



Mobile Ventilator

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Acknowledgement

All praise and thanks to ALLAH, who provided us the ability to complete our work. We would like to express our thanks to our supervisor **Tamer Mostafa Abdelkader**

While we were preparing this project, various information that we found helped us and we are glad that we were able to complete this project and understand many things. The preparation of our project was an immense learning experience, and we inculcated many personal qualities during this process like responsibility, punctuality, confidence, and others.

Finally, we express our sincere gratitude to our parents and families who have always been so helpful and supportive throughout the school years, sharing all our joys, sorrows, fatigues, and everything.

Hopefully, we can give them back even a small part of it.

Abstract

Mechanical ventilators are machines that act as bellows to move air in and out of your lungs. Your respiratory therapist and doctor set the ventilator to control how often it pushes air into your lungs and how much air you get. You may be fitted with a mask to get air from the ventilator into your lungs.

- Ventilation: Exchange of air between the lungs and the air (ambient or delivered by a ventilator), in other words, it is the process of moving air in and out of the lungs. Its most important effect is the removal of carbon dioxide (CO₂) from the body, not on increasing blood oxygen content. Ventilation is measured as minute ventilation in the clinical setting, and it is calculated as respiratory rate (RR) times tidal volume (V_t). In a mechanically ventilated patient, the CO₂ content of the blood can be modified by changing the tidal volume or the respiratory rate.
- Oxygenation: Interventions that provide greater oxygen supply to the lungs, thus the circulation. In a mechanically ventilated patient, this can be achieved by increasing the fraction of inspired oxygen (FiO 2%) or the positive end-expiratory pressure (PEEP).
- PEEP: The positive pressure that will remain in the airways at the end of the respiratory cycle (end of exhalation) is greater than the atmospheric pressure in mechanically ventilated patients. For a full description of the use of PEEP, please review the article titled “Positive End-Expiratory Pressure (PEEP).”
- Tidal volume: Volume of air moved in and outside the lungs in each respiratory cycle.

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List of Abbreviations

<u>Abbreviation</u>	<u>Stands For</u>
BVM	A bag valve mask
DC	Direct Current
SpO2	Oxygen saturation
AC	Alternating Current
OXI	Oxygen percentage
TEMP	Temperature
BPM	Heart rate (beats per minute)

Chapter 1

Introduction

1.1 Motivation

A new corona viral /COVID-19 is an epidemic started in December 2019 in China and expanded to all worlds so still now. It caused an acute respiratory syndrome in humans and many syndromes in blood, lung, gastrointestinal and senses . On the 8th of August 2020, the number of COVID-19 deaths in the world, according to (worldometers.2020) were 728,533 cases and the number of COVID-19 confirmed cases was 19,783,575. Many reasons were caused expanded the COVID-19. The opening the flying between country specially from China to other country, don't take procedures about safe from many counties, and refrain from wearing a mask (ICNARC ,2020). Symptoms of COVID 19 are developers and forked, may appear in two to 14 days after exposure. This time is called the incubation period. Public signs and symptoms can involve, fever, tiredness, cough, and lose a taste or smell or them. Other signs can include muscle aches, chest pain, sore throat, runny nose, headache, nausea, vomiting and diarrhea, and, rash. The severity of COVID-19 symptoms can range from very mild to severe. People who are older have a higher risk of dangerous illness from COVID-19, and the risk increases with age and chronic diseases. Like, heart failure, coronary artery disease, cancer, chronic obstructive pulmonary disease , weakened immune system , type 2 diabetes ,and chronic kidney disease.(Alfredo al., 2020 &De lusignan,2020). No therapy is recommended to treat COVID-19. The U.S. National Institutes of Health lately recommended the corticosteroid dexamethasone for people with sharp COVID-19 who require supplemental oxygen or mechanical

ventilation. The FDA has granted emergency use license for the antiviral drug Remdesivir to treat severe COVID-19 (FDA, 2020). Recently, many drug companies discovered the Vaccine of COVID-19. The number of specific doctors did not enough to cure the huge numbers of patients especially, with epidemic Corona. Most common symptoms of COVID-19 included fever if their temperature registers 100.4°F (38°C) or higher; Shortness of breath, Cough, Headache, Body aches, Weakness, Chills, and initial systolic blood pressure was significantly high, although diastolic blood pressure significantly decreases in severity cases compared to mild COVID-19 cases. (Huang, et al, 2020) & (Zhang et al,2020) & (Verma S, et al.,2021).

There are many lung diseases affecting the air way sand and various diseases similar the covid-19 in symptom. Pneumonia means lung inflammation. There are many reasons caused pneumonia can be caused by several infectious agents' bacteria, viruses, or fungi. When a person has pneumonia, the alveoli are loaded with fluid and pus, which makes breathing painful and limits oxygen intake (Li et al. 2020). Pneumonia is the largest infectious cause of death in adults and children. Approximately, claiming the lives of 2.5 million, including 672,000 children, in 2019. (WHO,2020). The infection of Gram-negative bacteria is the principal cause of acute lung injury (Huang et al. 2021). Although, it is generally believed that cold stimulation is related to the susceptibility of respiratory system infection, and cold stimulation (Joo et al. 2016). However, especially in seasons with large temperature differences, the probabilities of respiratory diseases are directly and significantly increased, especially for children and the elderly with weak immunity in the cold environment of real life (Shakoor et al. 2021). Frequent and intensive changes in temperature and environment can lead to respiratory diseases such as the common cold and pneumonia. In a cold environment, the incidence of

pneumonia increased significantly (Chen et al. 2019&Qian et al. 2021). Asthma is a long-term disease of the lungs. It causes your airways to get inflamed and narrow, and it makes it hard to breathe. Severe asthma can cause trouble talking or being active. You might hear your doctor call it a chronic respiratory disease. Some people refer to asthma as "bronchial asthma." Asthma is a serious disease that affects about 25 million Americans and causes nearly 1.6 million emergency room visits every year. With treatment, you can live well. Without it, you might have to go to the ER often or stay at the hospital, which can affect your daily life. The doctor will start with a physical exam and ask about your symptoms and medical history.

You'll have tests to see how well your lungs work, which may include: Spirometry. This simple breathing test measures how much air you blow out and how fast.

Peak flow. These measure how well your lungs push out air. They're less exact than spirometry, but they can be a good way to test your lungs at home, even before you feel any symptoms. A peak flow meter can help you figure out what makes your asthma worse, whether your treatment is working, and when you need emergency care.

Methacholine challenge. This and similar tests involve using triggers or challenges. Adults are more likely to have this test than children. You might get it if your symptoms and spirometry test don't clearly show asthma. During this test, you inhale a chemical called methacholine before and after spirometry to see if it makes your airways narrow. If your results fall at least 20%, it is possible that you have asthma. Your doctor will give you medicine at the end of the test to reverse the effects of the methacholine. Our project is focusing into three diseases Covid19

, Pneumonia, and Asthma .They have many different in symptom like oxygen levels, body temperature and blood pressure (FDA, 2020)& (WHO,2020.

1.2 Problem Definition

Most of ages including fetus, baby, adult, aged suffer from breathlessness.

Some fetus after pregnancy has lung deformation.

Some babies suffering from hereditary diseases such as pneumonia which is shrinking of alveoli volume (adult and aged may have pneumonia).

Some adult suffering from the very bad habit which is smoking we trying to recuperate those people.

Some aged people suffering from Asthma which is one of the long-term diseases which cause wheezing and chest tightness, it also may be a hereditary disease.

All these kinds of people suffer a lot and needs ventilation process.

There are many lung diseases affecting the airways and various diseases similar the covid-19 in symptom, Pneumonia, and Asthma. The number of specific doctors did not enough to cure the huge numbers of patients especially, with epidemic Corona

1.3 Objective

Ventilator is an Oxi-mechanical device for lung diseases used to recuperate people who suffer from breathlessness we have choose some of these diseases as a template in our database which are (Asthma, pneumonia, and Covid-19)

1. Build software that assists doctor in classification of disease
2. Give the patient the suitable ventilation amount
3. Help patients to find the diagnosis and breathe oxygen
4. Decreased the cost of medical service
5. Build software that assists doctor without hospital

1.4 Document Organization

- **Chapter 2 (Background):**

In this chapter, we define the project field, its scientific background, and other existing similar systems in this field.

- **Chapter 3 (System Analysis and Design):**

This chapter describes the functional requirements, users of this system, and all system analysis diagrams and the specifications of each one.

- **Chapter 4 (Implementation):**

This chapter describes in detail the algorithms and the techniques that we used to implement this Project.

- **Chapter 5 (User Manual):**

This chapter contains full instructions and advice on how to use the Web Application.

- **Chapter 6 (Conclusions and Future Work):**

This chapter contains our conclusion after the implementation of this project and what we have reached, furthermore at the end we tell you about our future vision for this project.

- **References:** The Papers, books, and links used in the implementation.

Chapter 2

Background

Introduction

What is a mechanical ventilator?

A mechanical ventilator is a machine that helps a patient breathe (ventilate) when they are having surgery or cannot breathe on their own due to a critical illness. The patient is connected to the ventilator with a face mask or hollow tube (artificial airway) that goes in their mouth and down into their main airway or trachea. They remain on the ventilator until they improve enough to breathe on their own.

The machine makes sure that the body receives adequate oxygen, and that carbon dioxide is removed. This is necessary when certain illnesses

prevent normal breathing.

What are the benefits of mechanical ventilation?

The main benefits of mechanical ventilation are the following:

- The patient does not have to work as hard to breathe – their respiratory muscles rest.
- The patient's has allowed time to recover in hopes that breathing becomes normal again.
- Helps the patient get adequate oxygen and clear carbon dioxide.
- Preserves a stable airway and preventing injury from aspiration.

It is important to note that mechanical ventilation does not heal the patient. Rather, it allows the patient a chance to be stable while the medications and treatments help them to recover.

What is disease that is treated by ventilator?

- 1) Pneumonia
- 2) Asthma
- 3) Covid-19

What is pneumonia?

Pneumonia is swelling (inflammation) of the tissue in one or both lungs.

It's usually caused by a bacterial infection. It can also be caused by a virus, such as coronavirus (COVID-19).

Symptoms of pneumonia

- rapid heartbeat
- high temperature
- feeling generally unwell
- sweating and shivering
- loss of appetite
- Decrease Oxygen Level

Pneumonia Person Temperature

- 1) Child 38.5 or slightly higher Celsius
- 2) Adult 40 to 40.5 Celsius
- 3) Old Age 40 to 41 Celsius

Pneumonia Person Heart Rate

- 1) Child More than 150 BPM
- 2) Adult More than 150 BPM
- 3) Old Age More than 150 BPM

Pneumonia Person Oxygen Percentage

- 1) Child 90% to 95% SPo₂
- 2) Adult 90% or Lower SPo₂

3) Old Age 90% or Lower SPo2

What is Asthma?

Asthma is a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath.

Symptoms of Asthma

- Shortness of breath
- Chest tightness or pain
- rapid heartbeat
- High Temperature
- Decreases oxygen level
- Asthma Person Temperature
 - 1)Child 20 to 21.6 Celsius
 - 2)Adult 20 to 21.6 Celsius
 - 3)Old Age 20 to 21.6 Celsius
- Asthma Person Heart Rate
 - 1)Child 69 to 94 BPM
 - 2)Adult 120 to 150 BPM
 - 3)Old Age 120 to 150 BPM
- Asthma Person Oxygen Percentage
 - 1)Child 97% or Higher SPo2
 - 2)Adult 95% or Higher SPo2
 - 3)Old Age 90% or Lower SPo2

What is Covid-19?

Coronavirus disease 2019 (COVID-19), the highly contagious infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has had a catastrophic effect on the world's demographics resulting in more than 2.9 million deaths worldwide, emerging as the most consequential global health crisis since the era of the influenza pandemic of 1918.

Symptoms of Covid-19

- Shortness of breath
- Chest tightness or pain
- rapid heartbeat
- High Temperature
- Decreases oxygen level

Covid-19 Person Temperature

Credit Hours New Programs
1) Child 39 or Higher Celsius
2) Adult 37.8 or Higher Celsius
3) Old Age 37.8 or Higher Celsius
Covid-19 Person Heart Rate
1) Child More than 100 BPM
2) Adult More than 100 BPM
3) Old Age More than 100 BPM
Covid-19 Person Oxygen Percentage
1) Child 92% or Lower SPo2
2) Adult 92% or Lower SPo2
3) Old Age 92% or Lower SPo2

Normal Person Temperature (Celsius) Heart Rate (BPM) and Oxygen Level (SPo2)

Normal Person Temperature
4) Child 36.2 to 36.8 Celsius
5) Adult 36.1 to 37.2 Celsius
6) Old Age 36.1 to 37.2 Celsius

Normal Person Heart Rate
4) Child 100 to 150 BPM
5) Adult 60 to 100 BPM
6) Old Age 60 to 100 BPM

Normal Person Oxygen Percentage
4) Child 97% to 99% SPo2
5) Adult 95% or higher SPo2
6) Old Age 95% or higher SPo2

Normal Tidal Volume that person need in Ventilation

1) Child 4 to 6 ml/kg
2) Adult 6 to 8 ml/kg
3) Old Age 6 to 8 ml/kg

Motivation

The main aim

We choose mobile ventilator because of many reasons as we saw many people suffer from breathlessness and other diseases that make them to go for supervision under consultation of doctors to get recuperated using

hospital ventilator so, we decided to combine a mini-ventilator with minimal cost and mobility ease as it can be in mainly two places (emergency or home) beside other places but not like intensive care in hospital as they uses advanced and costive technology for ventilation processes.

The achievement aims

we will mainly use hardware component (microprocessor and some sensors) with computer interface program (mobile app or desktop app) and wireless local access network chip we chooses mobile app to pursuit patient situation remotely and by storing data we can send it to the doctor, we providing some option to the end user by using oximeter he/she will choose the option that works with case under this situation . and in we will fix some of the most effective errors of the previous ventilator one of these problems is:- the uncontrol of mechanical process of ventilation that causes lung alveoli rupture using modern mask with two valves controlled with sensor and metallic plates with 2ml thickness

Objective

1. Production of Mechanical Ventilator that is high efficiency and cost effective
2. Integrated Ventilator that measures the human Heart Rate (BPM), Temperature (Celsius) and Oxygen Percentage in blood (Spo₂)
3. Help doctor to diagnose the disease of patient
4. Using Data analysis Techniques to Analyze the Data and predict the disease
5. Ventilator Data displayed through mobile application that doctor can check it anytime and any where to help him to take decisions

Work Plan

- 1 research about the project (2 week)
- 2 Embedded system (1 months)
- 3 Mechanical design and stimulation (3 months)
- 4 Studying Android studio (3 week)
- 5 Android stimulation (2 months)
- 6 study sdk tool with embedded systems (2 months)
- 7 integrates the whole system (1 week)

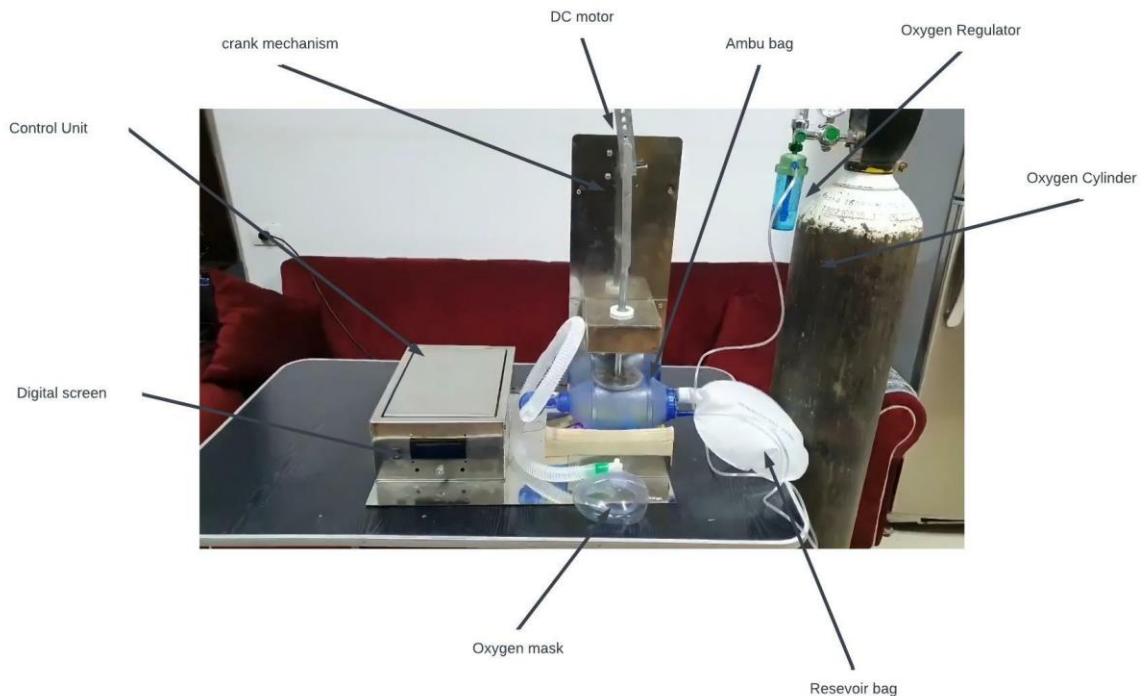
References

1. <https://pubmed.ncbi.nlm.nih.gov/16934168/>
2. <https://www.nhs.uk/conditions/pneumonia/>
3. <https://my.clevelandclinic.org/health/articles/15368-mechanical-ventilation>
4. <https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc20369653>
5. <https://www.ncbi.nlm.nih.gov/books/NBK554776/>

Chapter 3

Analysis and Design

3.1 System Overview



Automatic detection and classification of ventilation problem and play a crucial role in assisting doctor with an accurate diagnosis.

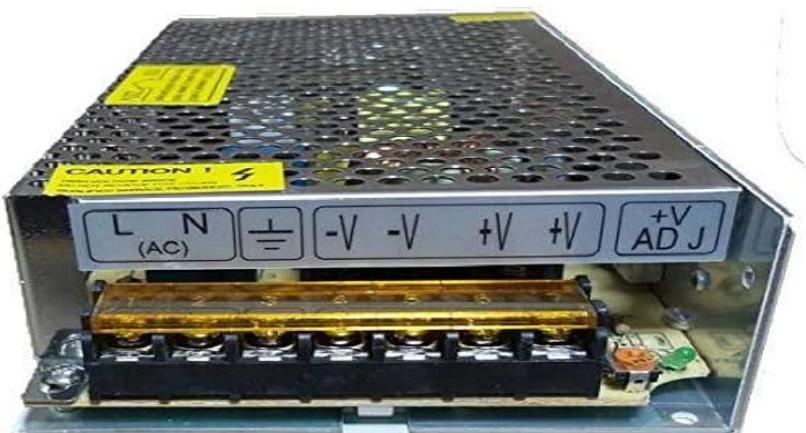
Ventilator is an Oxi-mechanical device for lung diseases used to recuperate people who suffer from breathlessness we have choose some of these diseases as a template in our database which are (Asthma, pneumonia, and Covid-19)

3.1.1 System Architecture

- Power supply
- Arduino Mega
- Motor Driver
- Dc Motor (can be replaced later by stepper motor) (challenge)
- Heartbeat Sensor
- Temperature sensor
- Oxygen sensor
- LCD Screen
- Ambo bag
- Tidal Volume control (plates) (challenge)
- DHT11

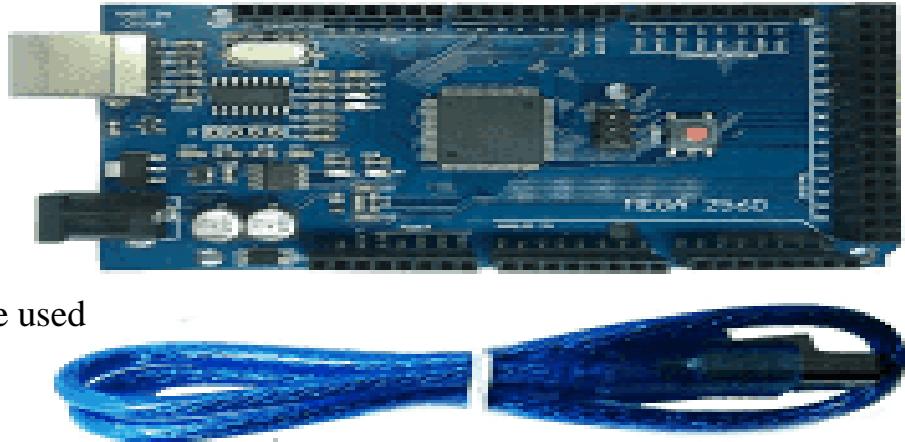
Power supply

A power supply is an electronic circuit that converts the voltage of an alternating current (AC) into a direct current (DC) voltage



Arduino Mega

- The Mega 2560 is a microcontroller board based on the ATmega2560. It has 54 digital input/output pins (of which 15 can be used as PWM outputs)



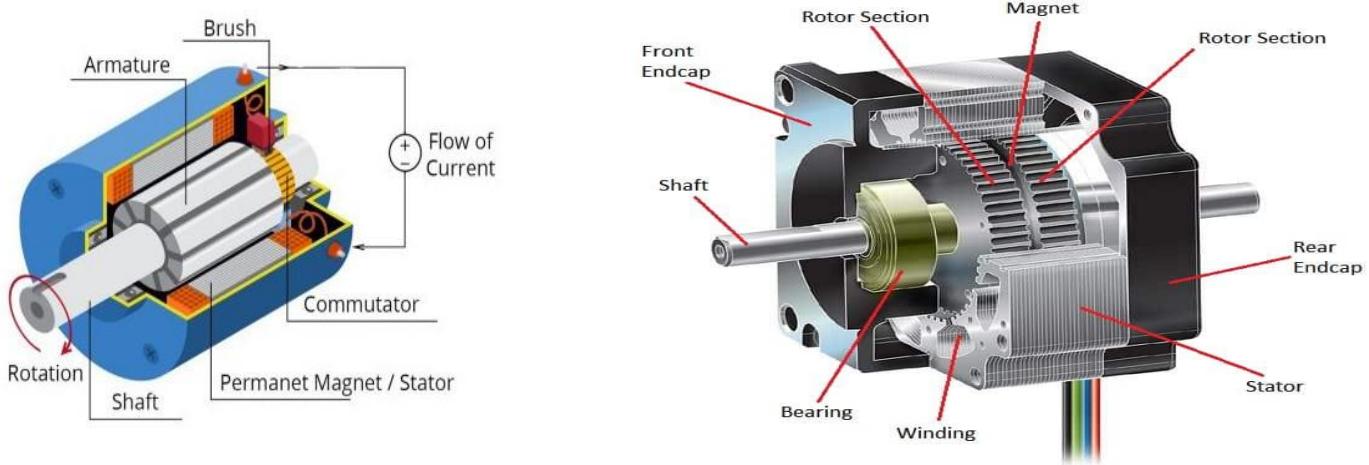
Motor Driver

Motor drivers act as an interface between the motors and the control circuits. Motor requires high amount of current whereas the controller circuit works on low current signals. So, the function of motor drivers is to take a low-current control signal and then turn it into a higher-current signal that can drive a motor.



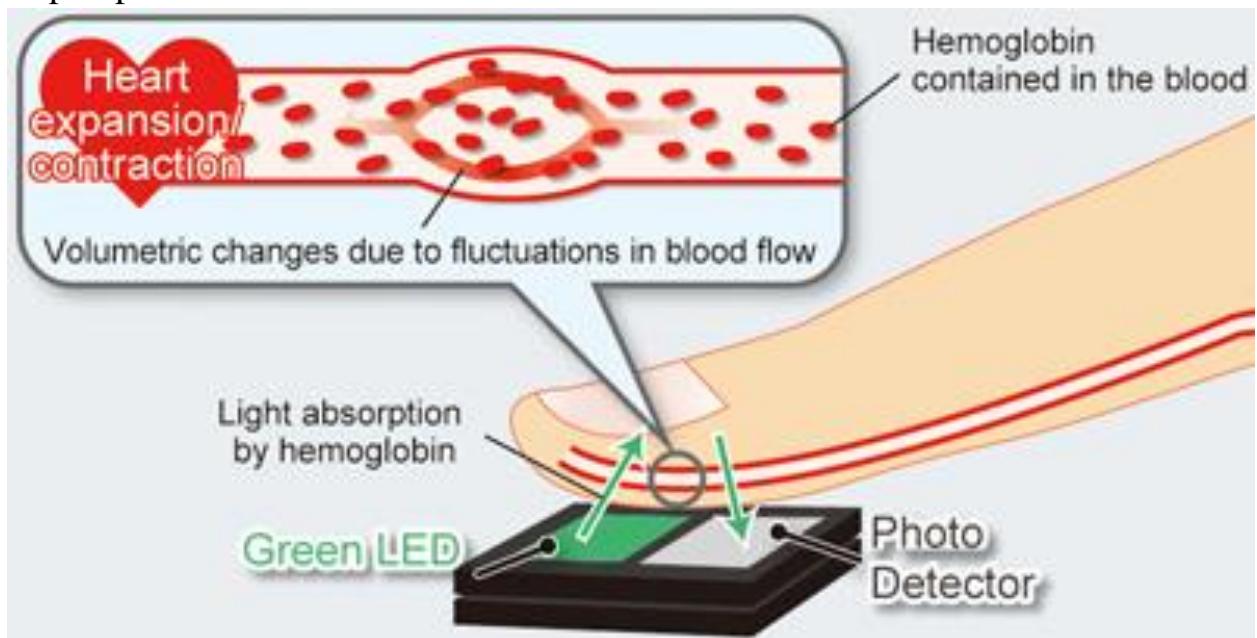
Motor

A **DC motor** is any of a class of rotary electrical motors that converts direct current (DC) electrical energy into mechanical energy.



Sensing Heartbeat Sensor

- **Heartbeat Sensor:** An optical heart rate sensor measures pulse waves, which are changes in the volume of a blood vessel that occur when the heart pumps blood.



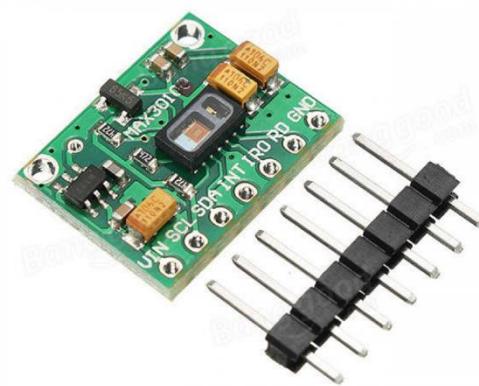
Temperature sensor

LM35 is used to measure precise centigrade temperature. The output of this sensor changes describes the linearity. The output voltages of this sensor are linearly comparative to the Celsius temperature. The output voltage range of this sensor is from -55° to +150°C



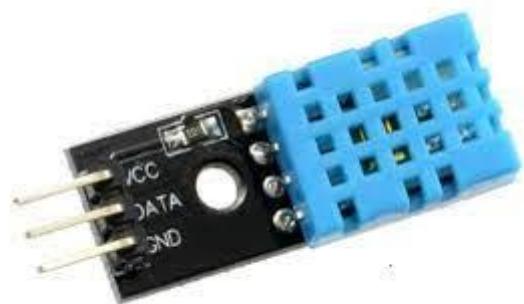
Oxygen sensor

MAX30102 Sensor shines both the light through the skin and measures the reflection with the photodetector. This method of pulse detection through light is called Photoplethysmogram. The working of the sensor can be divided into two parts one is heart rate measurement and another is blood oxygen level measurement.



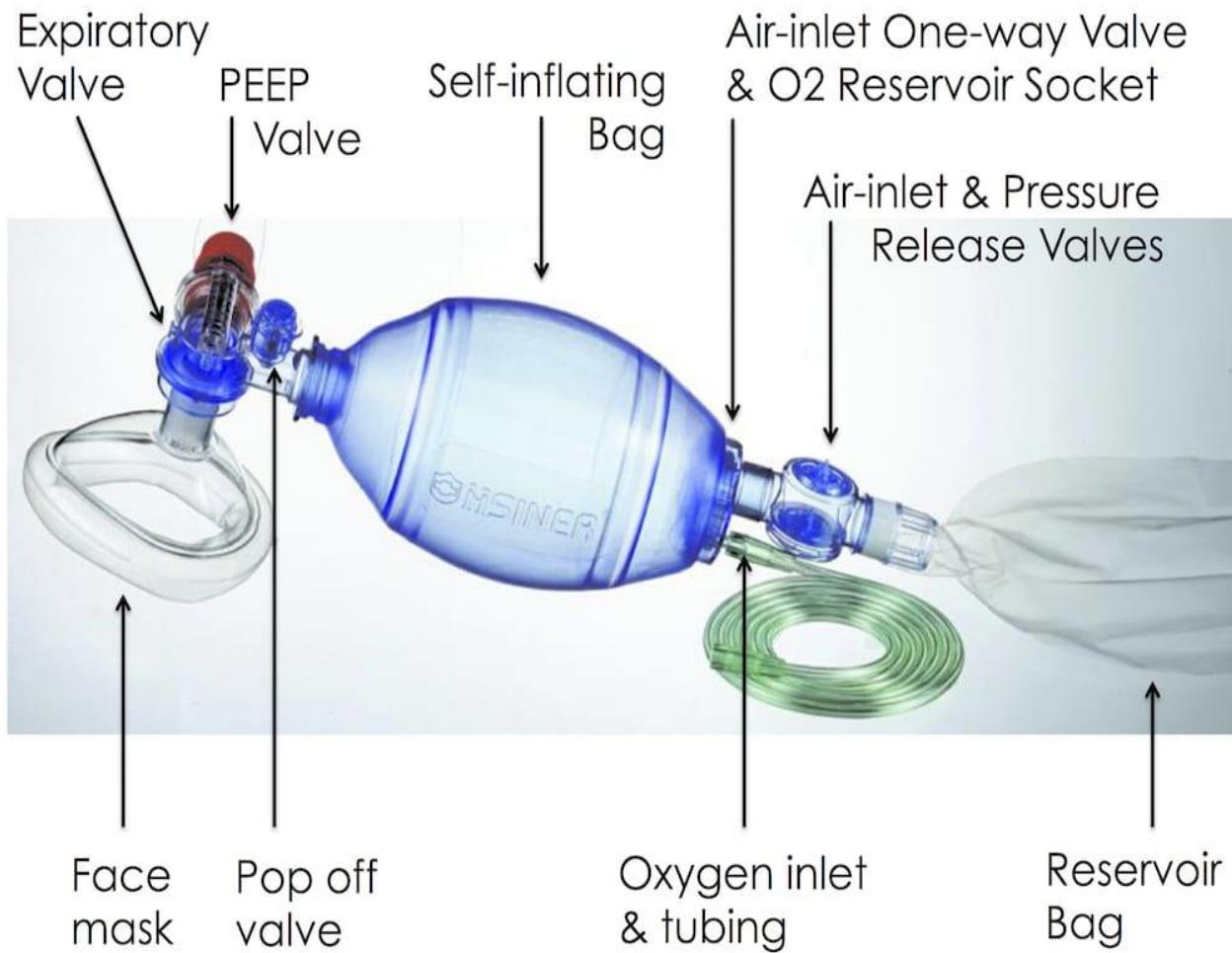
DHT11

It uses a capacitive humidity sensor and a thermistor to measure the surrounding air, and spits out a digital signal on the data pin



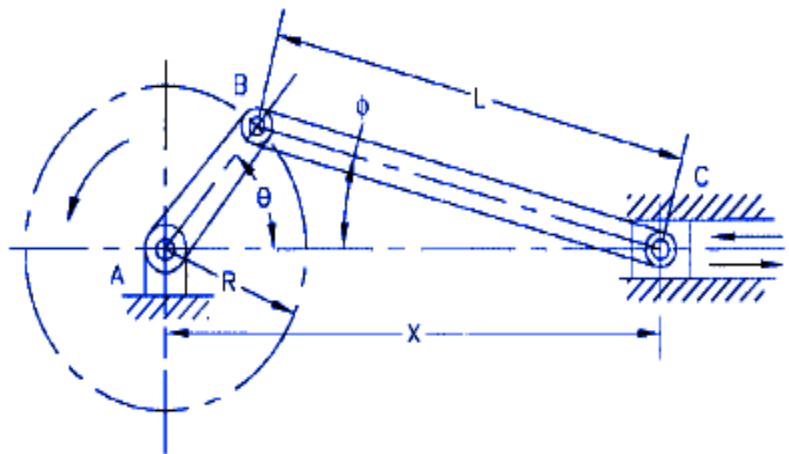
Ambu Bag

A bag valve mask (BVM), sometimes referred to as an Ambu bag, is a handheld tool that is used to deliver positive pressure ventilation to any subject with insufficient or ineffective breaths. It consists of a self-inflating bag, one-way valve, mask, and an oxygen reservoir.



Crank Mechanism

A crank is an arm attached at a right angle to a rotating shaft by which circular motion is imparted to or received from the shaft. When combined with a connecting rod, it can be used to convert circular motion into reciprocating motion, or vice versa.



Communication



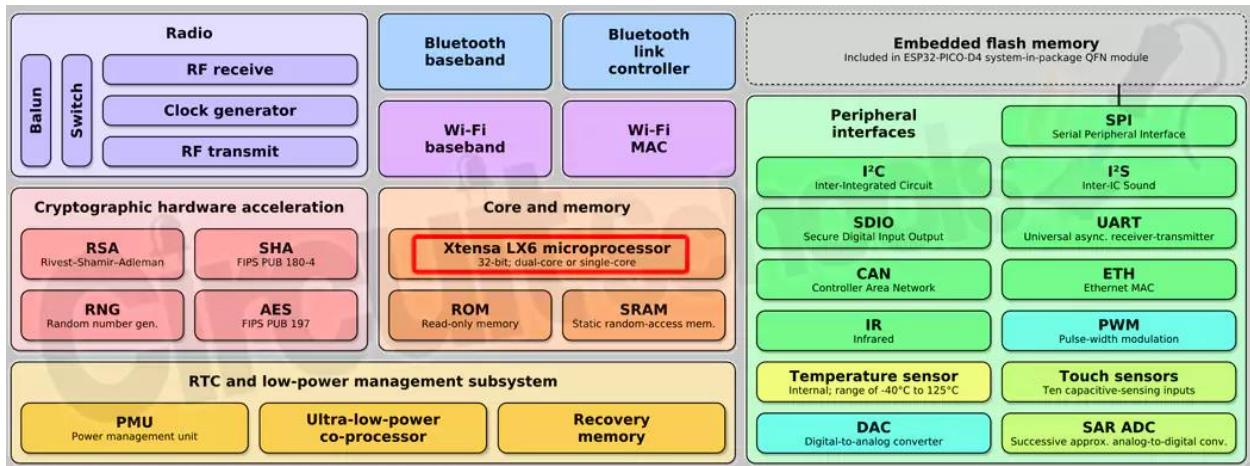
What is ESP32?

ESP32 is a series of low-cost, low-power system on a chip microcontrollers with integrated Wi-Fi and dual mode bluetooth.

What is ESP32 used for?

ESP32 can perform a complete standalone system or as a slave device to a host MCU, reducing communication stack overhead on the main application processor. ESP can interface with other systems to provide WI-FI and Bluetooth functionality through its SPI / SDIO or I2C / UART interfaces

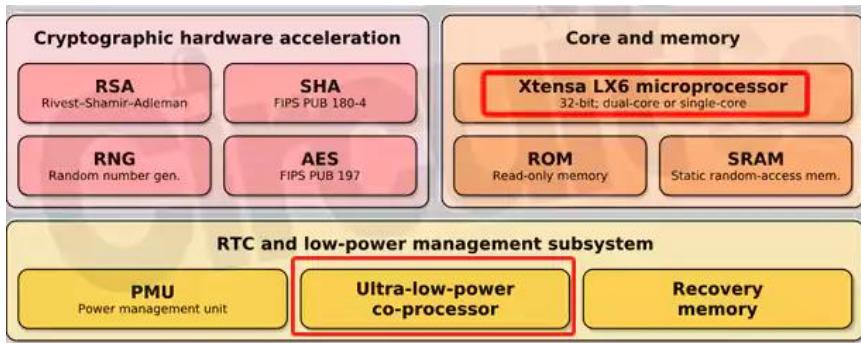
ESP32 Architectural Block diagram



Wireless Connectivity:

The ESP32 SoC chip has WiFi connectivity, being compatible with 802.11 b / g / n in the 2.4GHz band, reaching speeds of up to 150 Mbits/s. It also includes Bluetooth communication compatible with Bluetooth v4.2 and Bluetooth Low Energy (BLE)

Core:



As you can observe from the above core block image, it has an ultra-low-power co-processor that is used to perform analog-digital conversions and other operations while the device is operating in deep sleep low-power mode. In this way, a very low consumption by the SoC is achieved.

It is important to note that these processors offer great typical advantages of a digital signal processor:

Operating frequency: 240 MHz (executes instructions 15 times faster than an Arduino UNO board)

It allows to perform operations with real numbers (numbers with commas) very efficiently.

Allows you to multiply large numbers instantly.

Memory

In most of the microcontrollers based on Arduino, there are three types of memories

- . Program memory: to store the sketch.
- . SRAM memory: to store the variables that are used in the code.
- . EEPROM memory: to store variables that do not lose their value even when the device is turned off.

In ESP32 this does not happen, in fact there are more types of memories that are usually classified into internal and external.

The internal memories are those that are already included in the SoC, and the external are those that can be added to expand the capacity of the system.

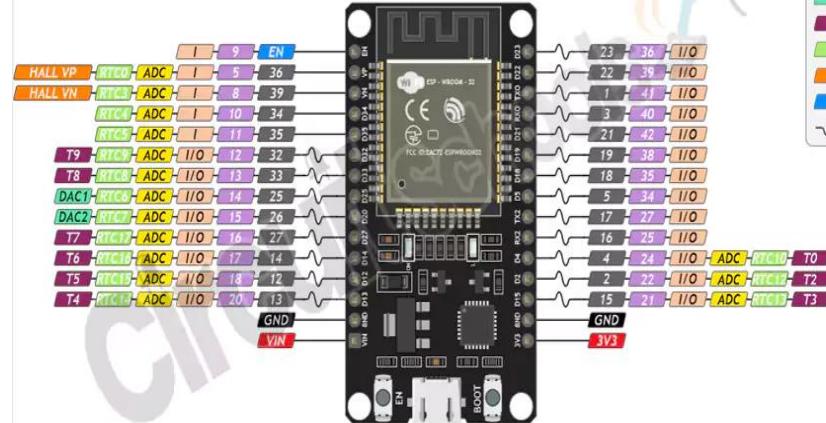
Many ESP32- based development boards add external memory for a better performing system.

ESP32 Internal memories and their functions:

- . ROM memory (448 KiB): this memory is write-only, that is, you cannot reprogram it. This is where the codes that handle the Bluetooth stack, the Wi-Fi physical layer control, some general-purpose routines, and the bootloader to start the code from external memory are stored.
- . Internal SRAM memory (520 KiB): this memory is used by the processor to store both data and instructions. Its advantage is that it is much easier for the processor to access than the external SRAM.
- . RTC SRAM (16 KiB): this memory is used by the co-processor when the device operates in deep sleep mode.
- . Efuse (1 Kilobit): 256 bits of this memory are used by the system itself and the remaining 768 bits are reserved for other applications.
- . Flash embedded (Embedded flash) : This memory is where our application code is stored. The amount of memory varies depending on the chip used:
 1. 0 MB (chips ESP32-D0WDQ6, ESP32-D0WD, ESP32-S0WD)
 2. 2 MB (chip ESP32-D2WD)
 3. 4 MB (Chip ESP32-PICO-D4)

ESP32 Pinout diagram and Pins:

ESP32 DEV BOARD V1 PINOUT



Digital pins

The ESP32 has a total of 34 digital pins. These pins are like Arduino digital pins which allows you to add LED display, OLED display, sensors, buttons, buzzers, etc. to our projects.

Most of these pins support the use of internal pull-up, pull-down, and high impedance status as well. This makes them ideal for connecting buttons and matrix keyboards, as well as for applying LED control techniques such as the well-known Charlieplexing.

ESP32 WROOM module has 25 GPIO pins out of which there are only input pins, pins with input pull up and pins without internal pullup

Input only pins:

- GPIO 34
- GPIO 35
- GPIO 36
- GPIO 39

Pins with pull up INPUT_PULLUP

- GPIO14
- GPIO16
- GPIO17
- GPIO18
- GPIO19
- GPIO21
- GPIO22
- GPIO23

Pins without internal pull up

- GPIO13
- GPIO25
- GPIO26
- GPIO27
- GPIO32
- GPIO33

ADC (Analog to digital converters):

Some of the pins listed in the pinout diagram can also be used to interact with analog sensors, same as analog pins of an Arduino board.

For this, the ESP32 has a 12-bit (0-4096 resolution which means when voltage observed is 0 the value is 0 and when max voltage like 3.3v is observed the value

goes to 4096), 18-channel analog to digital converter, which means you can take readings from up to 18 analog sensors.

This allows you to develop very compact connected applications, even when using multiple analog sensors

Analog input pins:

- ADC1_CH0 (GPIO 36)
- ADC1_CH1 (GPIO 37)
- ADC1_CH2 (GPIO 38)
- ADC1_CH3 (GPIO 39)
- ADC1_CH4 (GPIO 32)
- ADC1_CH5 (GPIO 33)
- ADC1_CH6 (GPIO 34)
- ADC1_CH7 (GPIO 35)
- ADC2_CH0 (GPIO 4)
- ADC2_CH1 (GPIO 0)
- ADC2_CH2 (GPIO 2)
- ADC2_CH3 (GPIO 15)
- ADC2_CH4 (GPIO 13)
- ADC2_CH5 (GPIO 12)
- ADC2_CH6 (GPIO 14)
- ADC2_CH7 (GPIO 27)
- ADC2_CH8 (GPIO 25)
- ADC2_CH9 (GPIO 26)

DAC (Digital to Analog Converters):

PWM signals are used on most Arduino boards to generate analog voltages. The ESP32 has two 8 bits digital to analog converters.

This allows two pure analog voltage signals to be generated. These converters can be used to:

- . Control an analog circuit
- . Manipulate the intensity of an LED
- . Can even add a small amp and speaker to your project to play a song

DAC Pins:

- DAC1 (GPIO25)
- DAC2 (GPIO26)

3.1.2 Functional Requirements:

- Workflow of the software in ventilations session**
SOFTWARE

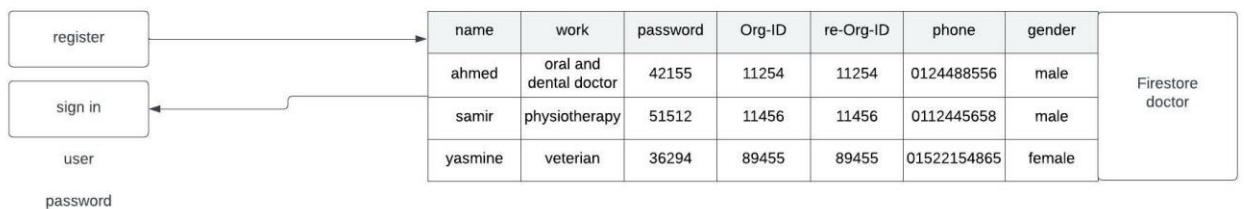
1. User login into software (mainly the doctor)
2. Adding new patient in the system with patient content
3. Getting hardware sensor reading (OXI% ,PBM , TEMP)
4. Customizing the Oxygen percentage needed for ventilation
5. Set the parameters of symptoms that appears on the patient.
6. Visualization of data retrieved from the ventilator on diagrams (chart)

3.1.3 Nonfunctional Requirements

HARDWARE

- 1.Safety Information transmission should be securely transmitted to the server without any changes.
- 2.Reliability As the system provides the right ventilation, it must be assured that the system is reliable in its operations and for securing sensitive details.
- 3.Service The machine is always available 24 hours
- 4.Mobility The machine is easy to carry.

SOFTWARE



1. The patient content mostly like the doctor content but there are some extra Parameters as you this in this figure a snapshot for the API firebase a patient properties but the is not VALIDATION on data except that I needed for another processes

mobile-ventilator	Patients	2voSIqTX8XrKcmISSLJap
<p>+ Start collection</p> <p>Diseases</p> <p>Doctors</p> <p>Patients →</p> <p>VentilatorSessions</p>	<p>+ Add document</p> <p>2voSIqTX8XrKcmISSLJap →</p> <p>C0D1Le2WtGAEXYWe6Mzq</p> <p>FWhwHzJrDUW5r4UpMtU5</p> <p>GJ1eq9Q9uWTWVFdm8Dqy</p> <p>YEi9rtKvBGPnWSGw01VB</p> <p>dRzwrj5ca8VXMHzqn1RM</p> <p>jG1CnnfVT6ioegqfam2R</p> <p>KSE2DRqz8fa80jFnCQB9</p> <p>16FkWgmJN4I9gzmd2q0i</p> <p>sexi1bInZVs5N0m5Mg3z</p> <p>xgrSEtvI92nSYrKCkWDA</p>	<p>+ Start collection</p> <p>+ Add field</p> <p>age: 33</p> <p>date: July 2, 2022 at 7:59:36 AM UTC+2</p> <p>fullName: "soha"</p> <p>gender: "female"</p> <p>nationalID: "23"</p>

As we can see the relation that the doctor and patient underneath a person class parameter with contains the same parameters in both I called the (Super class) as we will see in the diagrams.

2. As we see in the following design it show the view of patient content (a specific one) show the attributes of all data of this patient across a time plan from start to end date that this patient have been in all sessions, This patient ventilation session you can delete it or print it this is the work flow of a specific patient printing file along all of his sessions

Mobile Ventilator Report

Date	National ID	Heart Rate	Oxygen Percentage	Ventilator OXI	Illness	Symptoms	Organization ID	Doctor Name
Jul 2, 2022 7:39:36 AM	17	124	0.019684372	60	New Target	{Breathing Noisily=normal, Stubborn Cough=few, Coughing Up Blood=normal, Difficulty Breathing=normal, Lingering Chest Pain=sudden, Mucus=few spit}	123	Mahmoud
Jul 2, 2022 6:41:20 AM	17	100	0.73	10	New Target	{Stubborn Cough=few, Breathing Noisily=normal, Coughing Up Blood=normal, Difficulty Breathing=normal, Lingering Chest Pain=sudden, Mucus=sputum}	123	Mahmoud

but when you want to delete it will be removed from the Firestore can not be retrieved anymore.

3.1.4 System Users

A. *Intended Users:*

SOFTWARE

This section we are talking about the doctor only that can use it, a group of doctors can use it for all on their own direction, everyone has their own ventilation sessions As we see there are no backends management validation developments because we work on a storage ABI (Google Firebase) it is just send and retrieving data the validity of data works in the code only as we see in the following diagram every doctor has his own sessions, that he/she has all responsibility on it.

patient content



B. User Characteristics

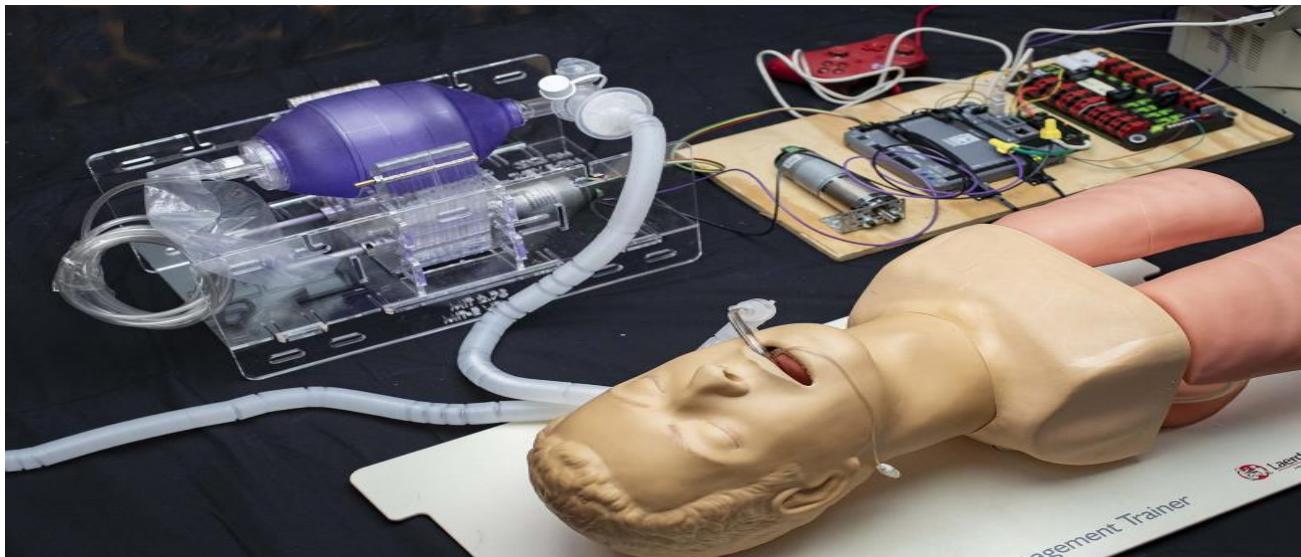
Characteristics of doctors must be:

- the type of chart distribution (NOT ALL) but some of it at least to know how the hardware part interacts with the software there is a plots that emphasize the daily work flow of data in ventilation session with hardware part.
 - Doctor must have a good experience in determining symptoms as they will be needed in future updates for machine learning development prediction and classification techniques that will be work on the printing data.
 - Must know what is the percentage of ventilator that works on it
That will be produced for ventilation process for not hurting the patient that Maximizing the oxygen percentage over the needed one may cause overhead or patient death.

HARDWARE

The users that can use machine to help patient to ventilate:

- **Doctors** can use the system to assist them diagnosis type of disease.



2.2 System Analysis & Design

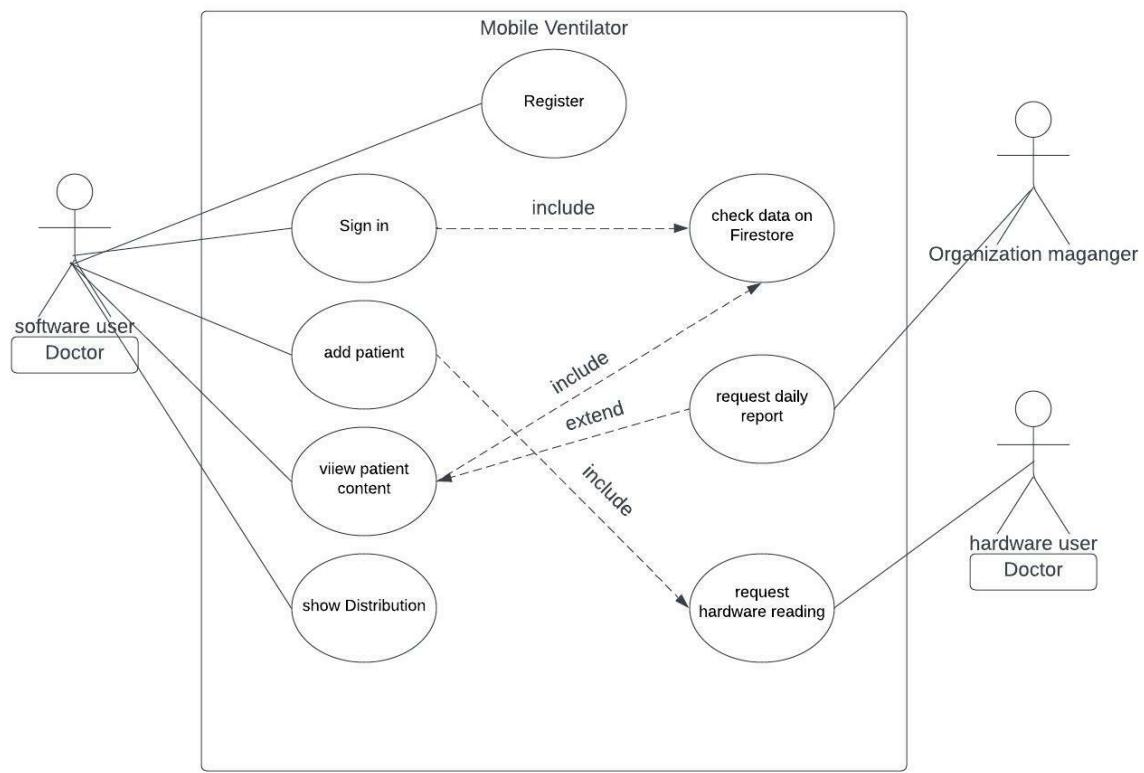
3.2.1 Use Case Diagram

- (CASE 1) Registration requirements for the doctor to control the app processes

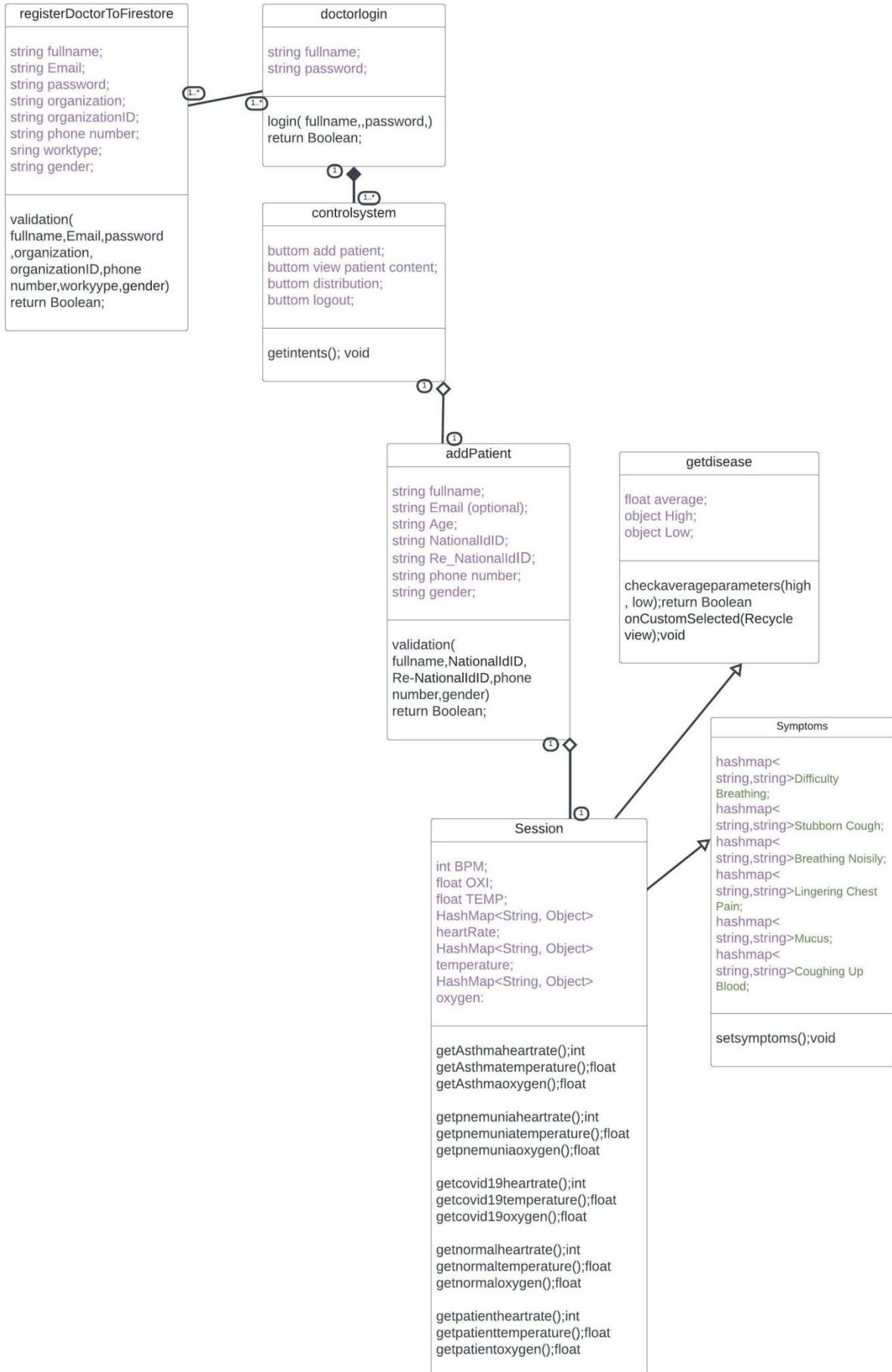
For the ventilation session adding all of his/her data to the app to be stored for another processes later.

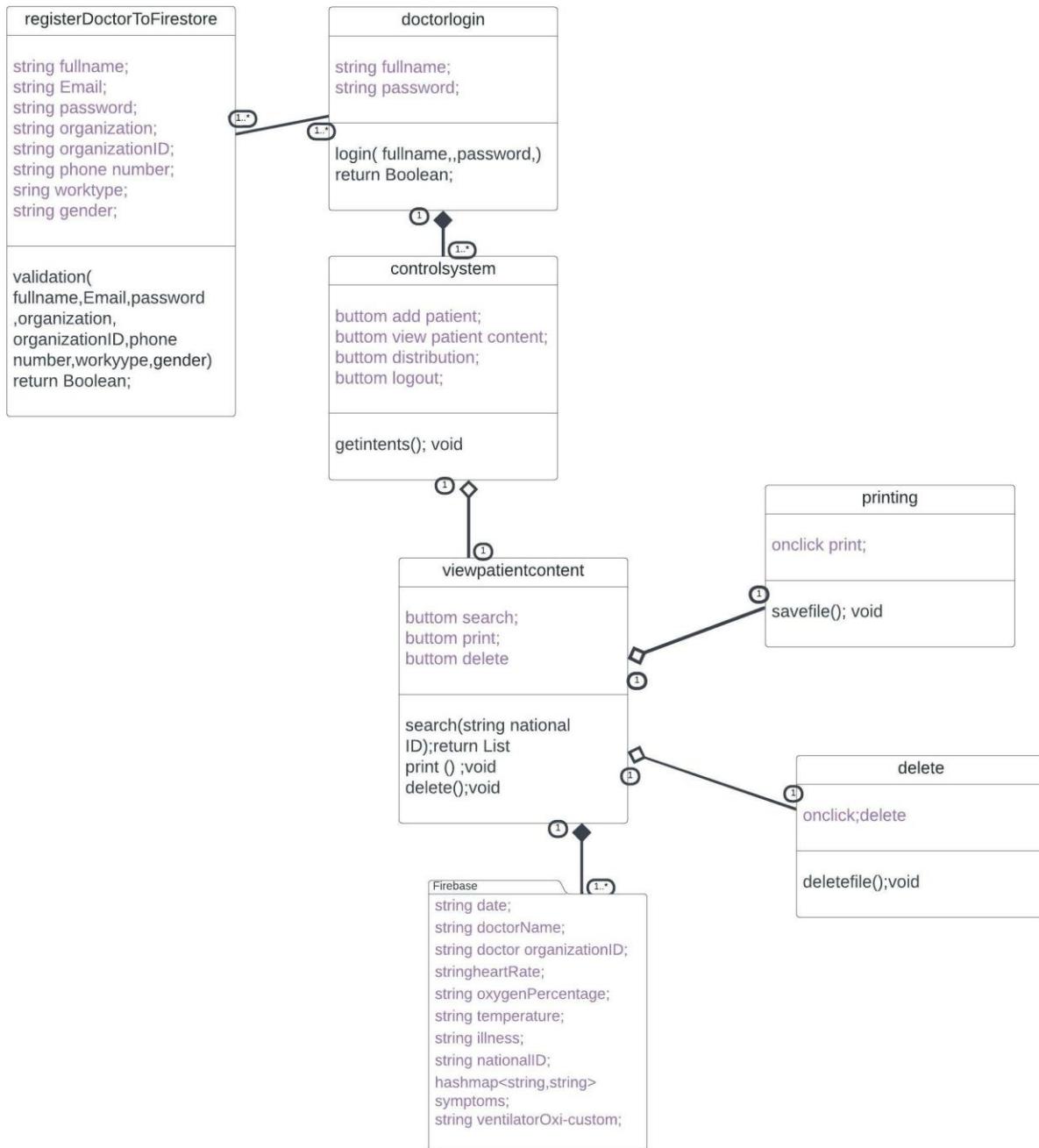
- (CASE 2) Sign in needed for checking the app security for no accessing anybody else on the data or make it be corrupted need to check on the data of doctor before starting any other processes on the firestore to make sure that everything is secured.

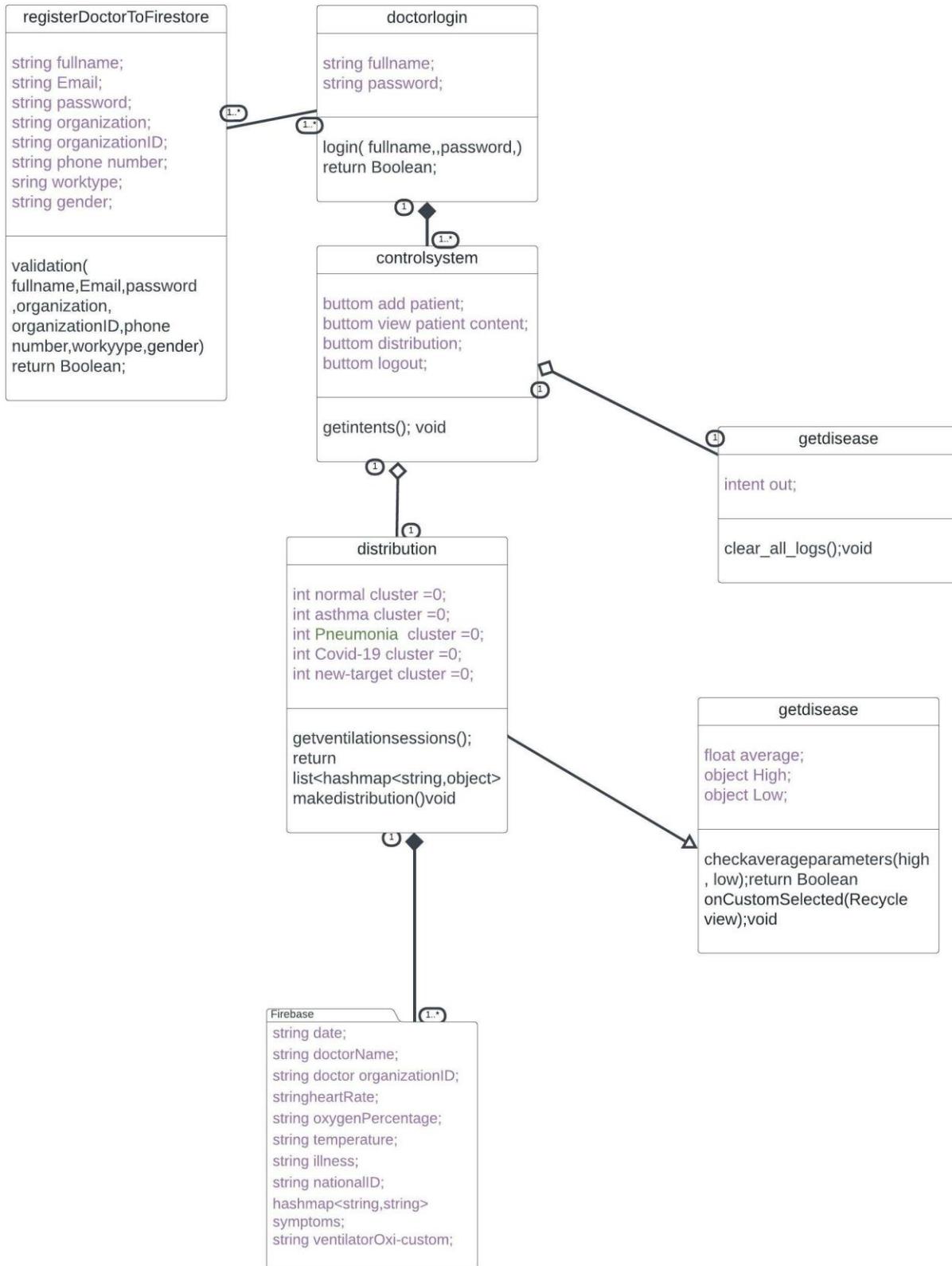
- (CASE 3) as I said firebase API store everything about the Doctors , patient , Diseases and even all session done the every doctor registered that include and all data on it.
- (CASE 4) Adding new patient requires the hardware readings at real time of one run it sending a request to the doctor who works on the ventilator to run it and get the readings once done doctor can customizing the ventilation percentage for patient and another attributes and session is done.
- (CASE 5) view patient content requires (CASE 3) for retrieving patient data across all ventilation sessions that he had done before relatively you can delete these all session or print it for making hospital or organization report for later actions.
- (CASE 6) showing distribution it is just showing how is the daily cases in the classification of the patients in ventilation sessions.
- (CASE 7) request daily report for (CASE 5) it may be a later process for visualization of patients data and a case study of it for also future updates that we will talk later.
- (CASE 8) request hardware readings as I said in (CASE 4) it run only at real time of project it get (OXI , PBM ,TEMP)



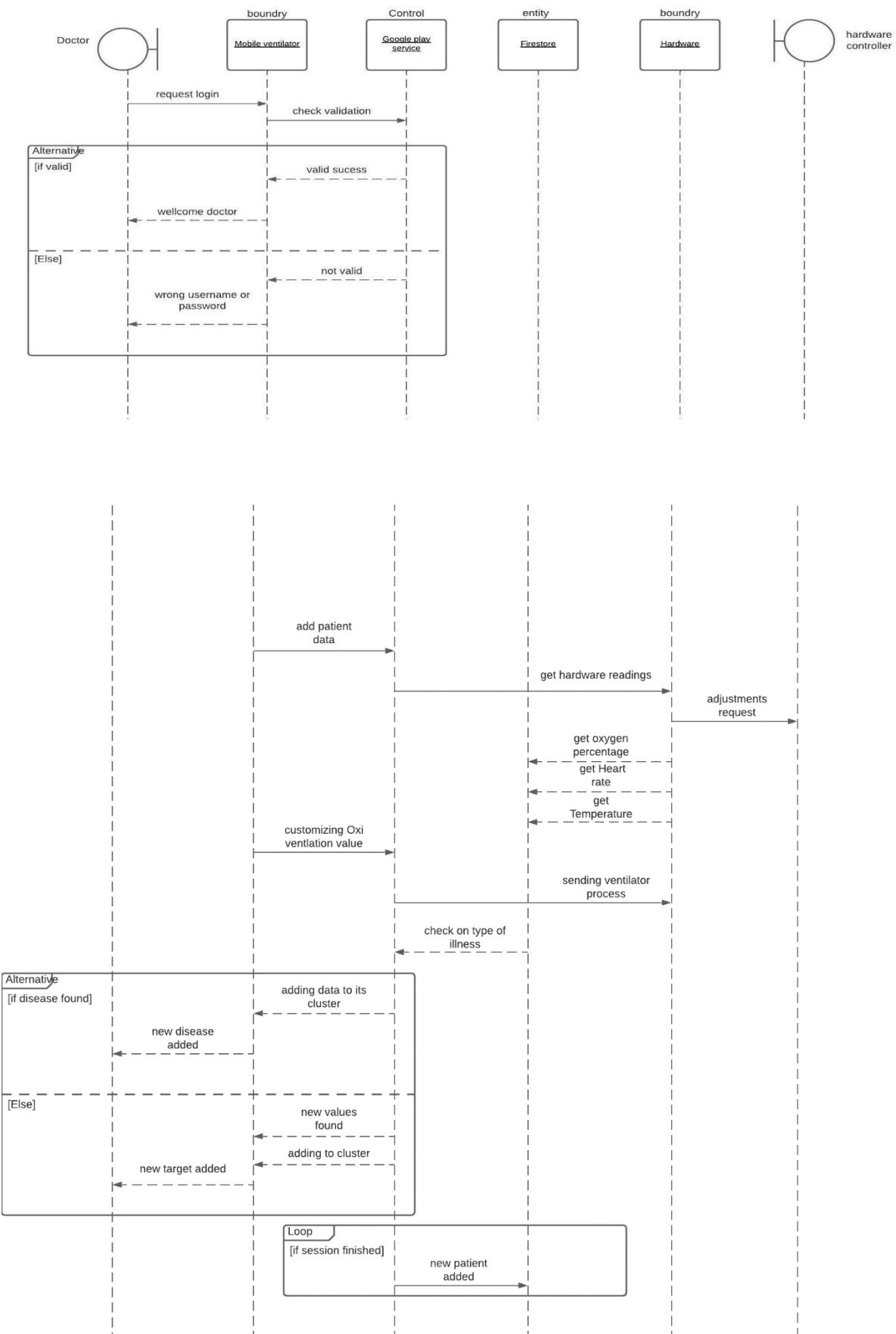
2.2.2 Class Diagram

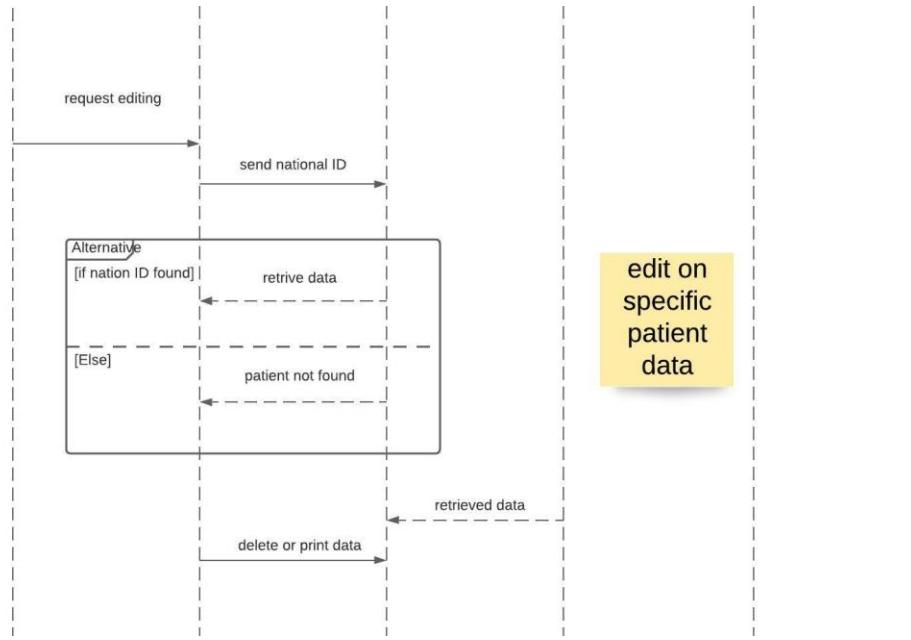






2.2.3 Sequence Diagrams





3.2.4 Database Diagram:

- These diagrams only work on storage and retrieved data so here Not access on external databases it is just storage.
 1st: doctor database has attributes for registration as I said before
 If further an (Organization ID) as a primary key for data movement
 2nd: patient database consists of mainly the same attributes but it has another primary key and foreign key for the first table (doctor table)
 3rd for accessing data of adding a new patient I must have the primary key of the doctor that access the realtime patient for now
 4th: relation here are (one and only one) doctor in realtime to (many) he can adding many patients.
 5th: the disease database is a stock also it may have no relation with patient database but the doctor need it for program calculation the relation here is

(one and only one) doc can do this in real time but (many) at the diseases data base so the doctor can call all of the data at once several time.

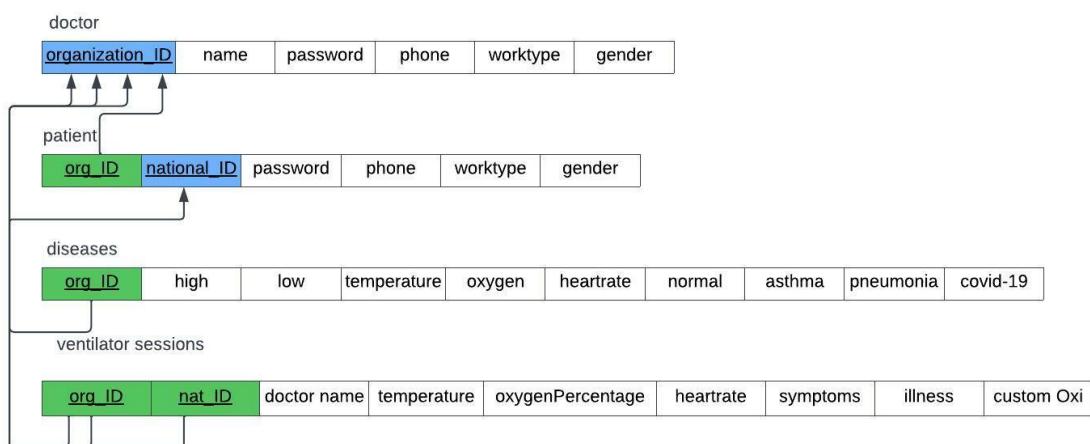
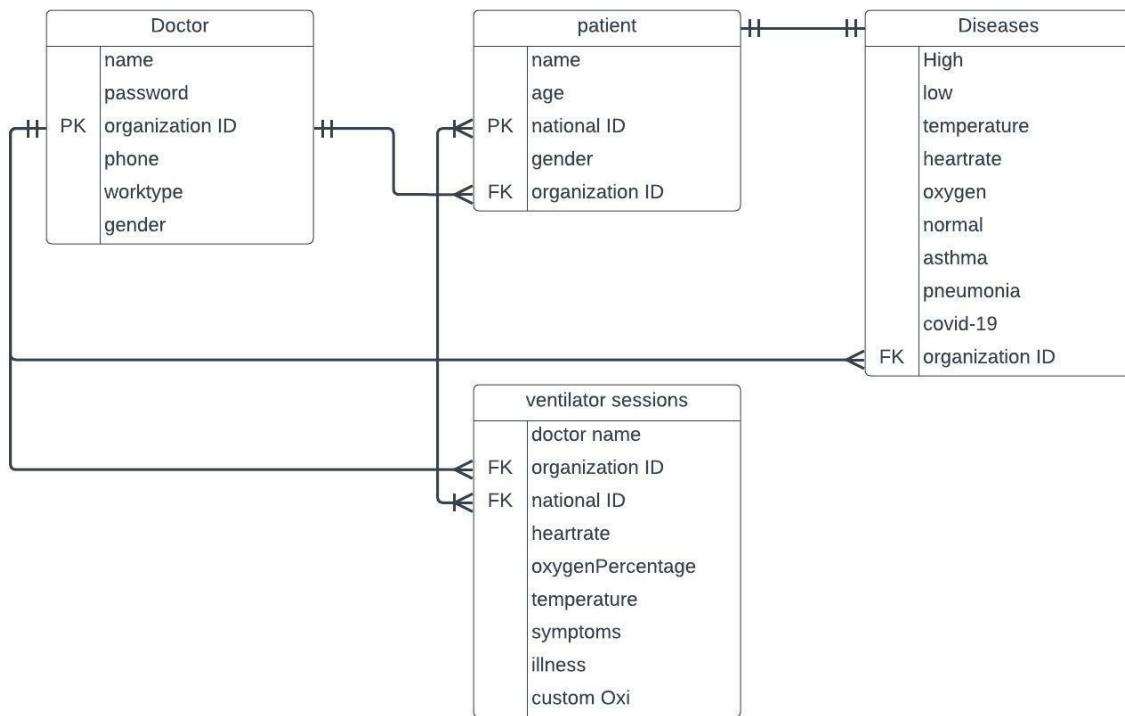
6th: ventilator sessions database is a final store and initial retrieve

, Final for the patient database as I am done adding all data will be stored in ventilator sessions database so I need to store also the primary key of patient database in it, secondary the initial retrieve will act on calling specific patient

For deletion or printing ,so I need to get the primary key from ventilator session of the patient to retrieve his data.

7th: final , I putted doctors primary key into ventilator session to push doctors name for supervision and consultation of every patient.

- The schema diagrams show the strong and weak entities and relation To make back workflow for this of several primary and secondary keys For appointing the main key that control all of these entities.



Chapter 4

Implementation

- SOFTWARE:
 1. registerDoctorToFirestore () this the function the make a check on the validation set of the doctor before upload data on FIREBASE.
 2. FirebaseFirestore.getInstance().collection() this function the retrieve or uploading data in firestore
 3. validFields() this check on the validity of the username or password of the user.
 4. login(String userName, String password) this makes comparison for the input data and the retrieved one from the firsstore
 5. onCreate(Bundle savedInstanceState) this makes an instance to the activity that I will work on it.
 6. clearForm() this clear the textview data after logging out or moving to the next page.
 7. gotopatientpage(View view) this function make an intent action for a specific button for moving or making an instance.
 8. private boolean validation() this make validation on patient data retrieved or uploaded.
 9. private void savePatient() this make instance after validation is done and uploading data to firestore
 10. public PatientSessionAdapter(Patientpatient, ArrayList<VentilatorSession> list) this continue after upload the normal data of the patient ,make the session of hardware part getting all data of it.
 11. PdfWriterManager(File file, ArrayList<VentilatorSession> sessions)
This function print data of the patient session as a EXAMPLE.pdf.
 12. private void printSessions() this the function print itself.
 13. private void deletePatientData(String nationalID) this delete all session of a specific patient.
 14. private void getPatientByNationalID(String nationalID) this get patient national ID from firestore to make edition (DELETE OR PRINT).
 15. private void getPatientSessions(String nationalID) gets all sessions in a recycle view to show before doing something.
 16. private void getDiseases() this gets all of the diseases I had for making two type of calculation:1st-check on the session retrieved values in

boundary or out of it and the 2nd one to check on the distribution of sessions.

- A K-means algorithm I tried to find some external library for making a data classification on the data of diseases I have the all sessions on firebase I retrieved .

attributes	temp	oxi	pmb
p1	37.5	0.88	115
p2	38.2	0.93	118
p3	38.5	0.89	119
p4	36.5	0.98	125
p5	39.4	0.95	152
p6	41.2	0.73	148
asthma	44.5	0.64	98
pneumonia	48.3	0.58	93
covid-19	41	0.99	89
normal	37.2	0.78	70

C1-asthma	C2-pneumonia	C3-covid-19	C4-normal	canother
1	4	2	10	5
2	10	1	5	0
3	2	8	5	2
4	3	5	2	0
5	8	7	1	4
6	6	12	4	8
4	5	1	5	12
5	7	0	14	30
6	9	1	3	2
2	6	2	5	1

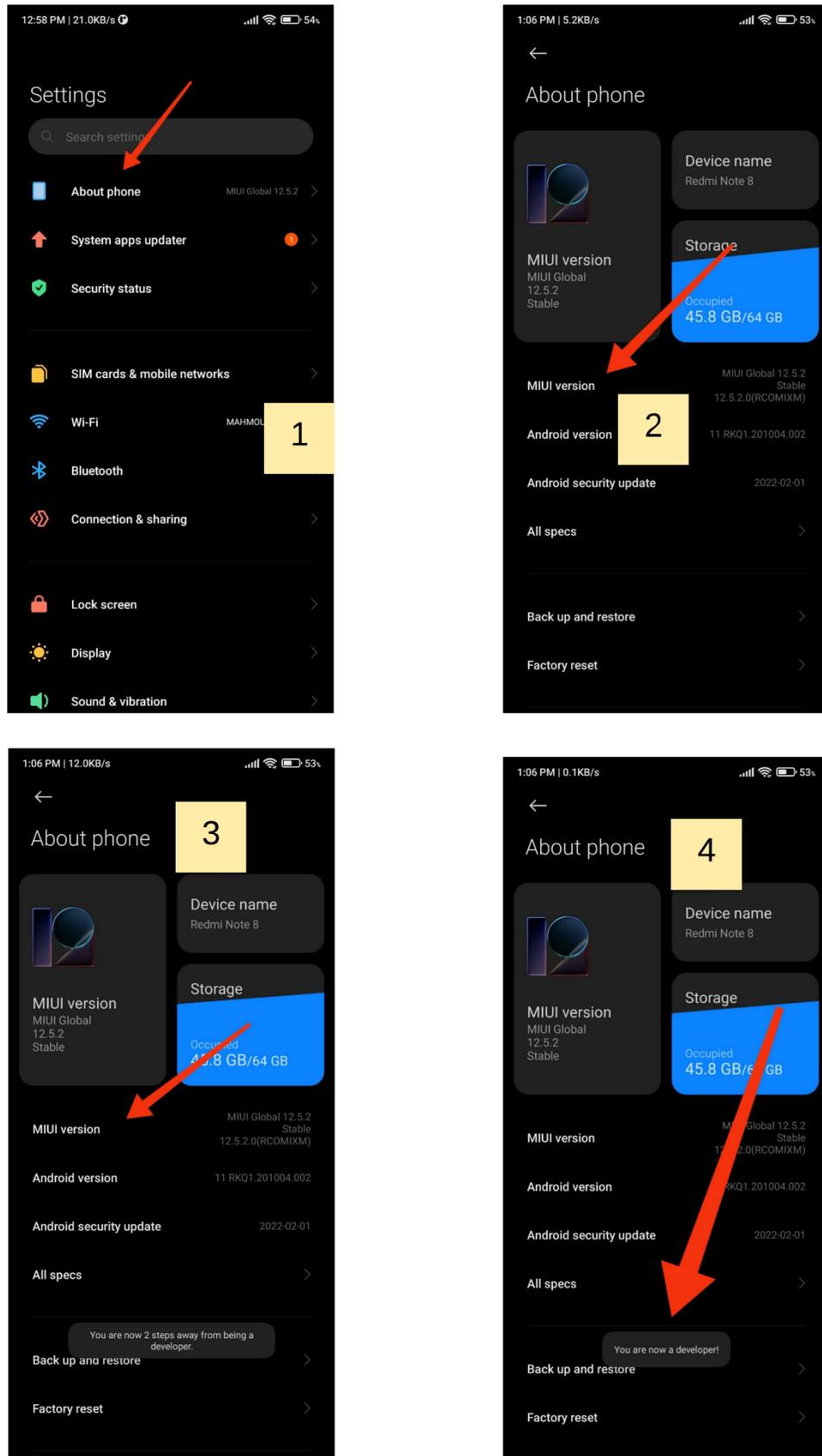
I searched a lot till I found (OPEN-CV,JAVA-ML,JYTHON tool for insertion of SKLEARN library) but they are all failed so I tried to do it manual but for one iteration only do I decide to make it one iteration every time I called DISTRIBUTION BUTTOM I get all as I said and making a 5 clusters for the data of diseases I have stored on firebase and the data and the out of bound I found that I have 3D data as shown in figure that needs a model called PCA DIMESIONALITY REDUCTION getting the best view for scattering data in 3D plot needs more difficult work to reach.

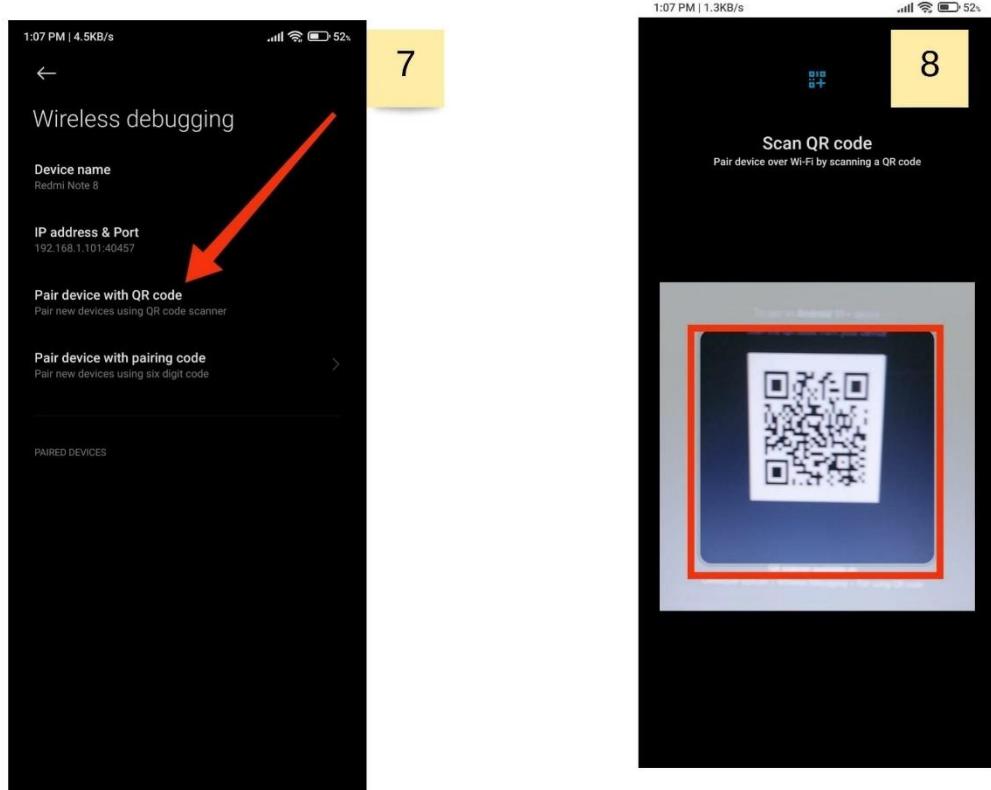
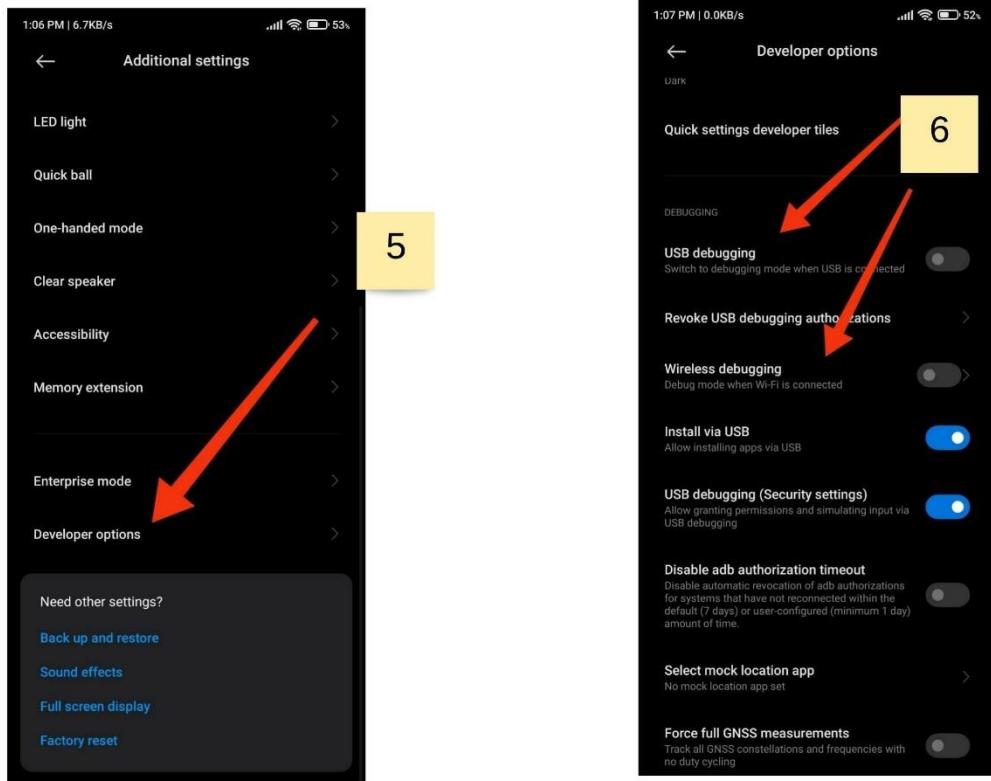
$$|p_1 - q_1| + |p_2 - q_2| + \dots + |p_n - q_n|$$

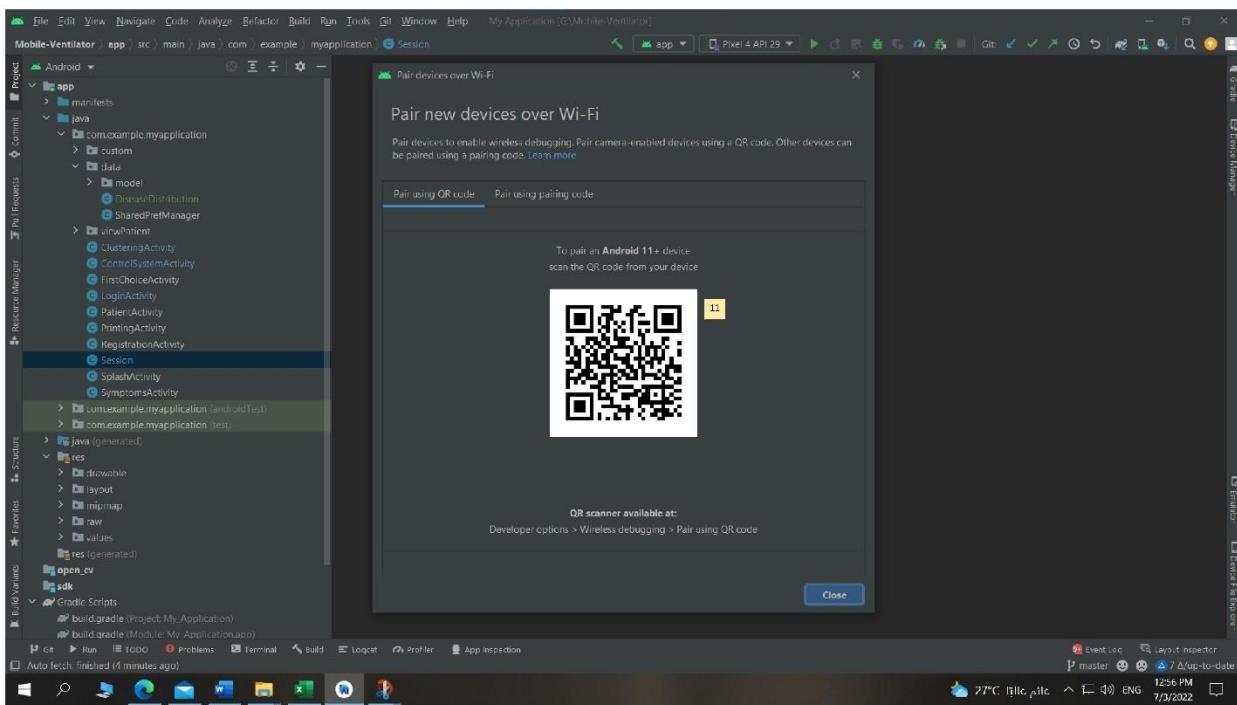
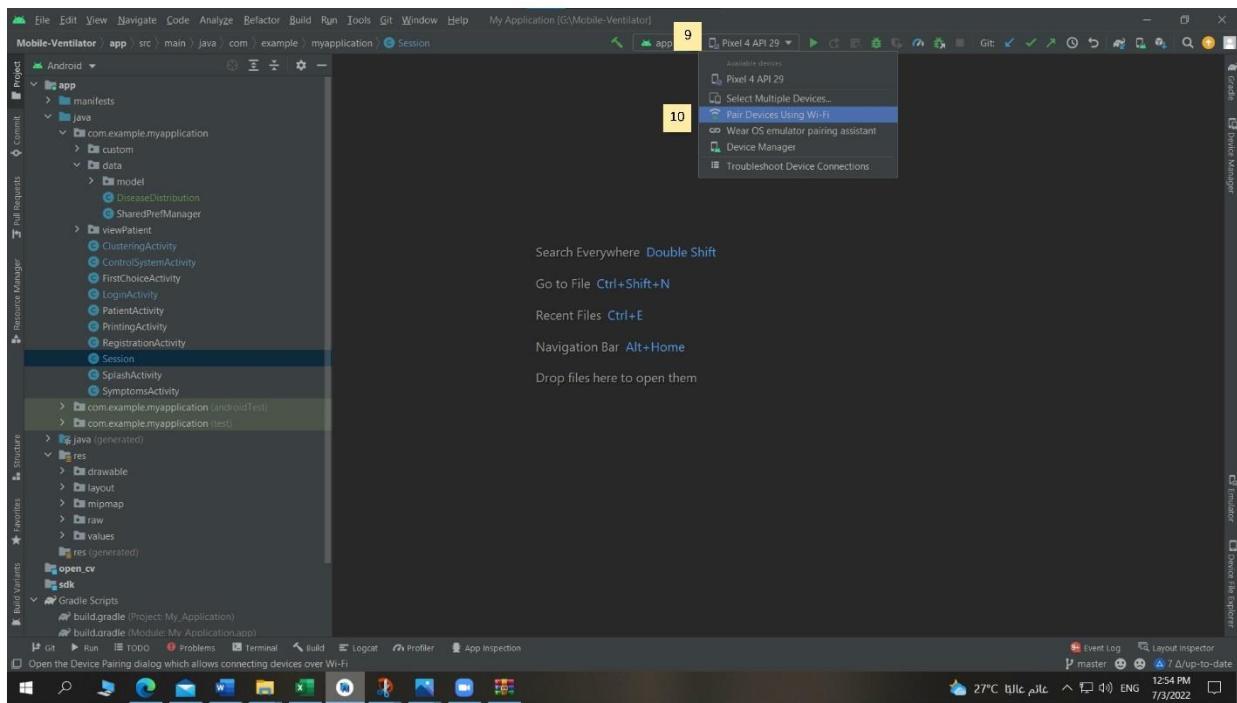
So as show in figure I combined my diseases data with all session data to make 5 cluster for maximum one iterations and exploiting it on a PIECHART.

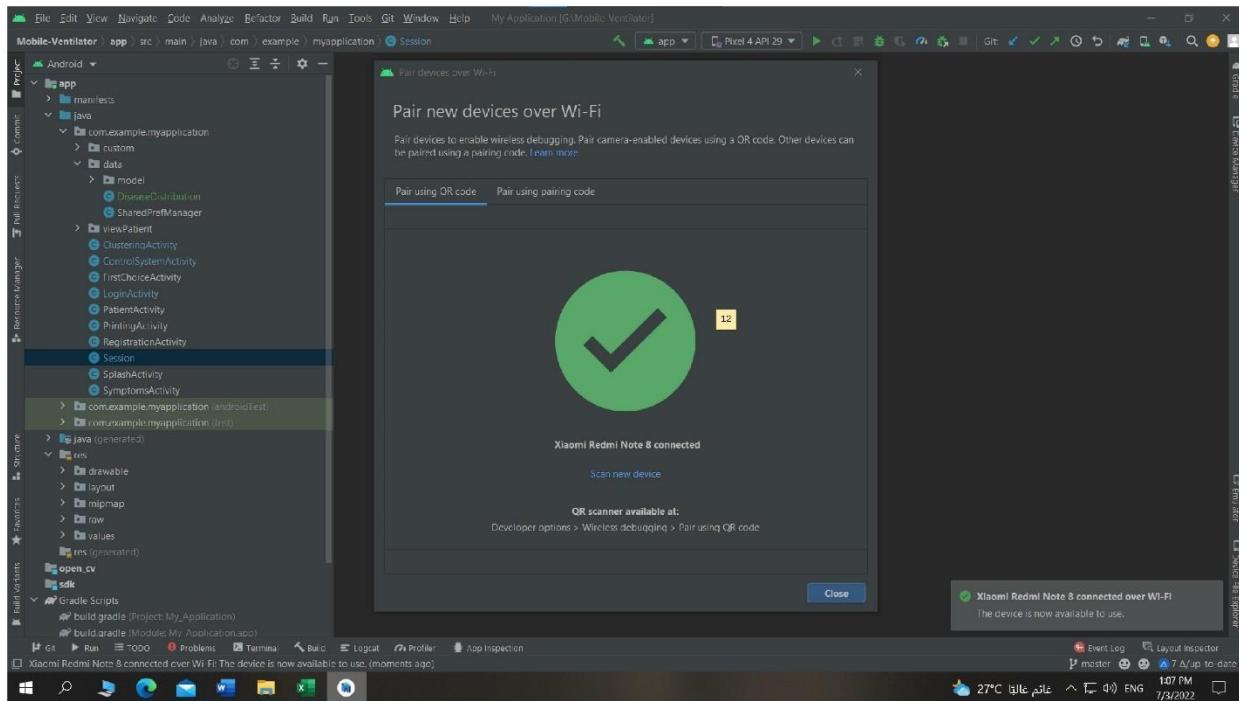
Chapter 5

User Manual





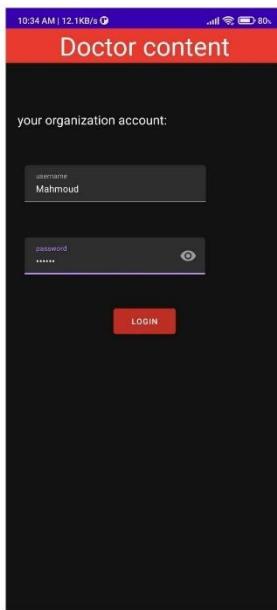






2-sign in after registration

1-doctor registration for controlling software



3-type you user name

4-type your password

Name: type your name

password: type a unique password

national ID(optional): type national ID in your card

re-national ID(optional): re enter it

E-mail(optional): type your mail if exist

phone: your phone home or work

work type: your section in organization

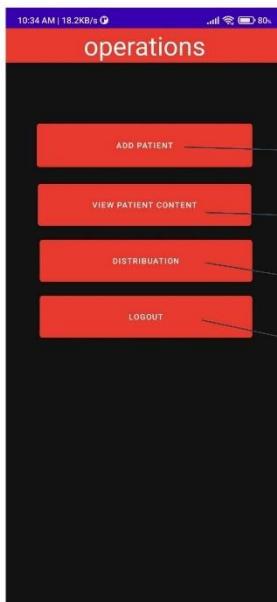
organization: your organization or hospital

organization ID: your organization ID

male: your gender

female:

SUBMIT



Adding new patient

view data of a specific patient

view the case of all ventilation session

logout when you done

10:34 AM | 17.4KB/s 80%

patient content

full name

age

national ID

re-national ID

E-mail (optional)

phone

male
 female

EVALUATE

this page is most likely the registration page of the doctor

2:03 PM | 37.1KB/s 48%

session

New Target

31 PBM 8.288505 % 0.014113457 °C

C.OXI

Customs

10 %
20 %
30 %
40 %
50 %
60 %
70 %
80 %
90 %
100 %

list of percentage customization for ventilation it will be set on any reading values retrieved for ventilation session

2:03 PM | 12.7KB/s 48%

session

New Target

31 PBM 8.288505 % 0.014113457 °C

C.OXI

customize oxygen percentage for ventilation session

type of disease that patient had according to the parameters and calculation of the ventilator

getting OXI percentage of patient from hardware

getting TEMP of patient from hardware

getting BPM of patient from hardware

then go to symptoms activity to see the patient feature

2:03 PM | 15.8KB/s 48%

symptoms

Difficulty Breathing

normal medium shortness severe

Stubborn Cough

normal few hard chronic

Breathing Noisily

normal wheezing inflammation

Lingering Chest Pain

normal sudden severe chronic

Mucus

normal few spit sputum throat blockage

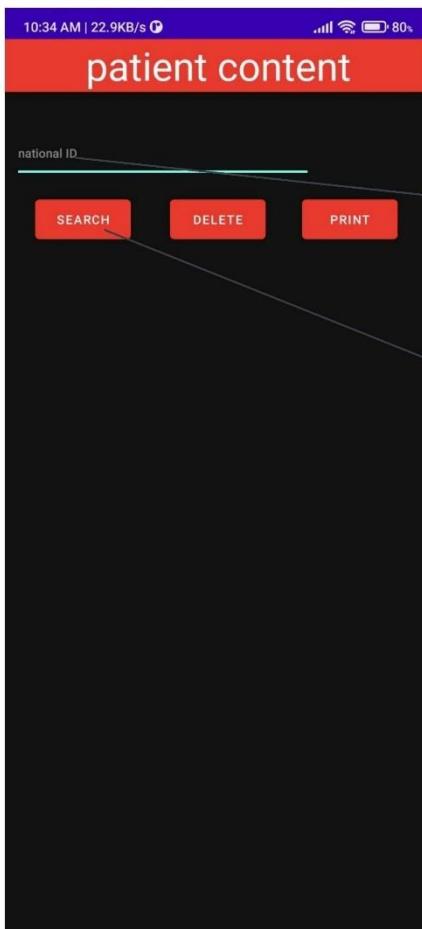
Coughing Up Blood

normal blood upcoming

those are the most common parameters of symptoms on any lung diseases

these symptoms means a severe case must go for surgery

after you done upload the session



here you want to search for a specific patient or his all ventilation sessions by his national ID

after you type it click search for it

A screenshot of the same mobile application showing the results of a search. The title "patient content" is at the top. Below it, the text "17" is displayed above a horizontal line. There are three red buttons: "SEARCH", "DELETE", and "PRINT".

ID : 17 NAME: salama
TMP OXI PBM
0.045417443 0.019684372 124

Difficulty Breathing: normal
Stubborn Cough: few
Breathing Noisily: normal
Lingering Chest Pain: sudden
Mucus: few spit
Coughing Up Blood: normal
ILL: New Target

2022-06-14T17:56:45-05 Mahmoud
123

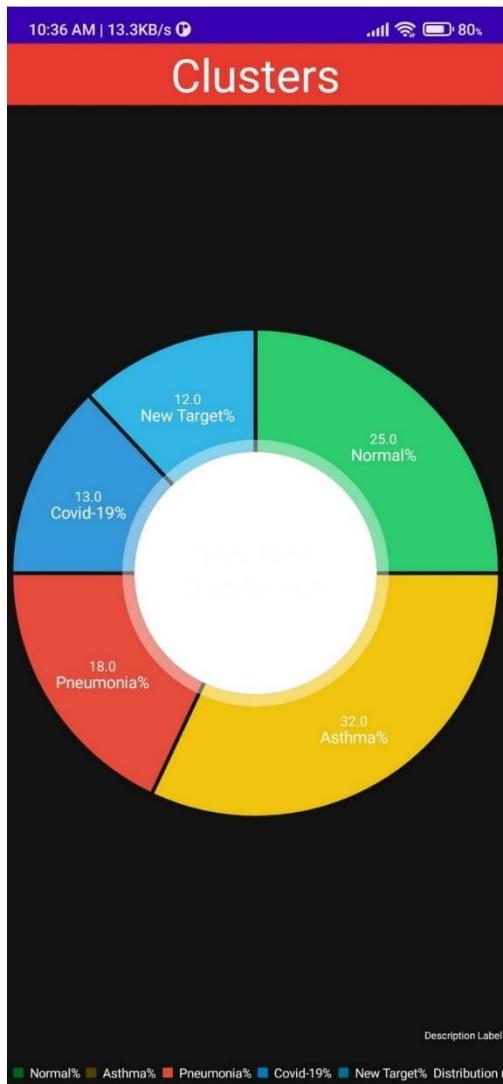
ID : 17 NAME: salama
TMP OXI PBM
0.362 0.73 100

Difficulty Breathing: normal
Stubborn Cough: few
Breathing Noisily: normal
Lingering Chest Pain: sudden
Mucus: sputum
Coughing Up Blood: normal

this is the view of data file of all ventilation session of patient

you may select to delete all of this patient session

or you can print it and the file as i showed before it will found on the download in the internal storage



this the most important part in the software that explain how the hardware and software integrated piechart of total 100%

asthma percentage of the total number of ventilation sessions

pneumonia percentage of the total number of ventilation sessions

Covid-19 percentage of the total number of ventilation sessions

normal percentage of the total number of ventilation sessions

new target percentage of the total number of ventilation sessions this part means the session attribute out of bound of my internal data

DATA STORAGMENT

The screenshot shows a mobile application interface with the following components:

- Top Bar:** A navigation bar with icons for home, back, and search, followed by the text "VentilatorSession" and "A1CXHnpDWJE...".
- Left Sidebar:** A vertical sidebar containing a list of collections:
 - mobile-ventilator
 - + Start collection
 - Diseases
 - Doctors
 - Patients
 - VentilatorSessions >
- Center Panel:** A list of documents under the "VentilatorSessions" collection:
 - A1CXHnpDWJE6zc12Wzc > (selected)
 - CSCdrqVgTbsAITN7rQJf
 - GXD0bWBkepv8Sbwej6TW
 - TbFJHU3BpU5YQEjIgQD6
 - aK4IgzJ8KjiXohACTBN8
 - bWKTXpw1u6UYqHjALxTf
 - gqVR2fop8ZLHG23Qxjkt
 - oq69xmqmzKT3kG9ETHfv
 - pXtHHabBZdQKL9DtedUp
- Right Panel:** The details of the selected document "A1CXHnpDWJE6zc12Wzc".
 - + Start collection
 - + Add field
 - heartRate: 72
 - illness: "New Target"
 - nationalID: "77"
 - organizationID: "123"
 - oxygenPercentage: 0.10876760631799698 (number) (number)
 - ▼ symptoms
 - Breathing Noisily: "normal"
 - Coughing Up Blood: "blood upcoming"
 - Difficulty Breathing: "normal"
 - Lingering Chest Pain: "sudden"
 - Mucus: "sputum"
 - Stubborn Cough: "few"

Chapter 6

Conclusions and Future Work

6.1 Conclusions

- 1st we made I portable hardware ventilation with minimum cost and cheap print for the patient rather than the advanced one in the intensive care
- 2nd combining all information we want about the percentage of propagation of every diseases may be our firestore doesn't contains enough features that because it is a DEMO version of it not a final PRODUCT.
- 3rd we are able to collect multiple patient data trying to help then to share intension to whole over the across UNICEF or another organization trying to To advice how to avoid a specific type of disease according to the numerical data we calculated .
- 4th it may be a case study on machine learning algorithms for classification and making prediction on every type of disease in the future how it may effect on the human being and living organisms.

6.2 Future Work

SOFTWARE

1. We can extend our diseases data for all type of lung diseases and how can customizing he best fit oxygen percentage for the patient avoid errors for not hurting the patient or saving garbage data.
2. Inserting more visualizations chart for helping doctor that making decision on how can be this type of disease can effect on the patient.
3. Making the real BACKEND SOFTWARE with other developer that can handle the data error and also making a DISKTOP software for various attributes ,libraries ,ease ,reliability of sharing data or knowledge
4. Numerous future updates may be working on this type of products it just need a good management and development.

HARDWARE

1. We can diagnose s more diseases
2. Making the system more accurate by using servo motor instead dc motor (for accuracy)
3. Make the project cost effective

References

References

- De Lusignan S, Dorward J, Correa A, et al. Risk factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study. Lancet Infect Dis. 2020. [https://doi.org/10.1016/S1473-3099\(20\)30371-6](https://doi.org/10.1016/S1473-3099(20)30371-6)
- CDC (Centrals of Diseases Control and prevention) : 2020 From <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
- Alfredo Fernández-Quintela, Iñaki Milton-Laskibar, Jenifer Trepiana, Saioa Gómez-Zorita, Naroa Kajarabille, Asier Léniz, Marcela González, María P. Portillo, Key Aspects in Nutritional Management of COVID-19 Patients, Journal of Clinical Medicine, 10.3390/jcm9082589, 9, 8, (2589), (2020).
- FDA(Food and drug Administration) 2020: Insight: Clinical Trials and Treatments for COVID-19)-<https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19>.

- De Lusignan S, Dorward J, Correa A, et al. Risk factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study. *Lancet Infect Dis.* 2020. [https://doi.org/10.1016/S1473-3099\(20\)30371-6](https://doi.org/10.1016/S1473-3099(20)30371-6)
- ICNARC. (Intensive Care National Audit and Research Centre) report on COVID-19 in critical care 10 July 2020. ICNARC: London. 2020.
- Worldometers.2020))
<https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/ref.>
- Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet.* 2020;395(10223):497-506.
- Zhang JJ, Dong X, Cao YY, et al. Clinical characteristics of 140 patients infected with SARSCoV-2 in Wuhan, China. *Allergy.* 2020;75(7):1730-1741.
- Verma S, et al.,2021. Blood Pressure and Body Temperature is Associated with COVID-19 Severity –JMID-Vol 11, No 3, September 2021. doi: 10.5799/jmid.993892