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Non-invasive attractor reconstruction analysis for early detection of deteriorations

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1. Early detection of deteriorations using attractor reconstruction

The importance of early detection of deteriorations

Clinical deteriorations of hospital patients leading to events such as cardiac arrests, critical illnesses, and deaths must be recognised early to maintain patient safety. Deteriorations are commonly preceded by changes in cardiovascular state. However, routinely measured cardiovascular parameters such as blood pressure often provide only minimal advanced warning (see right).

Non-invasive measurement

Attractor reconstruction has previously been applied to arterial blood pressure signals. These are only available in critical care via invasive measurement. In contrast, pulse oximetry signals are measured every 4-12 hours in hospital patients. We hypothesised that cardiovascular variability could be measured using this non-invasive signal instead. If so, attractor reconstruction could be used with all hospital patients, rather than just those in critical care.

Pulse oximetry measures arterial blood volume, so is closely related to arterial blood pressure (left). It can be easily measured as shown below.

Elimination of low quality measurements

If attractor reconstruction is to be used in hospital then it must be robust to artifact due to factors such as movement or loosening of sensor attachments. The Attractor Quality Index was proposed to discriminate between high and low quality attractor reconstruction. As shown below, high quality measurements result in a high density of points at the three vertices of a triangular attractor. The attractor quality index quantifies the presence or absence of these high density regions to determine the quality of attractor reconstruction.

2. Proposed developments for clinical use

Attractor reconstruction as an early marker

Changes in cardiovascular variability have been observed to occur earlier than changes in cardiovascular parameters. Attractor reconstruction quantifies the variability of cardiovascular signals, so may provide improved markers of deterioration. It represents a signal as an attractor in 2D phase space (see left).

3. Clinical evaluation of developments

Identification of low quality measurements

As shown below, there was high agreement between the heart rates derived from each signal when the Attractor Quality Index was below a threshold value (to the left of the red dashed line). Otherwise, there was poor agreement, demonstrating the ability of the Attractor Quality Index to discriminate between high and low quality measurements.

References


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