

ZIGBEE BASED PHYSIOLOGICAL STATUS MONITORING SYSTEM

Mohit Kumar^{1#}, Nirbhov Jap Singh¹, and Sandeep Sharma²

¹Dept. of Electrical & Instrumentation Engineering, Thapar University, Patiala,

#Corresponding author er09mohit@gmail.com,

²Dept. of Electronics & Communication Engineering DIT University, Dehradun

Abstract

A lot of research has been carried out in the field of health care monitoring. In the recent years, development of wireless health care monitoring system has emerged as an area of research. The presented work falls under the health care monitoring system. Here the system monitors the patient continuously while simultaneously transmitting the physiological data to the doctors and other medical staff. The presented system is based on a dedicated communication protocol for sensor networks, ZigBee. The system has low cost, low power requirements and compact. The performance of the system is analysed for indoor and outdoor environment, under various conditions. It is observed that the system provides reliable monitoring and secure wireless transmission of the monitored data. Further it is observed that the current consumption of the system is 64.1 mA and 71.2 mA at the sensing node and coordinator respectively, when transmitted power is set at -18 dBm. The range of the system varies from 10m (indoor environment) to 30m (line of sight range in outdoor environment) at -18 dBm transmitted power, which is suitable for hospital environment.

Keywords

ZigBee, Microcontroller, sensor, Health monitoring

1 Introduction

Modern times have seen a lot of development in health care domain. With the advances in medicine the cost of health care has rose many folds on one hand and a rapid increase of the aged population due to the newer and better medicines on the other. The key to saving lives and improving the overall safety of a patient's care still remains in providing timely access to complete patient information, ofcourse need not to mention the medical supervision. As the number of patients increase the need to monitor and record for use by experts later becomes more and more important. Several works have already been done to improve the recording and reporting systems have been developed to provide a wealth of healthcare data [1], still the information remains fragmented and largely inaccessible. With the recent developments in wireless systems [2]-[10] there has been renewed interest for medical applications [11]-[19]. Significant inputs are being directed towards development of novel low power circuits and systems. Wireless systems hold a number of advantages over wired alternatives, including: ease of use, reduced risk of infection, reduced risk of failure, reduced patient discomfort, enhanced mobility, quick & easy setup of the wireless sensor networks make them the only choice in case of disaster response to setup immediate temporary health care center, and lower cost of care delivery [20],[21]. Applications demand expertise in multiple disciplines, suggesting opportunity for System-on-Chip (SoC) or System-in-Package (SiP) integration. The demand for wireless connections increases with as more and more biomedical sensors emerging.

The medicare centers like hospital, nursing homes, clinics etc. impose their own specific requirements for wireless data transmission, for example the selected technology has to be extremely reliable, to make a more humane environment for the physical and physiological health care more feasible for patients especially the aged ones, frequent monitoring and recording of their physiological status becomes very important [22],[23],[24], the stringent regulations relating to patient treatment and monitoring set strict specifications for possible solutions. In addition, and the

sensors' power consumption must be low etc. To prevent accidents from happening and prevent sudden situations that cause accidents, the role of the wireless sensor networks comes in very handy, specially for ICU (Intensive Care Unit), ICCU (Intensive Cardiac Care Unit), Burn Wards or Gynae wards where the admission is very restricted due to the reasons of getting further infections from the visiting human personals that would include the hospital staff. It has been often observed that during surgical operations and during their stay in these wards patients monitoring is done by attaching to them monitoring equipment by cables. Cabling, however, offer many hindrances in many ways to the treatment process; for instance, cables obstruct nursing procedures and complicate patient transfers, as they have to be attached and detached. Detaching the sensor would mean loss of monitoring information which could be vital in some cases. Ideally, sensors should be attached to patients on their arrival at the hospital, and detached upon their discharge. In countries like ours where the mass population is still thriving for one square meal the increasing cost of medicine becomes difficult, also the hospitals and nursing centers are overloaded by patients due to lack of widely available services. It is mandatory to reduce not only the cost of treatment but also the load on the institutions offering such facilities. A wireless sensor is best suited for such situations. Many a measurements can be performed.

The purpose of present work is to develop a system that is low power consuming, low manufacturing cost, compact size, long distance of communication, reliable and secure communication, expandable and meets the governing regulations concerning wireless patient monitoring. For the current work in the first place we designed a physiological status examination device for collection of the physiological status information from patients in real time. Once this information has been collected, the monitoring device transmits this acquired information to the nursing staff via wireless network using the zigbee protocol [25],[26],[27]. The system has the advantage that it is microcontroller based and thus can be programmed to display various quantities, such as average, maximum and minimum rates over a period of time for different physiological parameters and so on. The design may be expanded and connected to a recording device or a PC for data collection and analysis. The total cost of the system is around INR 1000 per node and could come down on mass production. Similar devices cost around US\$ 20 – 100 for monitoring single physiological parameter and / or with no or limited extension capabilities.

2 Solution Methodology

Today's hospitals deploy numerous devices over wires for various medical applications such as monitoring, diagnosis, treatment, and alarms. In order to plug in more and more devices in hospitals, it is essential to replace wires with wireless technologies. This replacement not only reduces the deployment cost and time, but also gives patients an increased mobility and comfort by reducing the complexity of the network.

The process of replacing wired network with wireless network depends upon the availability of networking modules. The wireless networking module available these days are usually programmable by the microcontroller/microprocessor. Therefore, the complete process of development of the health care monitoring system is divided into two parts:

1. Hardware part
2. Software part

2.1 Hardware Implementation

Hardware part consists of two modules: 1. Sensing node. 2. Coordinator.

Sensing Node. The main objective of the sensing node is to collect the data from the sensors, perform signal conditioning operation and then transmits the data to the coordinator. Sensing node consists of Microcontroller, Radio transceiver, Sensors and Power supply.

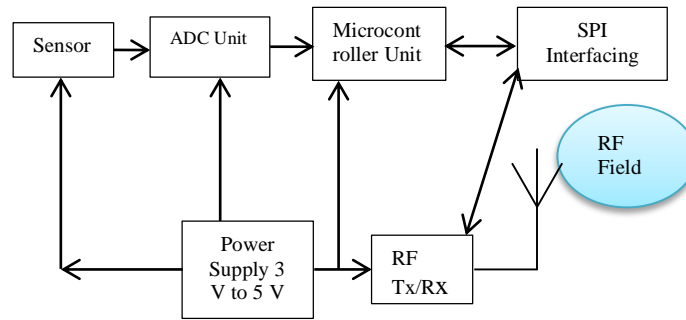


Fig.1. Block diagram of sensing node

Coordinator. The function of the coordinator is to gather data and then display the data as per the requirements. Coordinator consists of Microcontroller, Radio transceiver, Display device and Power supply.

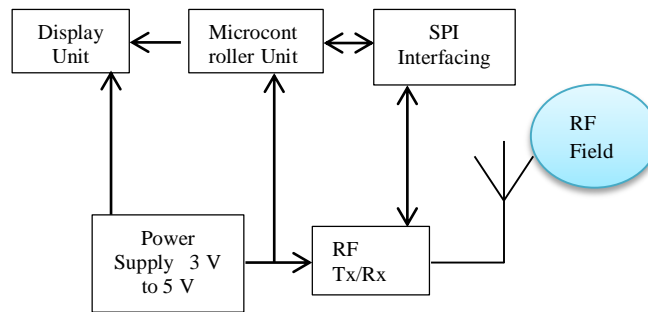


Fig.2. Block diagram of coordinator

2.2 Component Descriptions

Components that are used to develop the system are described below:

Sensor. In the presented application temperature of human body is measured. To measure the temperature various sensors are available such as: thermocouple, thermistor, RTD and IC temperature sensors. For the presented work, system must be compact and light weight. Therefore, IC temperature sensors are most suitable here. LM35 is used as a temperature sensor. It can provide accuracies of $\pm 1/4^{\circ}\text{C}$ at room temperature and $\pm 3/4^{\circ}\text{C}$, over a full -55 to $+150^{\circ}\text{C}$ temperature range. The LM35 has low output impedance, linear output, and precise inherent calibration [28]. These features make it easily controllable and suitable for the presented work.

ADC and Microcontroller. For the application any microcontroller which has dedicated SPI module and inbuilt analog to digital converter (ADC), is suitable. PIC 16F886 is chosen for this work. Any better version of the available microcontroller can also be taken. PIC 16F886 has 11 channels of ADC and resolution upto 10 bits [29].

Transceiver. In this application CC2520 is used as RF transceiver, which is based on Zigbee technology. The CC2520 is TI's second generation RF transceiver that works at the 2.4 GHz unlicensed ISM band. The CC2520 provides extensive hardware support for frame handling, data buffering, burst transmissions, data encryption, data authentication, clear channel assessment, link quality indication and frame timing information. Power consumption of CC2520 is very low. In

receiving mode (receiving frame, -50 dBm) it consumes 18.5 mA current and in transmitting mode it consumes 33.6 mA current at +5 dBm and 25.8 mA at 0 dBm [30].

Power supply and Display Unit. To meet the power requirements a suitable arrangement is accomplished with the help of 7805 and AMS 1117 voltage regular. For displaying the valuable information a 14 pin LCD display is used.

2.3 Software Development

PIC 16F886 has been programmed to test the hardware as well as to achieve the goal of the application. The coding of the software is implemented in MIKROC Pro complier. Source code has been written in the embedded C language. Flow charts of the software implementation are as follows:

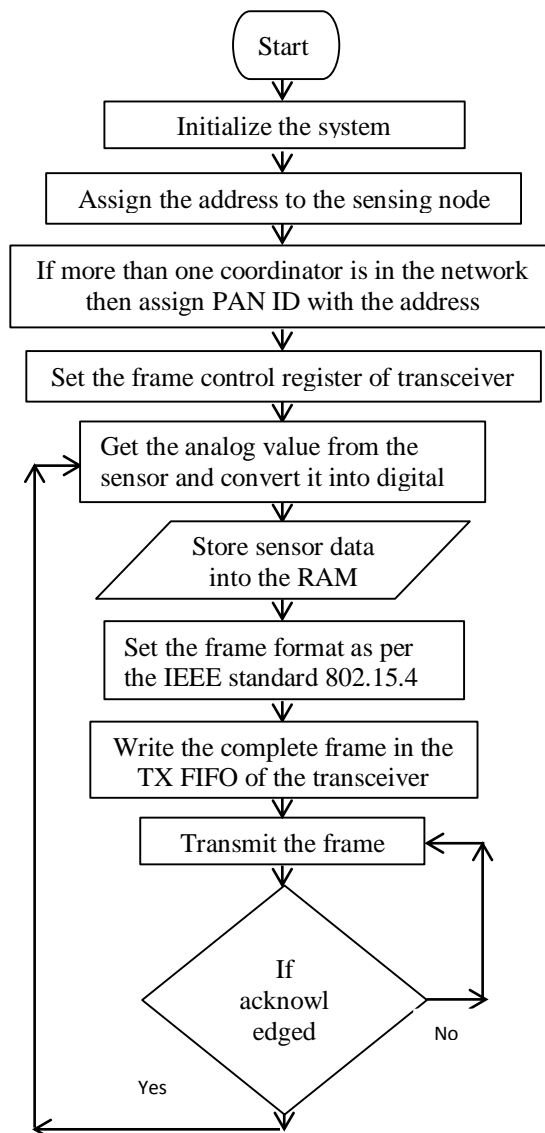


Fig.3. Flow chart at the sensing node

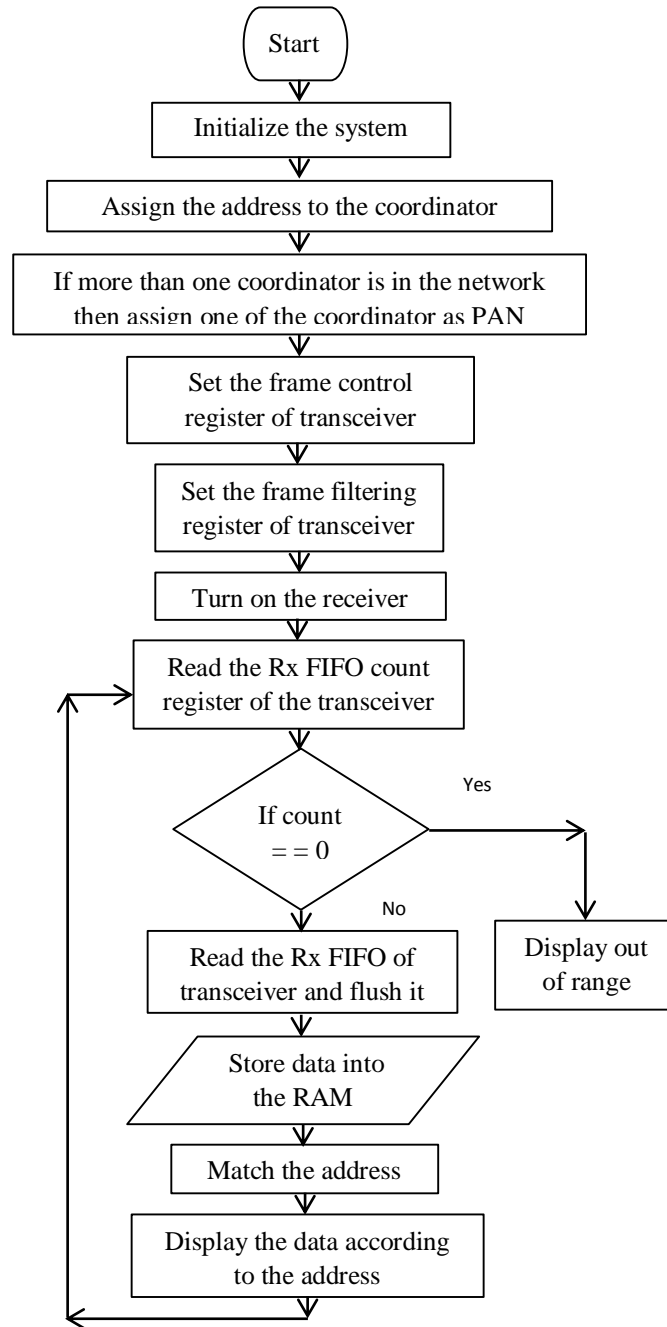


Fig.4. Flow chart at the coordinator

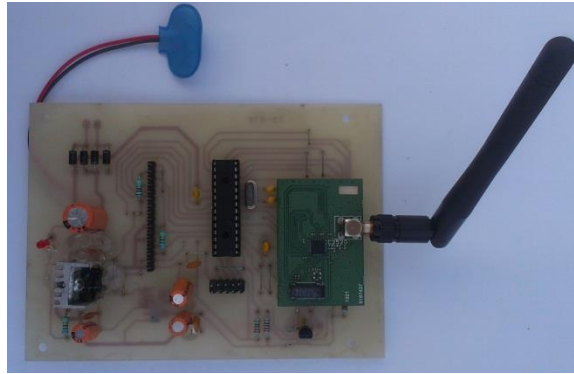


Fig.5. Sensing node

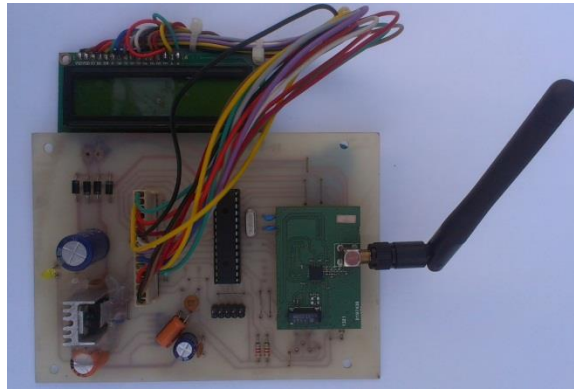


Fig.6. Coordinator

3 Result And Discussion

The system has been tested for different environments and under different conditions such as indoor environment where various obstacles are present and outdoor environment in Thapar University, Patiala. This system performed well in both the environment. All the tests are performed with an antenna of 3dBi gain. To determine the power consumption of the developed system, current consumption is checked at different transmitted power. Current consumption at the sensing node at different transmitted power is summarized in Table 1.

Table 1. Current consumption at the sensing node

Transmitted Power in dBm	Current consumption in mA
5	80.3
2	75.5
0	70.2
-7	66.5
-18	64.1

Current consumption at coordinator at different transmitted power is summarized in Table 2.

Table 2. Current consumption at the coordinator

Transmitted Power in dBm	Current consumption in mA
5	87.5
2	80.6
0	77.5
-7	73.3
-18	71.2

It is observed that the current consumption of the whole system is very nominal. A 9 V battery is used at the sensing node, to make the system portable(for providing comfort to the patient). In effect of this, power is limited at the sensing node. Therefore, low power consumption is the prime requirement at the sensing node. Result shows that the system is capable of fulfilling the requirement of low power consumption.To achieve this transmitted power must be at minimum level. However, the power supply is not limited for routers and coordinator due to the use of AC power source. Therefore, higher transmitted power can be set at routers and coordinator to achieve higher range of transmission.

The range of the communication of the system varies in the indoor and the outdoor environment. The ranges of the system at different transmitted power in the indoor environment are summarized in Table 3 and in the outdoor environment are summarized in Table 4. For indoor environment the trials are performed in the labs of Thapar University, Patiala and for outdoor environment the trials are performed at the campus of Thapar University, Patiala.

Table 3. Ranges of the system in indoor environment

Transmitted Power in dBm	Range in indoor environment in Meters
5	50
2	40
0	30
-7	20
-18	10

Table 4. Ranges of the system in outdoor environment

Transmitted Power in dBm	Line of sight range in outdoor environment in Meters
5	360
2	270
0	200
-7	80
-18	30

It is observed that in line of sight communication the system achieved a very good range of communication. The range of the system is highly affected in the indoor environment in the presence of the obstacles. It is further observed that the transmitted signal is highly attenuated in the presence of the obstacles. The work presented here is for health care monitoring. Therefore, the work is more focused for the indoor environment. Attenuation of the signal in the indoor environment might be a serious problem. The problem could be easily removed by using the

routers. The power supply is not limited for routers and coordinator. Therefore, the higher communication range can be achieved by setting maximum transmitted power for routers and coordinator, while keeping the transmitted power at the minimum level for sensing node.

The system is also tested in the presence of other wireless networks such as Bluetooth and WLAN because these two also have the same range of the working frequency. The system performed well in the presence of Bluetooth and WLAN. It is seen, there is no disturbance in communication in the presence of Bluetooth and WLAN.

In the presented work, a star network is developed for health care monitoring. The body temperature of three different subjects is monitored simultaneously and continuously by providing separate sensing node to each subject. The system successfully transmitted the data and displayed it at the coordinator end.

It is further seen that with a 9V standard battery (current capacity of 550mAh), the power can be supplied to the sensing node upto 8 hours, while the transmitted power is set at -18 dBm.

4 Conclusion

The developed system is low cost, autonomous, and light weight. It consists of sensing nodes. These nodes can be strategically placed on the human body and capable of creating a wireless body area network (WBAN) to monitor various physiological parameters. These parameters can be monitored for a long period of time and provide real-time feedback to the user and medical staff. The system is also capable of providing reliable and secure communication. The system further promises to revolutionize the health care monitoring. In this work temperature sensors are used to collect physiological data from patients. The data is then transmitted to the coordinator using ZigBee standard, where it can be observed by the doctors and other medical staff. The developed system is also capable of improving the battery life by reducing power consumption during the transmission. Minimum transmitted power of the system is -18 dBm. The current consumption of the sensing node is 64.1 mA and coordinator is 71.2 mA, when transmitted power is fixed at -18 dBm. At -18 dBm power the communicating range of the system varies from 10m (indoor environment when obstacles are present) to 30 m (line of sight range).

References

1. Lin B.S, Lin B.S, Chou N.K and Chong F.C, "A Real-Time Wireless Physiological Monitoring System", "IEEE Conference of Transactions on Information Technology In Biomedicine, Vol. 10, pp. 647-656 (2006).
2. Tsai H.M, Saraydar C, Talty T and Ames M, "Zigbee-Based Intra-Car Wireless Sensor Networks: A Case Study", IEEE International Conference of Wireless Communications, pp. 3965-3971 (2007).
3. Key Z, Yang L, Wang-hui X and Heejong S, "The Application of a Wireless Sensor Network Design Based on ZigBee in Petrochemical Industry Field", 1st IEEE International Conference on Intelligent Networks and Intelligent Systems, pp. 284-287 (2008).
4. Padmavathi G, Shanmugapriya D and Kalaivani M, "A Study on Vehicle Detection and Tracking Using Wireless Sensor Networks", *Scientific Research, Wireless Sensor Network*, Vol.1, pp. 173-185 (2010).
5. Veerasingam S, Karodi S, Shukla S and Yeleti M.C, "Design of Wireless Sensor Network node on ZigBee for Temperature Monitoring", IEEE International Conference on Advances in Computing, Control, and Telecommunication Technologies, pp. 20-23, Trivandrum (2009).
6. Li J and Liu Q, "Application and Research of ZigBee Tehnology in the Miner's Lamp Monitoring", IEEE International Conference on Future Information Technology and Management Engineering, Vol. 1, pp. 317-320, Changzhou (2010).
7. López M, Gómez J.M, Sabater J and Herms A, "IEEE 802.15.4 based Wireless monitoring of pH and temperature in a fish farm", 15th IEEE Mediterranean Electrochemical Conference, pp. 575-580, Valletta (2010).

8. Pengfei L, Jiakun L and Junfeng J, “Wireless temperature monitoring system Based on the ZigBee technology”, 2nd IEEE International Conference on Computer Engineering and Technology, Vol. 1, pp. 160-163, Chengdu (2010).
9. Cheong P, Chang K.F, Lai Y.H and Ho S.K, IEEE, “A ZigBee-Based Wireless Sensor Network Node for Ultraviolet Detection of Flame”, IEEE Conference on Transactions on Industrial Electronics, Vol. 58, pp. 5271-5277 (2011).
10. Abdullah A, Sidek O, Amran N.A and Za’bah U.N, “Development of Wireless Sensor Network for Monitoring Global Warming”, IEEE International Conference on Advanced Computer Science and Information Systems, pp. 107-111, Depok (2012).
11. Golmie N, Cypher D and Rebala O, “Performance Evaluation of Low Rate WPANs for Medical Applications”, IEEE Conference of Military Communications, Vol.2, pp. 927-933 (2004).
12. Townsend K.A, Haslett W, Tsang T.K.K and Gamal M.N, “Recent Advances and Future Trends in Low Power Wireless Systems for Medical Applications”, 5th IEEE International Conference of Database Engineering & Application Symposium, pp. 476-481 (2005).
13. Xijun C, Meng M.Q.H, and Hongliang R, “Design of Sensor Node Platform for Wireless Biomedical Sensor Networks”, 27th IEEE Annual International Conference of Engineering in Medicine and Biology Society, pp. 4662-4665, Shanghai, China (2005).
14. Paksuniemi M, Sorvoja H, Alasaarela E and Myllylä R, “Wireless sensor and data transmission needs and technologies for patient monitoring in the operating room and intensive care unit”, 27th IEEE Annual International Conference of Engineering in Medicine and Biology Society, pp. 5182-5185, Shanghai, China (2005).
15. Varshney U and Sneha S, “Patient Monitoring Using Ad Hoc Wireless Networks: Reliability and Power Management”, IEEE Conference of Communications, Vol.44, pp. 49-55 (2006).
16. Shin D.I, Huh S.J and Pak P.J, “Patient Monitoring System using Sensor Network Based on the ZigBee Radio” 6th IEEE International Special Topic Conference on Information Technology in Biomedicine, pp. 313-315, Tokyo (2007).
17. Li Y.Z, Wang L, Wu X.M and Zhang Y.T, “Experimental Analysis on Radio Transmission and Localization of a ZigBee based Wireless Healthcare Monitoring Platform”, 5th IEEE International Conference on Information Technology and Application in Biomedicine, pp.488-490, Shenzhen, China (2008).
18. Kyriacou E.C, Pattichis C.S and Pattichis M.S, “An Overview of Recent Health Care Support Systems for eEmergency and mHealth Applications”, 31st IEEE Annual International Conference on Engineering in Medicine and Biology Society, pp. 1246-1249, Minneapolis, USA (2009).
19. Du Y. C, Lee Y.Y , Lu Y.Y, Lin C.H , Wu M.J , Chen C.L and Chen T, “Development of a Telecare System Based on ZigBee Mesh Network for Monitoring Blood Pressure of Patients with Hemodialysis in Health Care Centers”, Springer Journal of Medical Systems, Vol. 35, pp. 877-883 (2010).
20. Bandyopadhyay L.K, Chaulya S.K, Mishra P.K, Choure A and Baveja B.M, “Wireless information and safety system for mines”, Journal of Scientific & Industrial Research, pp. 107-117 (2009).
21. Jeong S, Youn C.H, Shim E.B, Kim M, Cho Y.M and Peng L, “An Integrated Healthcare System for Personalized Chronic Disease Care in Home–Hospital Environments”, IEEE Conference on Transactions on Information Technology in Biomedicine, Vol. 16, pp. 572-585 (2012).
22. P. Johnson and D. C. Andrews, “Remote continuous physiological monitoring in the home,” *J. Telmed. Telecare*, vol. 2, no. 2, pp. 107–113 (1996).
23. G. Williams, P. J. King, A. M. Capper, and K. Doughty, “The electronic doctor (TED)—A home telecare system,” in *Proc. 18th IEEE Annu. EMBS Int. Conf.*, Amsterdam, The Netherlands, Oct. 31–Nov. 3, vol. 1, pp. 53–54 (1996).
24. P. Varady, Z. Benyo, and B. Benyo, “An open architecture patient monitoring system using standard technologies,” *IEEE Trans. Inf. Technol. Biomed.*, vol. 6, no. 1, pp. 95–98 (2002).
25. IEEE std. 802.15.4, “Wireless Medium Access Control (MAC) and Physical Layer (PHY) specifications for Low Rate Wireless Personal Area Networks (LR-WPANs)” (2003).

26. IEEE std. 802.15.4, "*Wireless Medium Access Control (MAC) and Physical Layer (PHY) specifications for Low Rate Wireless Personal Area Networks (LR-WPANs)*" (2006).
27. ZigBee Document, "*053474r06, Version 1.0*", ZigBee Specification, ZigBee Alliance (2004).
28. National Semiconductor, "*LM 35 datasheet*", Precision Centigrade Temperature Sensor (2000).
29. Microchip, "*PIC16F882/883/884/886/887*", 28/40/44-Pin, Enhanced Flash-Based, 8-Bit CMOS Microcontrollers with nano Watt Technology (2009).
30. Texas Instruments, "*CC2520 datasheet*", 2.4 GHz IEEE 802.15.4/ZIGBEE® RF Transceiver (2007).