

An Autonomous, Low-Cost Bag Valve Mask for Emergency Responders

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Problem

Acute respiratory failure leads to over 1 million people in the US being admitted to the emergency department per year [1].
 The current method of treatment, bag valve masks, does not have a way of measuring pressure or flow, often resulting in lung damage [2].

Background

Acute respiratory failure is a sudden onset of:

- Difficulty breathing^[6]
- Shortness of breath or rapid breathing^[6]
- Unconsciousness^[6]



Responders often use bag valve masks (BVM) (see Figure 2) to establish emergency airway support for the patient [3].

However, there is no feedback of the pressure and flow being delivered, leading to:



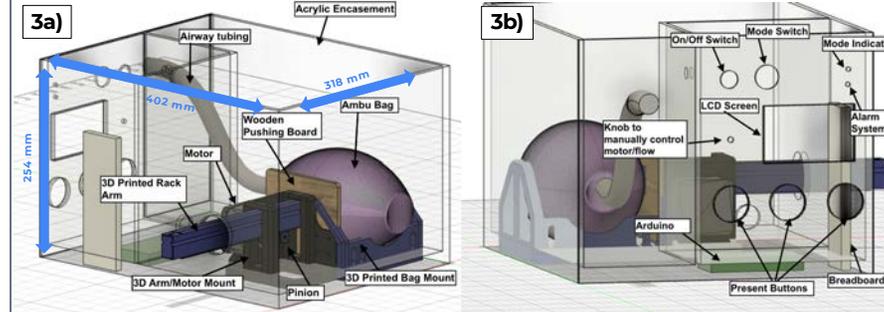
- Lung injury [4] (barotrauma)
- Over ventilation [4] (hyperventilation)
- Increased morbidity and mortality [4]

Objectives

Design a portable, non-invasive, low-cost bag valve mask with autonomous pressure and flow regulation for patients needing emergency airway support in low resource areas to address BVM complications and in turn reduce mortality rates amongst patients with acute respiratory failure.

- Low-cost (<\$350)
- Portability (<12"x12"x12" dimensions)
- Non-invasive
- Ease of Use (set-up time is less than 1.5x standard)
- Pressure and flow regulation/sensors

Methods



Our design (See Figure 3a and 3b) and prototype (See Figure 4) was tested using:

- An adult BVM bag
- Pressure bulb and sensor
- BioRadio spirometer (measures flow rates)
- Python code and EXCEL

Results

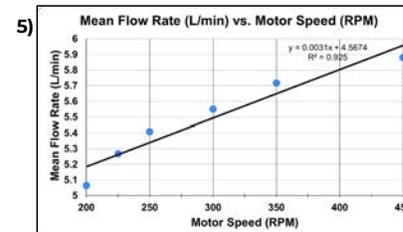
Our prototype device was evaluated for:

- Whether air is supplied at sufficient volume for patient ventilation with safe pressure/flow vitals (See Table 1)
- Linear regression mapping motor speed to volumetric flow rate (See Figure 5)

Vital	Values Achieved
Tidal Volume (mL)	407.58
Peak Instantaneous Flow Rate (L/s)	≤ 0.82
Mean Volumetric Flow Rate (L/min)	5.48
Inspiratory Pressure (mmHg)	* N/A
Inspiratory Time (s)	≤ 0.79
Time Between Compressions (s)	5.59

Table 1) Testing Values for Ventilation Vitals

* Inspiratory Pressure values could not be accurately recorded due to electrical interference from wiring



Conclusions

We were able to satisfy at least 2 of our criterion:

- ✓ Non-invasive (Requires no intubation)
- ✓ Pressure and flow regulation/sensors

Vital	Criteria Value	Our Device	CMU EMS	Dafliou et al. EMS	Red: Values are higher than criteria values Blue: Values are lower than criteria values
Tidal Volume (mL)	350-600	407.58	288.34	807.70	
Peak Instantaneous Flow Rate (L/s)	< 2	< 2	1.32	N/A	
Mean Volumetric Flow Rate (L/min)	3.5-6.0	5.48	3.95	11.48	
Inspiratory Pressure (mmHg)	< 11	N/A	6.69	12.50	
Inspiratory Time (s)	1-2	≤ 0.79	0.41	N/A	
Time Between Compressions (s)	6	5.59	4.38	4.22	

Table 2) Comparison to EMS Data and Criteria Values

Future Work

time and budget being a major constraint here are some potential areas of improvement for the future:

- Design an integrated circuit to reduce electrical interference and improve portability
- Perform pressure testing to determine if the supplied inspiratory pressure is sufficiently low to avoid barotrauma
- Determine optimal materials for the final product (we were limited in our materials due to our budget)
- Add a power source (12+ volts to accommodate both the motor and Arduino)

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