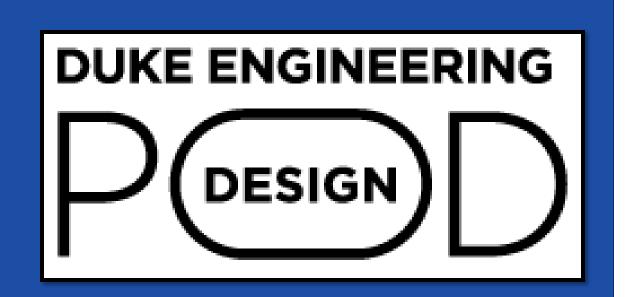


Liquid Level Detection System

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Problem Statement

Due to understaffing, nurses at Makerere University in solution for sensing bCPAP respiratory assistance devices and notifying medical staff

Motivation

- Nurses are understaffed at the university, and have busy schedules and routines
- An alert system would streamline the nurses' routines, and ensure that bCPAPs are refilled as needed

Design Blocks

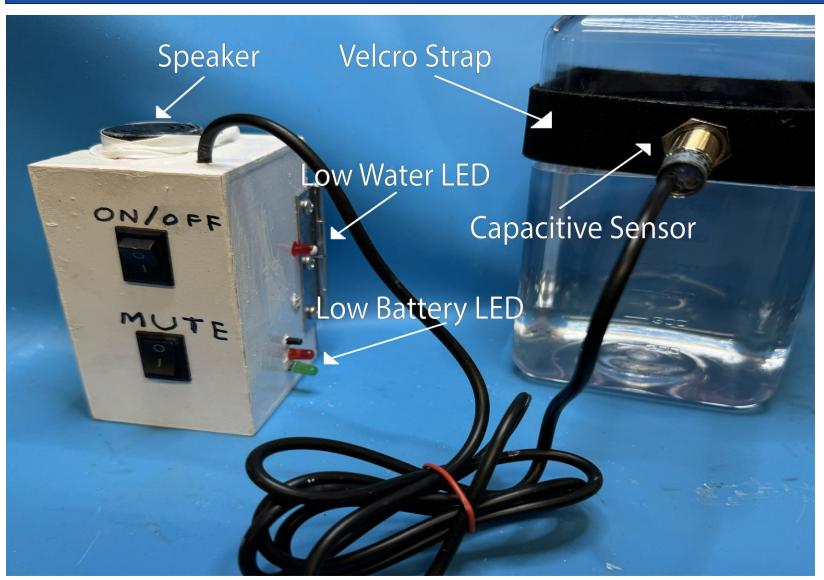
- Sensing liquid level using a capacitive sensor
- Alerting nurses using an alarm and LED lights
- Attaching to the bCPAP with adjustable Velcro® strap
 - Electronics are contained in a water-resistant wooden box
- Powered using a 4.5 volt battery
 - With battery level indicator

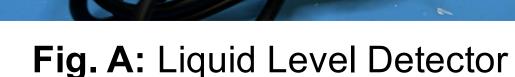
Objectives,

- Battery life is conserved with alternating current
- Compatible with rechargeable lithium-ion batteries

Performance

Final Solution





Target Value for

Results

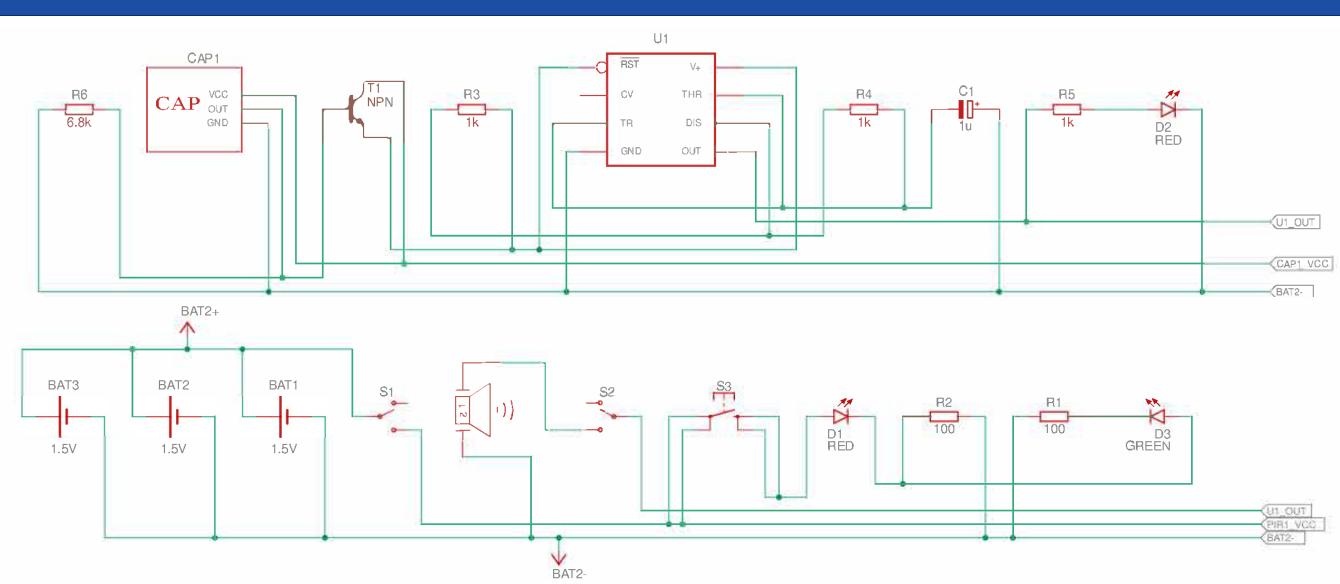


Fig. B: Circuit Schematic

1. Sensing System

The capacitive sensor is attached to the bCPAP container with an adjustable Velcro® strap. The capacitive sensor measures the difference in capacitance between water and air. When the water level falls below the capacitive sensor, it sends a high voltage signal to the alert system circuit.

2. Alert System

The alert system is activated when the water level falls below the capacitive sensor. An LED flashes, and the user can adjust the frequency of the flashing. A speaker also emits a beep to provide an auditory notification for nurses. The speaker has a a mute switch.

3. Power Supply

Three **AA batteries** supply 4.5V to the device. The battery life is estimated to last 8.5 days. The user can check the battery life by pressing a button; a powered green LED indicates sufficient battery life, while a powered red LED indicates low battery. The power supply system is compatible with both disposable AA batteries and rechargeable 14500 lithium-ion batteries.

Design Criteria & Testing

Test

Justification for

Constraints	Criteria	Performance Criteria		Test	
Cost (objective)	Cost <_\$10	Given criteria from consultation with client	Look up cost of parts in Uganda	Cost < \$10	Cost ~ \$23.11 X
Portable (objective)	Weight ≤ 35 lbs.	Referenced OSHA safe patient handling protocol for nurses		Takes 0-7 seconds to move	Weight = 0.537lbs ✓
	Last for > 500 patients	Given criteria from consultation with client		Maintains function- ality for 500 uses	Lasted > 500 uses ✓
	Battery life > 30 days	ISO 60601-1 Medical Electrical Equipment Standard	Two-day voltage drop test	Battery life > 30 days	Battery life ~ 8.5 days X
Intuitive (objective)	Learn time < 5 minutes	Given criteria from consultation with client	•	Average learn time < 5 minutes	Average learn time = 70 sec
	Response time < 5 minutes	The Joint Commision response time standard	Time to react to alarm (15 test subjects)	Average response time < 5 minutes	Average response time = 12 sec
Local manufacturability (objective)	80%-100% of parts found in/delivered to Uganda		Look up part availability in Uganda	80%-100% local parts	100% local parts ✓
Aesthetic (Objective)	Complies with ISO 13485 Medical Design Standard	Given criteria from consultation with client	Survey 15 people to rate device's design (15 test sub jects)	Average rating is >4 out of 5	Average rating = 3.5 out of 5 X

Conclusion & Future Work

Following our testing, we are pleased to report that our device 6/8 of our tests. It costs \$23.11 and weights 0.537 lbs. The device lasts greater than 500 uses and has an 8.5-day battery life. Users took 70 seconds to learn how to use the device and 12 seconds to respond to the alarm. 100% of the parts are locally manufactured, and peers rates the device 3.9/5 on aesthetics. Based on our testing, we suggest our device is a successful proof-of-concept as an affordable capacitivebased water level detection system for bCPAP respiratory assistance devices in Uganda.

Moving forward, we hope to:

- Meet IEC 60601 medical noise fatigue standard
- Improve battery life by reducing sensing duration

We remain uncertain as to the practical intuitiveness of our device given that we were unable to test the device with nurses. Further testing would be required to ensure the implementation and use of the device in the hospital setting.

References & Acknowledgements

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