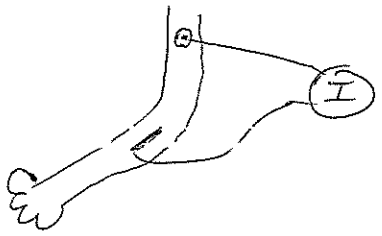
# PoC Meeting




* Will DC work?
  - ↳ Should be fine — Chris
* DC with PWM potentially

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## Goal

↳ See if we can sense voltage drop with tissuing?

| | A | V | e2: 12 lead ECG electrode<br>e3: Monitoring electrode |
|---|---|---|---|
| e1 | 10μA | 5.6V | 560kΩ → dry electrode |
| e2 | 10μA | 800mV | 80kΩ |
| ~~e2~~ | 10μA | 1.08V | 108kΩ |
| e3 | 50μA | 4.4V | 80kΩ |
| e3 | 100μA | 7.25V | 72.5kΩ |
| e3 | 100μA | 7.45V | 74.5kΩ |
| e3 | 100μA | 7.7V (Steady) → 7.4V | → Removal |

Dipping to 7.4V varying by ±0.

→ Observed increase in Voltage when increasing saline flow rate

→ Voltage reading starts high and takes 10s to stabilise

* What's up with the beep from the power source
  ↳ Rush of fluid when moving roller.

* Fluctuation around ±0.2V

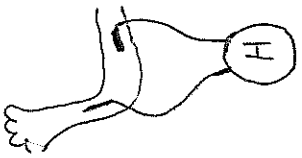
↳ Starting 7.77V

↳ End 7.6 V

* Expected increase in V, observed decrease.

* Impedance ~~loss~~ patch
  ↳ Increase in impedance with ~~loss~~ swelling caused by tissuing.

# POC 2



↳ 2 skin piercing electrodes

* A = 10μA , V = ~~1.675V~~ 2.0V

~~[illegible]~~ = ~~[illegible]~~ R = $2/0.00001 = 200K$

* Increased electrode distance by about 10-15cm from test 1.

* A = ~~100μA~~ 50μA, V = 5V = $5/0.00005 = 100K$

* Δ resistance due to change in experimental setup.

Removing Canula

* Drop of 0.05V when tissued
  0.1V
* Increase by 0.2V

} fluctuation likely caused by movement of needle.

BUSTED