may be required to approach the patient in order to turn the alarm off.

As used herein, the terms "alert" and "warning" may be interchangeably used and may refer to a signal provided to a clinician, but which do not require his or her immediate attention. According to some embodiments, the clinician may not be required to approach the patient in order to turn off the alert. As a non-limiting example, the alert  
5 may be an audible signal provided to a clinician (for example, through a personal communication device such as, but not limited to, a beeper or a smart phone). According to some embodiments, the alert may be stored in the medical history of the patient for further use by caregivers.

According to some embodiments, the at least one CO<sub>2</sub> related parameter is user  
10 selectable. It is understood by one of ordinary skill in the art that different medical parameters may be measured for different medical conditions.

According to some embodiments, the control logic is configured to store data including, but not limited to, the at least one measured CO<sub>2</sub> related parameter, the patient specific baseline, the deviation of the at least one measured CO<sub>2</sub> related parameter from  
15 the patient specific baseline, alerts, alarms or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the data, or parts thereof, may be reported to the clinician. According to some embodiments, the reported data may serve as a tool in the assessment of the patient's condition.

According to some embodiments, there is provided a control logic configured to:  
20 receive a measured CO<sub>2</sub> related parameter from a patient, to obtain a patient specific first baseline for the CO<sub>2</sub> related parameter, the patient specific first baseline determined based on a background variable of said patient, and to compute a first deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the first baseline. The  
25 control logic may be further configured to obtain a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline determined based on the background variable and on a background disease of the patient, and to compute a second deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the second baseline.

According to some embodiments, the control logic may display the first and second deviation values. This may enable the caregiver to rapidly assess to what extent measurements obtained for a patient are anomalous relative to normal subjects sharing the same background variable and relative to subjects sharing the same background variable as well as the same background disease.

According to some embodiments, the control logic may compare the first deviation value to a predetermined first threshold value and the second deviation to a predetermined second threshold value. It is understood by one of ordinary skill in the art that the first threshold value may be the same or different from the second threshold value.

According to some embodiments, the control logic may trigger an alarm when the second deviation value crosses a (second) predetermined threshold value. It is understood by one of ordinary skill in the art that this may serve to reduce the amount of actionable alarms as the alarm is triggered only when the measurements obtained are anomalous to patients suffering from the same background diseases and sharing the same background variable. According to some embodiments, the control logic may trigger an alert when the first deviation value crosses a (first) predetermined threshold value. As detailed above, the alert may not require the clinician's immediate attention, but may provide an indication to the clinician that the measurements obtained from the patient are abnormal as compared to healthy subjects having the same background variable. The alert may be an audible signal distinct from the traditional alarm in order to enable the clinician to distinguish between action requiring alarms and non-actionable alerts. According to some embodiments, the alert may be stored in the medical history of the patient (along with alarms) thereby assisting the clinician in assessing the patient's respiratory status.

It is understood that the deviation required to trigger the alarm may be the same or different from the deviation required to trigger the alert. It is further understood that since the alarm settings have been personalized, the deviation required to trigger the alarm may be less than the deviation required to trigger a traditional alarm. Advantageously, the more strict deviation requirements may not elevate the number of triggered alarms, due to the personalized baseline settings.

According to some embodiments, the CO<sub>2</sub> related parameter may include end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof. Each possibility is a separate embodiment.

5 According to some embodiments, the background variables may include age, weight, sex, fitness or any combination thereof. Each possibility is a separate embodiment. It is understood by one of ordinary skill in the art that waveforms obtained from patients suffering from a background disease may deviate from normal waveforms in a manner dependent on the patient's variable(s). As a non-limiting example, a normal weight patient suffering from asthma may have a waveform closer to a 'normal'  
10 waveform than a patient being both overweight and suffering from asthma.

According to some embodiments, the background diseases may include asthma, chronic obstructive pulmonary disease (COPD), broncho-pulmonary dysplasia (BPD) or combinations thereof. According to some embodiments, the background disease may include hyper- and hypo ventilation. According to some embodiments, the background  
15 disease provided to the control logic is 'no background disease'.

According to some embodiments, the CO<sub>2</sub> related parameter may include an algorithmically-derived index of multiple CO<sub>2</sub> related parameters. According to some embodiments, the algorithmically-derived index of multiple CO<sub>2</sub> related parameters may be computed by:

- 20 (a) characterizing a first measured CO<sub>2</sub> related parameter based on a comparison of the first measured CO<sub>2</sub> related parameter against a first reference value;
- (b) characterizing a second measured CO<sub>2</sub> related parameter based on a comparison of the second measured CO<sub>2</sub> related parameter against a second reference value; and
- 25 (c) computing the index value based on values associated with each of the characterized first and second measured CO<sub>2</sub> related parameters.

According to some embodiments, the first and/or second baselines may be retrieved by the control logic upon providing the background variable and the background disease to the control logic. Hence, the clinician may provide the patient

background variable(s) and background disease(s) to the control logic, for example, through a user interface. According to some embodiments, the background variable may be encoded at the time of enrolling the patient. According to some embodiments, the medical history and and/or background variable may be retrieved from a medical file of  
5 the patient.

According to some embodiments, there is provided a medical device including a control logic configured to receive a measured carbon dioxide (CO<sub>2</sub>) related parameter of a patient, and to obtain a patient specific baseline for the CO<sub>2</sub> related parameter, the patient specific baseline determined based on a characteristic of the patient. The control  
10 logic may then compute a deviation of the measured CO<sub>2</sub> related parameter from the patient specific baseline; and trigger an alarm if the deviation crosses a predetermined threshold value.

According to some embodiments, there is provided a medical device including a control logic configured to receive a measured CO<sub>2</sub> related parameter from a patient, to  
15 obtain a patient specific first baseline for the CO<sub>2</sub> related parameter, the patient specific first baseline determined based on a background variable of said patient, and to compute a first deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the first baseline. The control logic may be further configured to obtain a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline  
20 determined based on the background variable and on a background disease of the patient, and to compute a second deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the second baseline.

According to some embodiments, the medical device may be a capnograph.

According to some embodiments, the medical device includes at least one sensor.  
25 According to some embodiments, the at least one sensor is a CO<sub>2</sub> sensor, a flow sensor, an infra-red (IR) sensor or combinations thereof. According to some embodiments, the term "at least one" when referring to a sensor may include 1, 2, 3, 4, 5 or more sensors. Each possibility is a separate embodiment.

According to some embodiments, there is provided a method for reducing non-actionable alarms. According to some embodiments the method may include receiving a measured carbon dioxide (CO<sub>2</sub>) related parameter of a patient, obtaining a patient specific baseline for the CO<sub>2</sub> related parameter, the patient specific baseline determined based on  
5 a characteristic of the patient, computing a deviation of the measured CO<sub>2</sub> related parameter from the patient specific baseline, and triggering an alarm if the deviation crosses a predetermined threshold value.

According to some embodiments, the method may also include determining which medical parameters will be measured, for example, based on the medical record of the  
10 patient. According to some embodiments, the at least one measured medical parameter may include end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, the method may further include storing data, such as the measured CO<sub>2</sub> related parameter, the patient specific baseline, the deviation of  
15 the measured CO<sub>2</sub> related parameter from the patient specific baseline, alerts, alarms or any combination thereof. Each possibility is a separate embodiment.

According to some embodiments, there is provided a method for personalizing capnography, the method including receiving a measured CO<sub>2</sub> related parameter from a patient, obtaining a patient specific first baseline for the CO<sub>2</sub> related parameter, the  
20 patient specific first baseline determined based on a background variable of the patient, and to compute a first deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the first baseline. The method may further include obtaining a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline determined based on the background variable and on a background disease of the  
25 patient, and to compute a second deviation value based on a deviation of the measured CO<sub>2</sub> related parameter from the second baseline.

According to some embodiments, the method includes displaying the first and/or second deviation values.

According to some embodiments, the method includes triggering an alarm when the second deviation value crosses a predetermined threshold value. According to some embodiments, the method includes triggering an alert when the first deviation value crosses a predetermined threshold value.

5           According to some embodiments, the method may include determining which medical parameters will be measured, for example, based on the medical record of the patient. According to some embodiments, the at least one measured medical parameter may include end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof. Each possibility is a separate embodiment.

10           According to some embodiments, the method may include storing data, such as the measured CO<sub>2</sub> related parameter, the patient specific baseline, the deviation of the measured CO<sub>2</sub> related parameter from the patient specific baseline, alerts, alarms or any combination thereof. Each possibility is a separate embodiment.

15           Before explaining at least one embodiment in detail, it is to be understood that aspects of the embodiments are not necessarily limited in their application to the details of construction and the arrangement of the components and/or methods set forth herein. Some embodiments may be practiced or carried out in various ways. The phraseology and terminology employed herein are for descriptive purposes and should not be regarded as limiting.

20           Reference is now made to **FIG. 1** which is an illustrative flowchart of the operation of a control logic, according to some embodiments. At step **100**, the control logic receives a measured carbon dioxide (CO<sub>2</sub>) related parameter(s) of a patient having a certain patient characteristic(s). At step **110**, the control logic obtains a patient specific baseline for the CO<sub>2</sub> related parameter, the patient specific baseline determined based on  
25           the same patient characteristic(s). At step **120**, the control logic computes a deviation of the measured CO<sub>2</sub> related parameter(s) from a patient specific baseline. Should the deviation cross a predetermined threshold value, the control logic triggers an alarm, in step **130b**. Otherwise, the control logic returns to step **100** if the threshold value has not been crossed, as described in step **130a**.

Reference is now made to **FIG. 2** which is an illustrative flowchart of the operation of a control logic, according to some embodiments. At step **200**, the control logic receives a measured carbon dioxide (CO<sub>2</sub>) related parameter(s) of a patient determined as having certain background variable(s) and optionally background disease(s). At step **210a**, the control logic obtains a patient specific first baseline for the CO<sub>2</sub> related parameter, the patient specific first baseline determined based on the (same) background variable(s) of the patient. At step **210b**, the control logic obtains a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline determined based on the (same) characteristic(s) and background disease(s) of the patient. At step **220a** and **220b**, the control logic computes a first and a second deviation value, respectively, based on a deviation of the measured CO<sub>2</sub> related parameter(s) from the obtained first and second baselines.

Reference is now made to **FIG. 3** which is an illustrative flowchart of the operation of a control logic, according to some embodiments. At step **300**, the control logic receives a measured carbon dioxide (CO<sub>2</sub>) related parameter(s) of a patient determined as having certain background variable(s) and optionally background disease(s). At step **310a**, the control logic obtains a patient specific first baseline for the CO<sub>2</sub> related parameter, the patient specific first baseline determined based on the (same) background variable(s) of the patient. At step **310b**, the control logic obtains a patient specific second baseline for the CO<sub>2</sub> related parameter, the patient specific second baseline determined based on the (same) characteristic(s) and background disease(s) of the patient. At step **320a**, the control logic computes a first deviation value based on a deviation of the measured CO<sub>2</sub> related parameter(s) from the obtained first baseline. Should the first threshold value be crossed, the control logic triggers an alert, as in step **330b**. Otherwise, if the first threshold value has not been crossed, the control logic returns to step **300**, as described in step **330a**. Similarly, at step **320b**, the control logic computes a second deviation value based on a deviation of the measured CO<sub>2</sub> related parameter(s) from the obtained second baseline. Should the second threshold value be crossed, the control logic triggers an alarm, as described in step **330c**. It is understood to one of ordinary skill in the art that steps **320a**, and **320b** (and subsequent steps **330a/b**

and **330c**) may be performed simultaneously. Alternatively, step **320a** may be performed in a sequential manner (prior to or after) step **320b**.

It is further understood that variations may occur in the operation of the control logic and that numerous cycles of operation are inherent to the operation of the logic, although a single operation cycle is also optional.

The terminology used herein is for the purpose of describing particular embodiments only and is not intended to be limiting. As used herein, the singular forms "a", "an" and "the" are intended to include the plural forms as well, unless the context clearly indicates otherwise. It will be further understood that the terms "comprises" or "comprising", when used in this specification, specify the presence of stated features, integers, steps, operations, elements, or components, but do not preclude or rule out the presence or addition of one or more other features, integers, steps, operations, elements, components, or groups thereof.

Unless specifically stated otherwise, as apparent from the following discussions, it is appreciated that throughout the specification discussions utilizing terms such as "processing", "computing", "calculating", "determining", "estimating", or the like, refer to the action and/or processes of a computer or computing system, or similar electronic computing device, that manipulate and/or transform data represented as physical, such as electronic, quantities within the computing system's registers and/or memories into other data similarly represented as physical quantities within the computing system's memories, registers or other such information storage, transmission or display devices.

Embodiments of the present invention may include apparatuses for performing the operations herein. This apparatus may be specially constructed for the desired purposes, or it may comprise a general purpose computer selectively activated or reconfigured by a computer program stored in the computer. Such a computer program may be stored in a computer readable storage medium, such as, but is not limited to, any type of disk including floppy disks, optical disks, CD-ROMs, magnetic-optical disks, read-only memories (ROMs), random access memories (RAMs) electrically programmable read-only memories (EPROMs), electrically erasable and programmable read only memories

(EEPROMs), magnetic or optical cards, or any other type of media suitable for storing electronic instructions, and capable of being coupled to a computer system bus.

The processes and displays presented herein are not inherently related to any particular computer or other apparatus. Various general purpose systems may be used  
5 with programs in accordance with the teachings herein, or it may prove convenient to construct a more specialized apparatus to perform the desired method. The desired structure for a variety of these systems will appear from the description below. In addition, embodiments of the present invention are not described with reference to any particular programming language. It will be appreciated that a variety of programming  
10 languages may be used to implement the teachings of the inventions as described herein.

The invention may be described in the general context of computer-executable instructions, such as program modules, being executed by a computer. Generally, program modules include routines, programs, objects, components, data structures, and so forth, which perform particular tasks or implement particular abstract data types. The  
15 invention may also be practiced in distributed computing environments where tasks are performed by remote processing devices that are linked through a communications network. In a distributed computing environment, program modules may be located in both local and remote computer storage media including memory storage devices.

While a number of exemplary aspects and embodiments have been discussed  
20 above, those of skill in the art will recognize certain modifications, additions and sub-combinations thereof. It is therefore intended that the following appended claims and claims hereafter introduced be interpreted to include all such modifications, additions and sub-combinations as are within their true spirit and scope.

**CLAIMS**

1. A control logic configured to:
  - receive a measured carbon dioxide (CO<sub>2</sub>) related parameter of a patient,
  - obtain a patient specific baseline for said CO<sub>2</sub> related parameter, said patient
  - 5 specific baseline determined based on a characteristic of said patient;
  - compute a deviation of said measured CO<sub>2</sub> related parameter from said patient
  - specific baseline; and
  - trigger an alarm when said deviation crosses a predetermined threshold value.
2. The control logic of claim 1, wherein said CO<sub>2</sub> related parameter comprises: end
- 10 tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof.
3. The control logic of claim 1, wherein said patient characteristic comprises age, sex, weight, fitness, background disease or any combination thereof.
4. The control logic of claim 3, wherein said background disease comprises asthma,
- 15 chronic obstructive pulmonary disease (COPD), broncho-pulmonary dysplasia (BPD) or any combination thereof.
5. The control logic of claim 1, wherein said CO<sub>2</sub> related parameter comprises an algorithmically-derived index of multiple CO<sub>2</sub> related parameters.
6. The control logic of claim 5, wherein said algorithmically-derived index of
- 20 multiple CO<sub>2</sub> related parameters is computed by:
  - (a) characterizing a first measured CO<sub>2</sub> related parameter based on a comparison of the first measured CO<sub>2</sub> related parameter against a first reference value;
  - (b) characterizing a second measured CO<sub>2</sub> related parameter based on a comparison of the second measured CO<sub>2</sub> related parameter against a second
  - 25 reference value; and

- (c) computing the index value based on values associated with each of the characterized first and second measured CO<sub>2</sub> related parameters.
7. The control logic of claim 1, wherein said patient specific baseline is a CO<sub>2</sub> related parameter obtained from said patient prior to a medical procedure.
- 5 8. The control logic of claim 1, wherein said patient specific baseline is a CO<sub>2</sub> related parameter representative of patients having said patient characteristic.
9. The control logic of claim 8, wherein said representative CO<sub>2</sub> related parameter is provided to said control logic through a user interphase.
10. The control logic of claim 1, further configured to up-load said patient specific  
10 baseline carbon dioxide (CO<sub>2</sub>) related parameter and said measured carbon dioxide (CO<sub>2</sub>) related parameter to a remote database.
11. A control logic configured to:
- receive a measured CO<sub>2</sub> related parameter from a patient;
- obtain a patient specific first baseline for said CO<sub>2</sub> related parameter, said patient  
15 specific first baseline determined based on a background variable of said patient;
- obtain a patient specific second baseline for said CO<sub>2</sub> related parameter, said patient specific second baseline determined based on said background variable and on a background disease of said patient;
- compute a first deviation value based on a deviation of said measured CO<sub>2</sub> related  
20 parameter from said first baseline; and
- compute a second deviation value based on a deviation of said measured CO<sub>2</sub> related parameter from said second baseline.
12. The control logic of claim 11, further configured to display said first and second deviation values.
- 25 13. The control logic of claim 11, further configured to trigger an alarm when said second deviation crosses a predetermined threshold value.

14. The control logic of claim 11, further configured to trigger an alert when said first deviation crosses a predetermined threshold value.
15. The control logic of claim 11, wherein said CO<sub>2</sub> related parameter comprises: end tidal CO<sub>2</sub> (EtCO<sub>2</sub>), respiration rate, waveform shape, waveform scale or any combination thereof.
- 5
16. The control logic of claim 11, wherein said background variable comprises age, sex, weight, fitness or any combination thereof.
17. The control logic of claim 11, wherein said background disease comprises asthma, chronic obstructive pulmonary disease (COPD), broncho-pulmonary dysplasia (BPD) or any combination thereof.
- 10
18. The control logic of claim 11, wherein said measured CO<sub>2</sub> related parameter comprises an algorithmically-derived index of multiple CO<sub>2</sub> related parameters.
19. The control logic of claim 18, wherein said algorithmically-derived index of multiple CO<sub>2</sub> related parameters is computed by:
- 15
- (a) characterizing a first measured CO<sub>2</sub> related parameter based on a comparison of the first measured CO<sub>2</sub> related parameter against a first reference value;
- (b) characterizing a second measured CO<sub>2</sub> related parameter based on a comparison of the second measured CO<sub>2</sub> related parameter against a second reference value; and
- 20
- (c) computing the index value based on values associated with each of the characterized first and second measured CO<sub>2</sub> related parameters.
20. The control logic of claim 11, wherein said first and/or second patient specific baseline is provided to said control logic through a user interface.

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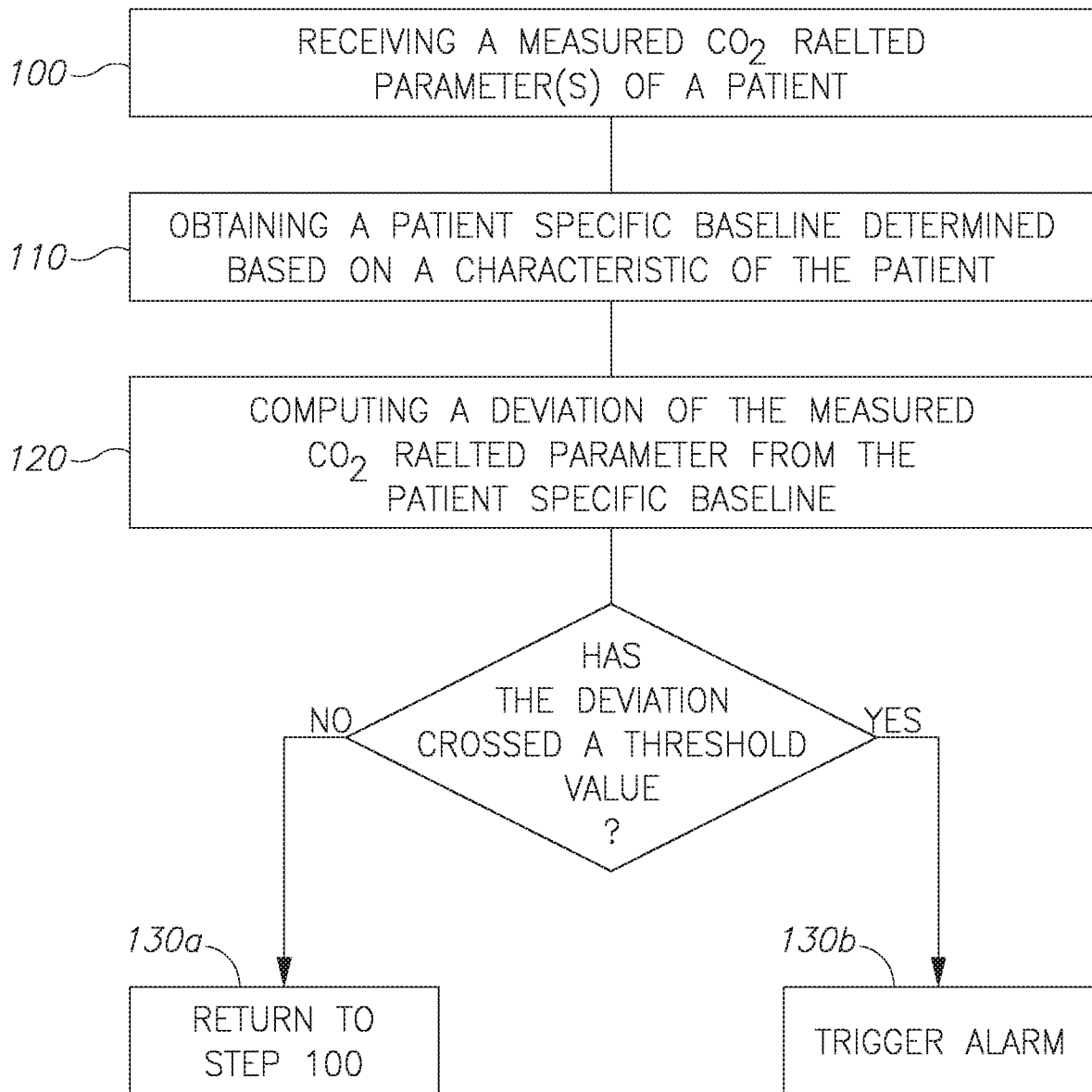


Figure 1

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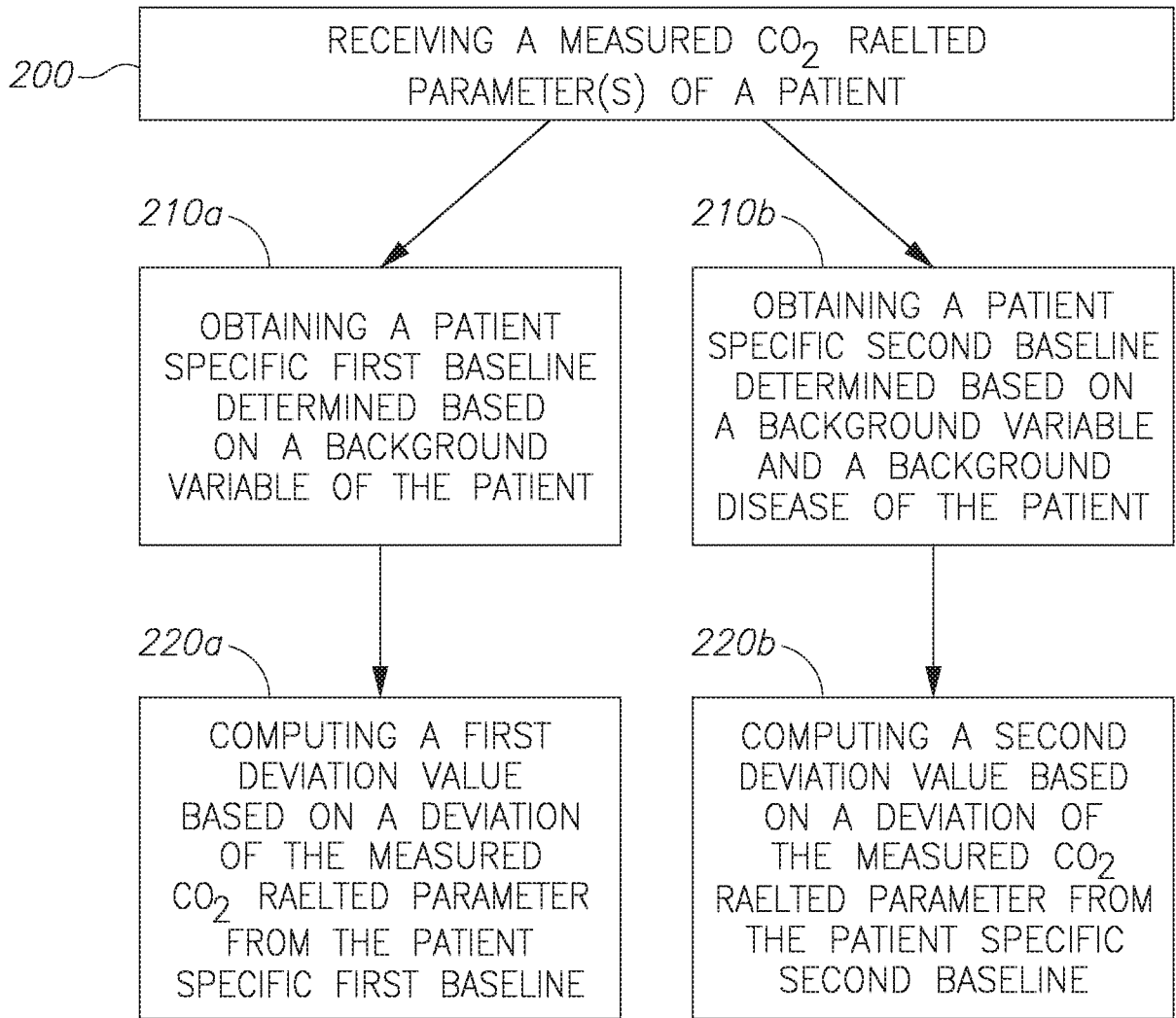


Figure 2

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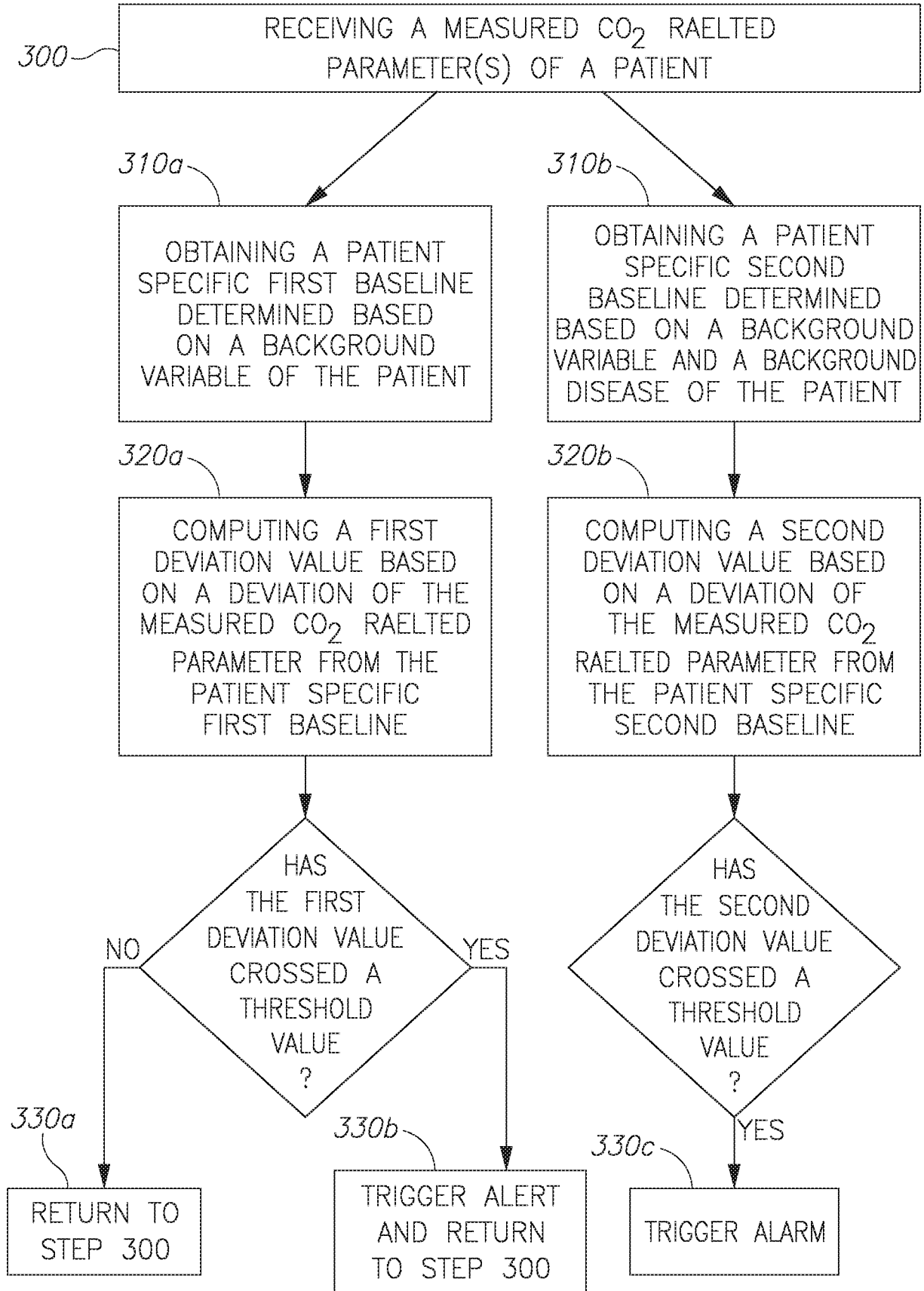


Figure 3

**INTERNATIONAL SEARCH REPORT**

International application No  
PCT/IL2015/050434

**A. CLASSIFICATION OF SUBJECT MATTER**  
 INV. A61B5/00 A61B5/08 A61B5/083  
 ADD.  
 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)  
 A61B  
 Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)  
 EPO-Internal

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2012/266955 A1 (KIM SUNG-SU [KR]) 25 October 2012 (2012-10-25) paragraphs [0017] - [0069]; figures 1-7 -----	1-20
X	US 2009/118632 A1 (GOEPP JULIUS G [US]) 7 May 2009 (2009-05-07) paragraphs [0025] - [0029], [0042], [0043], [0046], [0047]; claims 1-3; figures 1-5 -----	1-4,7-10
A		5,6, 11-20

Further documents are listed in the continuation of Box C.

See patent family annex.

\* Special categories of cited documents :

- "A" document defining the general state of the art which is not considered to be of particular relevance
- "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 <b>13 October 2015</b>	Date of mailing of the international search report <b>20/10/2015</b>
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Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016	Authorized officer <b>Lommel, André</b>
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# INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/IL2015/050434

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
US 2012266955	A1	25-10-2012	
		EP 2515350 A2	24-10-2012
		KR 20120119401 A	31-10-2012
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US 2009118632	A1	07-05-2009	NONE
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