

Idea Title: PulseGuard: LLM-Driven Handoff Intelligence

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Track: Health, Care & Access

## Problem Statement: Nurse Shift Handoff Disaster Prevention

*A tired night nurse forgets to mention a blood thinner during handoff. The next nurse gives a routine medication. Two hours later internal bleeding.*

This isn't a rare scenario. It happens because modern healthcare still relies on **spoken handoffs**, fragmented notes, and human memory at the most fatigue-prone moment of a nurse's shift.

### Core Issues

- 80% of serious medical errors occur during handoffs
- Spoken conversations lose critical context
- Existing templates = rigid, incomplete
- Hospitals lack **temporal understanding across shifts**

**The problem is NOT documentation**

**The problem is the loss of continuous clinical memory across shifts**

Healthcare tools capture what nurses say but  
never analyze what they forget to say

## Current Systems

- Transcribe speech
- Use checklists
- Store isolated notes

## What They DON'T Do

- Track risk evolution
- Detect missing information
- Connect multiple shifts into one patient story

## Proposed Solution

# PulseGuard: LLM-Driven Handoff Intelligence

- **Concept:** An AI system that listens to, understands, and reasons over unstructured clinical speech.
- **Beyond Transcription:** It doesn't just turn speech to text; it interprets clinical intent, identifies risks, and flags inconsistencies with explainable alerts

### Pipeline:

1. Audio → Structured Clinical Summary
2. Cross-Shift Memory Graph
3. Negative Reasoning Engine
4. Risk Trajectory Timeline

### Key outputs:

- Structured patient handoff
- Explainable risk alerts
- Visual risk evolution

Not a transcription tool but a Clinical Safety Brain

## Innovation #1 – Cross-Shift Memory Graph

Most systems treat each shift as an isolated event

Shift A → Shift B → Shift C (isolated)

**Knowledge Graph:** We build a continuous patient knowledge graph that tracks medication starts/stops and symptom progression across multiple days.

- Medications started/stopped
- Symptoms progression
- Pending tests
- Vitals trends

**Example:** Detecting if an antibiotic discontinued two shifts ago is mistakenly mentioned again, preventing "zombie" prescriptions



## Innovation #2 – "What Was NOT Said" Analyzer

- Negative Reasoning:** This is our most unique feature. The LLM analyzes the *absence* of critical information
- Contextual Awareness:** For a high-risk diabetic patient, if the nurse never mentions glucose levels, the system outputs: "*Potential Omission: Glucose monitoring not discussed*"
- Safety Audit:** It ensures that standard protocols for specific conditions are actually verbally verified

## Innovation #3 – Risk Trajectory Timeline

- **Visual Patient Risk Curve:** Moving beyond static alerts to a predictive timeline
- **Pattern Recognition:** The model predicts risk evolution by correlating oxygen drops, medication delays, and vitals across the last 3–5 shifts

This demonstrates advanced temporal reasoning, predicting *how* a patient is trending, not just *what* they are right now.

## Technical Approach

### **Layered Architecture:**

Speech-to-text (Whisper / Azure Speech)

### LLM Reasoning:

- Entity extraction
- Temporal reasoning
- Negative reasoning prompts

Memory Layer:  
Vector DB / Graph DB

Risk Engine:  
Clinical rules + LLM explanation



## User Experience – From Speech to Action

**Input:** Natural nurse speech (e.g., "Mr. Sharma, Bed 4A... gave Warfarin at 4 AM...")

**Output:** A structured dashboard showing:

- Action Items: (e.g., Check INR before next dose).
- High-Risk Flags: (e.g., "Blood pressure dropping + anticoagulant = possible internal bleed")

**Clarity:** The incoming nurse sees the "Risk Flag" immediately, ensuring nothing is missed during the rush of a shift change.

## Expected Impact

### For Nurses

- Less cognitive load
- Structured summaries
- Clear action points

### For Hospitals

- Compliance-ready documentation
- Reduced liability

### For Patients

- Prevent medication interactions
- Early detection of hidden risks

Empowering nurses with AI  
to ensure information  
survives the handoff intact

# Thank You