The Problem: Existing IV assemblies are time consuming to monitor, and manual recording and calculation of DPM leaves room for error in a stressed, over-worked nurse at the end of his or her shift. In addition, the patient may roll onto the IV tubing, or some other anomaly with the assembly may occur, resulting in improper dosage and possibly air embolism.

The solution: All of these problems can be alleviated by automating the recording of drip chamber readings, reporting them to the EHR, and sending alerts out to nurses on duty over WiFi if an anomaly occurs.