



School of Sciences | Department of Computer Science and Engineering

# Post-Operation Vital Sign Monitoring Device

Bachelor of Science in Computer Science

Martin Aziz

©[month year]

# Acknowledgements

Write some text for someone that you would like to say thank you for the completion of this work

# Abstract

Write a page of text explaining the project, what you wanted to do, what was done, how it was done and what has been achieved.

# Contents

<b>Acknowledgements</b>	<b>2</b>
<b>Abstract</b>	<b>3</b>
<b>1 Introduction</b>	<b>6</b>
1.1 Introduction . . . . .	6
1.2 Aims and Objectives . . . . .	7
1.3 Structure of the thesis . . . . .	8
1.4 Summary . . . . .	9
<b>2 Background or Project Scope</b>	<b>10</b>
2.1 Introduction . . . . .	10
2.2 Clinical significance of monitoring each vital sign post-surgery . . . . .	11
2.3 Role of IoT in vital sign monitoring . . . . .	12
2.4 Communication protocols in IoT-based monitoring . . . . .	13
2.5 Commercially available medical devices . . . . .	21
2.6 Integration with custom IoT systems . . . . .	24
2.7 Summary . . . . .	27
<b>3 Analysis and Design</b>	<b>28</b>
3.1 Introduction . . . . .	28
3.2 User Needs and Requirements . . . . .	28
3.3 System Behaviour and Workflow . . . . .	36
3.4 System Architecture and Design . . . . .	36
3.5 User Interface Design . . . . .	43
3.6 Project Planning . . . . .	43
3.7 Summary . . . . .	43
<b>4 Implementation and Testing</b>	<b>44</b>
4.1 Introduction . . . . .	44
4.2 Implementation . . . . .	44
4.2.1 Next subsection . . . . .	44
4.2.2 Next subsection . . . . .	44
4.3 Testing . . . . .	44
4.3.1 Next subsection . . . . .	44
4.3.2 Next subsection . . . . .	44
4.4 Summary . . . . .	44

<b>5</b>	<b>Discussion</b>	<b>45</b>
5.1	Introduction . . . . .	45
5.2	Discussion . . . . .	45
5.3	Difficulties phased . . . . .	45
5.4	Knowledge acquired . . . . .	45
5.5	Future work . . . . .	45
5.6	Conclusions . . . . .	45
	<b>Appendices</b>	<b>49</b>
	Appendix A . . . . .	49
	Appendix B . . . . .	50
	<b>Manuals</b>	<b>51</b>
	User Manual . . . . .	51
	5.6.1 Getting Started . . . . .	51
	5.6.2 Menu Navigation . . . . .	51
	5.6.3 Main Menus . . . . .	52
	5.6.4 Configuring Acceptable Ranges . . . . .	53
	5.6.5 Taking Readings . . . . .	54
	5.6.6 Readings In Range or Out of Range . . . . .	55
	5.6.7 Maintenance & Care . . . . .	55
	Technical Manual . . . . .	56
	5.6.8 Directory & File Structure . . . . .	56
	5.6.9 Global Definitions & Naming Conventions . . . . .	56
	5.6.10 State Machine Architecture . . . . .	59
	5.6.11 Menu System . . . . .	60
	5.6.12 Button & LCD Utility Functions . . . . .	61
	5.6.13 Threshold-Setup Framework . . . . .	62
	5.6.14 Bluetooth Data Flow . . . . .	62
	5.6.15 EEPROM Storage . . . . .	63
	5.6.16 LCD Driver Adjustments . . . . .	64

# Chapter 1

## Introduction

### 1.1 Introduction

It is crucial to monitor patient vital signs in the post-operative period to ensure detection of any complications early on, and increase patient safety. Traditionally, nurses and clinical staff carry out this monitoring at regular intervals, which may leave gaps in observation and increase the risk of missing early warning signs. Advances in the Internet of Things (IoT) space have created new possibilities for real-time, continuous monitoring of patients using wireless sensors and communication protocols.

One of the main difficulties in implementing IoT systems in healthcare is selecting appropriate technologies for communication, that balance power consumption, range, and reliability, at a reasonable cost. Bluetooth, which is a widely used technology in consumer health devices, offers short-range, low-energy connectivity but it doesn't scale well to the size of a hospital, for the purpose of monitoring hundreds of patients at a time. LoRaWAN on the other hand, is capable of communication at long ranges, using low power to transmit small amounts of data (perfect for sending the kinds of data sensors produce) from multiple devices to a central gateway.

This thesis presents the design and implementation of a device intended for the purpose of monitoring patient vital signs in the post-operative context, that integrates consumer medical sensing devices, and incorporates both Bluetooth as well as the LoRaWAN communication protocols. It is designed to collect data from commercially available medical devices and send that data efficiently to the cloud for analysis and alerting purposes.

## 1.2 Aims and Objectives

The main aim of this project is to design and develop an IoT based device to monitor post-operative vital signs. Several specific aims were defined, with clear objectives for each:

1. Investigate the clinical requirements and difficulties in the context of post-operative vital sign monitoring.
  - Conduct a literature review on the importance of post-operative monitoring.
  - Conduct a literature review on the clinical importance of each vital sign in the post-operative context.
2. Evaluate and compare appropriate commercially available Bluetooth capable medical devices for possible integration with the system.
  - Identify commercially available Bluetooth capable devices for measuring temperature, blood pressure, and heart rate.
  - Assess their Bluetooth connectivity and openness, and as such determine their likely degree of integration with a custom system such as the one being developed.
3. Analyse and select suitable communication technologies for device integration and data transmission to cloud.
  - Review relevant communication protocols for device integration.
  - Review relevant communication protocols for long range data transmission to the cloud.
  - Justify the selection of technologies to be used in the system.
4. Design and implement an IoT system to monitor vital signs post-operation.
  - Develop the system architecture, consisting of the device itself as well as a simple backend cloud platform.
  - Make the device capable of connecting to and communicating with Bluetooth devices such as medical sensors.
  - Establish communication between the device itself and the backend cloud platform using LoRaWAN.

5. Test the system under realistic conditions and evaluate its performance.
  - Conduct testing of the system with simulated data representing data incoming from a medical sensor, and test transmission via the LoRaWAN protocol to the cloud.
  - Evaluate metrics such as data reliability, scalability, and energy efficiency.
6. Analyse the project outcomes and propose possible future improvements.
  - Discuss strengths, weaknesses, and potential points of improvement of the system.
  - Discuss any challenges or difficulties faced during design and development.
  - Suggest possible further research and enhancements.

## 1.3 Structure of the thesis

This thesis is organised into six main chapters, following the natural development process (starting with research and design, followed by implementation, ending with an analysis of the outcomes).

- **Chapter 1: Introduction** — Introduces the background, aims, objectives, and structure of the thesis.
- **Chapter 2: Background or Project Scope** — Reviews the clinical significance of monitoring vital signs after surgery, the role of IoT in this task, analyses current communication protocols and available medical sensing devices, and discusses some points of consideration regarding integration of said devices with the system.
- **Chapter 3: Analysis and Design** — Describes the 'user needs', requirements analysis, system architecture, detailed design of the system, and gives reasons for design decisions that were made.
- **Chapter 4: Implementation and Testing** — Presents the implementation of features, implementation of communication with backend cloud via LoRaWAN, and testing procedures.
- **Chapter 5: Discussion** — Discusses the resulting system, difficulties encountered, lessons learned, and possible improvements.
- **Chapter 6: Bibliography** — Lists all the references cited throughout the thesis.



## 1.4 Summary

This chapter gave an introduction to the reasoning behind developing such an IoT based system for the post-operative scenario, gave an outline for the aims and objectives of the project, and briefly covered the general structure of the thesis. The next chapter will dive deeper into the background of the project including clinical significance of vital sign monitoring, the role of IoT, relevant communication protocols, and compare and evaluate commercially available Bluetooth-capable medical sensing devices for this project.

# Chapter 2

## Background or Project Scope

### 2.1 Introduction

The healing process does not end after surgery is complete, but instead it is often a long effort for weeks or months post-operation. Furthermore, it is not just the physical health of the patient which must be considered, but also and perhaps equally important their mental health and quality of life moving forward. In recent decades it has become clearer to medical professionals that extended monitoring following operations greatly impacts the results of surgeries in a positive manner, as stated in [1]. Of course, there are multiple factors affecting the extent to which complications will arise in a patient after receiving surgery, such as their age, previous health issues, or conditions which may develop in parallel to the primary diagnosis even if they are in fact unrelated. In particular, the elderly are quite vulnerable to more complications, as stated by the authors in [2], specifically referring to elderly patients who underwent hip fracture surgery. Such complications affect quality of life longterm as well as general ability to function normally, not just physical health, degree of recovery, and survivability [2].

The role of the surgeon in the postoperative context is to firstly make sure the patient is receiving the necessary support to sustain a healthy balance in their body, and do whatever they can to avoid the development of any complications that may appear as a result of the procedure. Should any complications arise despite the medical staff's best efforts, it is then the surgeon's responsibility to recognise the signs pointing to the development of said complications and take appropriate actions to quickly and effectively manage them, allowing the patient to recover to their preoperative state eventually [3]

## 2.2 Clinical significance of monitoring each vital sign post-surgery

Postoperative vital sign monitoring is essential for both patient safety and the early identification of problems. Specific information on the patient's physiological state and course of recovery is provided by each measure.

### **Blood Pressure**

To detect hypotension or hypertension, which can both result in major problems, postoperative blood pressure monitoring is crucial [4]. By enabling early diagnosis and control of blood pressure variations, continuous monitoring lowers the risk of postoperative haemorrhage and other unfavourable outcomes [5]. Continuous monitoring, according to studies, can identify hypotensive events that intermittent measures could overlook, allowing for prompt responses [6].

### **Temperature**

After surgery, maintaining normothermia is essential to avoiding problems including surgical site infections and extended hospital stays. Hypothermia can raise the risk of infection and hinder the healing of wounds. Thus, it is advised to regularly check the patient's temperature during the postoperative phase in order to guarantee the best possible results [7].

### **Oxygen Saturation**

Monitoring oxygen saturation is essential for identifying hypoxaemia, which, if left untreated, can result in organ dysfunction. Early management in cases of respiratory compromise is made possible by pulse oximetry, which offers a non-invasive way to continuously measure oxygen levels. When compared to sporadic inspections, continuous monitoring has been demonstrated to improve the detection of oxygen desaturation [8].

### **Heart Rate**

In the postoperative phase, heart rate monitoring is crucial for spotting physiological alterations that could indicate patient decline. The British Journal of Anaesthesia states that heart rate changes, like bradycardia or tachycardia, can occur hours or even days before serious occurrences like cardiac arrest, particularly in the 48 hours after surgery. This emphasises the necessity of regular or ongoing monitoring. As is typical in many wards, manual spot checks conducted every 4–8 hours are not enough to accurately identify these

occurrences. Continuous monitoring, on the other hand, has been demonstrated to detect heart rate anomalies more frequently and with greater severity than would otherwise be detected, enabling medical professionals to take early action and possibly avert problems or death [9].

### **Respiratory Rate**

Haahr-Raunkjaer et al. found that patients who experienced serious adverse events (SAEs) were more likely to have respiratory rates exceeding 24 breaths per minute for more than five minutes, even though they did not report statistically significant differences in abnormal respiratory rate between patient groups with and without SAEs. This pattern supports the use of continuous respiratory monitoring for prompt detection and intervention and implies that respiratory rate is a useful early clinical indicator of post-operative decline in patient condition [10].

It is crucial to remember that the type of operation done and the patient's unique risk factors can affect each vital sign's clinical significance. In order to solve this, the suggested system offers vital sign threshold customisation, allowing medical professionals to adjust monitoring settings to the unique requirements of every patient and surgical situation.

## **2.3 Role of IoT in vital sign monitoring**

By enabling continuous, real-time tracking of physiological parameters, the Internet of Things' (IoT) incorporation into vital sign monitoring has significantly improved postoperative patient care. Vital signs like heart rate, blood pressure, respiration rate, temperature, and oxygen saturation are measured by IoT-based systems using wearable sensors. By wirelessly sending data to cloud-based platforms, these sensors enable medical professionals to keep an eye on patients from a distance and act quickly to stop any decline [11].

As an example, an IoT-driven system for continuous post-surgery monitoring of patients with cardiac disease was established in a study by Harez et al. In order to enable prompt medical interventions, the system used sensors to gather real-time vital sign data, which was subsequently examined to identify any issues [12].

An Internet of Things (IoT)-based vital signs monitoring system that combines several sensors to detect different health indicators was also presented by research by [13]. The

architecture of the system facilitates effective data collection, transfer, and analysis, all of which enhance patient outcomes.

IoT-based wearable technology has the potential to provide individualised care and remote monitoring, but issues with data security, patient compliance, and compatibility with current medical systems limit its use in clinical settings. These technologies run the danger of increasing complexity without ensuring better results if they are not carefully implemented and clinically validated [14].

In summary, real-time, remote observation and early intervention capabilities provided by IoT integration into vital sign monitoring show promise for improving postoperative care. Research indicates that it can enhance results by facilitating ongoing monitoring of physiological indicators. Data confidentiality, patient adherence, and system interoperability are some of the issues that still need to be resolved for practical deployment in order to guarantee dependable therapeutic impact and avoid needless complexity.

## **2.4 Communication protocols in IoT-based monitoring**

This section explores the communication protocols relevant to IoT-based monitoring of post-operative patients, focusing on Bluetooth and LoRaWAN. Reliable and efficient data transmission is crucial in this context, where vital signs such as heart rate, temperature, and blood pressure need to be collected with minimal power consumption and transmitted securely over short or long distances.

LoRa is a wireless modulation technique derived from chirp spread spectrum technology (CSS). It enables long-distance, low-power communication by encoding information on radio waves using chirp pulses. This makes it robust against interference and highly suitable for IoT applications that transmit small data packets at low bit rates [15]. Compared to technologies like WiFi, Bluetooth, or ZigBee, LoRa supports data transmission over significantly longer distances, particularly in sub-gigahertz bands, making it well suited for both indoor hospital and outdoor monitoring environments [16].

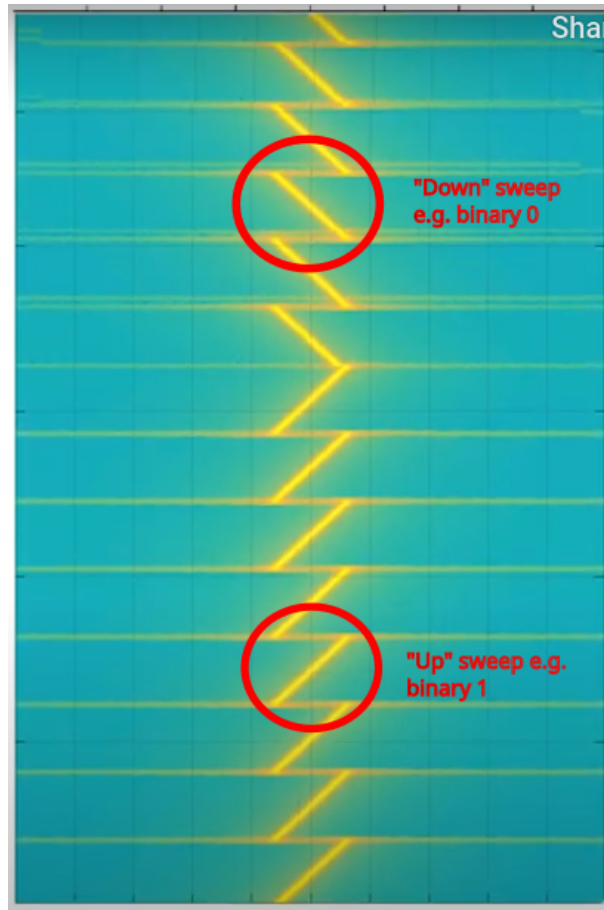


Figure 2.1: Example of a chirp spread spectrum transmission, highlighting the up and down sweeps which represent binary 1 and 0. [17]

Figure 2.1 provides a visual representation of the chirp spread spectrum technology. This technique encodes data in the frequency variation of the signals over time. A "chirp" refers to a timeframe of the signal where the frequency is increasing or decreasing within a certain bandwidth. This technique makes the signal significantly more resistant to interference compared to simply having two distinct frequencies which are pre-defined to represent a binary 0 or 1, and simply switching between them when transmitting the signal, an example of which can be seen in figure 2.2. The up and down sweeps in figure 2.1 visually reflect the bitstream and how it is encoded into radio frequencies.

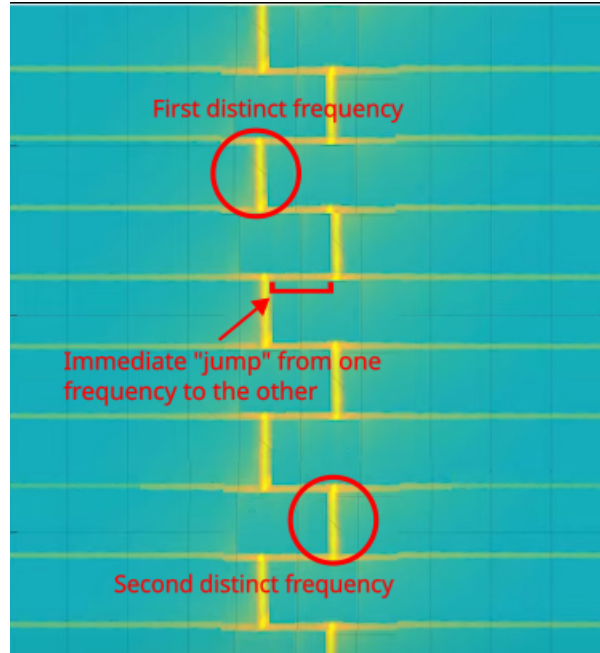


Figure 2.2: Example of having two distinct frequencies representing binary 0 and 1, and "jumping" between them instead of sweeping. [17]

Each character transmitted with LoRa lasts a duration determined by the spreading factor, defining how long each chirp lasts. As spreading factor increases, chirps last longer and have improved sensitivity at the expense of having a lower data transmission rate.

LoRaWAN builds upon the LoRa physical layer by adding a media access control (MAC) protocol. It defines how devices connect, how data is encrypted, and how the network is managed. LoRaWAN is designed for ultra-low-power operations, allowing devices to last several years on small batteries, and offers deep indoor penetration, which is particularly valuable in hospital settings where walls and medical equipment can attenuate signals [16].

To assess the suitability of LoRaWAN, it is important to compare it to other LPWAN technologies, including SigFox, NB-IoT, and LTE-M.

SigFox is a proprietary ultra-narrowband communication technology designed for transmitting small data payloads over long distances, while consuming small amounts of power. It operates on unlicensed Industrial, Scientific, and Medical (ISM) bands, and works best when the application requires one-way, infrequent transmissions. These attributes make it great for low-throughput applications, such as smart city metering, and environmental monitoring. Due to some issues with non-fixed environments such as frequency inaccuracies and interference, SigFox works best when employed in fixed

locations [18].

NB-IoT on the other hand operates in the licensed spectrum. Developed by 3GPP, it offers powerful indoor penetration, is reliable, and allows for connecting a large number of devices. It is mainly suited for applications needing regular (unlike SigFox), low data rate communication, like utility metering and building automation [19].

Once again developed by 3GPP, LTE-M supports higher data rates than NB-IoT and allows for voice communication using Voice over Long-Term Evolution (VoLTE). It ensures seamless handover between cell towers, which makes its use cases more dynamic and mobile, such as asset tracking, pet tracking, and point-of-sale devices [20].

Below is a table summarising their main advantages and disadvantages.



Table 2.1: LPWAN technologies - Advantages & Disadvantages [18, 19, 21, 22]

Technology	Advantages	Disadvantages
LoRaWAN	<ul style="list-style-type: none"> <li>• Long range</li> <li>• Low power consumption</li> <li>• Adaptive data rates</li> <li>• Deep indoor penetration</li> <li>• Low cost</li> </ul>	<ul style="list-style-type: none"> <li>• Limited by duty cycle</li> <li>• Unsuitable for real-time or low latency applications</li> </ul>
SigFox	<ul style="list-style-type: none"> <li>• Lightweight protocol</li> <li>• Minimal overhead</li> <li>• Long battery life</li> <li>• Wide coverage</li> <li>• Underground support</li> </ul>	<ul style="list-style-type: none"> <li>• One-way communication</li> <li>• Limited data rates</li> <li>• One operator per country</li> </ul>
NB-IoT	<ul style="list-style-type: none"> <li>• High scalability</li> <li>• Robust QoS</li> <li>• Extended range</li> <li>• Structure penetration</li> <li>• Backed by operators</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed spectrum costs</li> <li>• Lower data rates than LTE-M</li> <li>• No roaming support</li> </ul>
LTE-M	<ul style="list-style-type: none"> <li>• High data rates</li> <li>• Excellent coverage</li> <li>• LTE network integration</li> <li>• Efficient power use</li> </ul>	<ul style="list-style-type: none"> <li>• Higher costs</li> <li>• Firmware updates consume power</li> <li>• Not for high-volume data</li> </ul>

Bluetooth is also widely used in medical IoT devices. While it offers short-range connectivity and is well-suited for personal health devices like heart rate monitors and thermometers, its power consumption and range limit its usefulness for hospital-wide or remote patient monitoring. Bluetooth Low Energy (BLE) improves power efficiency and is increasingly integrated into wearable medical devices. As such, it will be used in this project to connect the main system with the medical sensors which take actual readings.

## Testing

While the focus of this project was not to benchmark the LoRaWAN protocol itself, preliminary simulations were conducted to validate its suitability for post-operative monitoring applications. A single base station scenario was simulated using open-source software provided by Lancaster University [23]. The simulation was adapted to run on Python 3, and tests were conducted with 100 to 1000 node configurations, increasing by 100 each experiment. The parameters for the simulations were fixed as such: `AVGSEND = 100ms`, `SIMTIME = 2000ms`, and `COLLISION = 1` to enable full collision detection. The parameters used correspond to the simulated nodes transmitting small packets roughly every 100 milliseconds over a total simulation time of two seconds. Furthermore, `EXPERIMENT = 0` was used, which configures all nodes to transmit with the slowest LoRa modulation settings. The key objective was to confirm that LoRaWAN could handle multiple nodes transmitting small amounts of data at low power over long distances.

The first set of results explore how node density affects transmission quality:

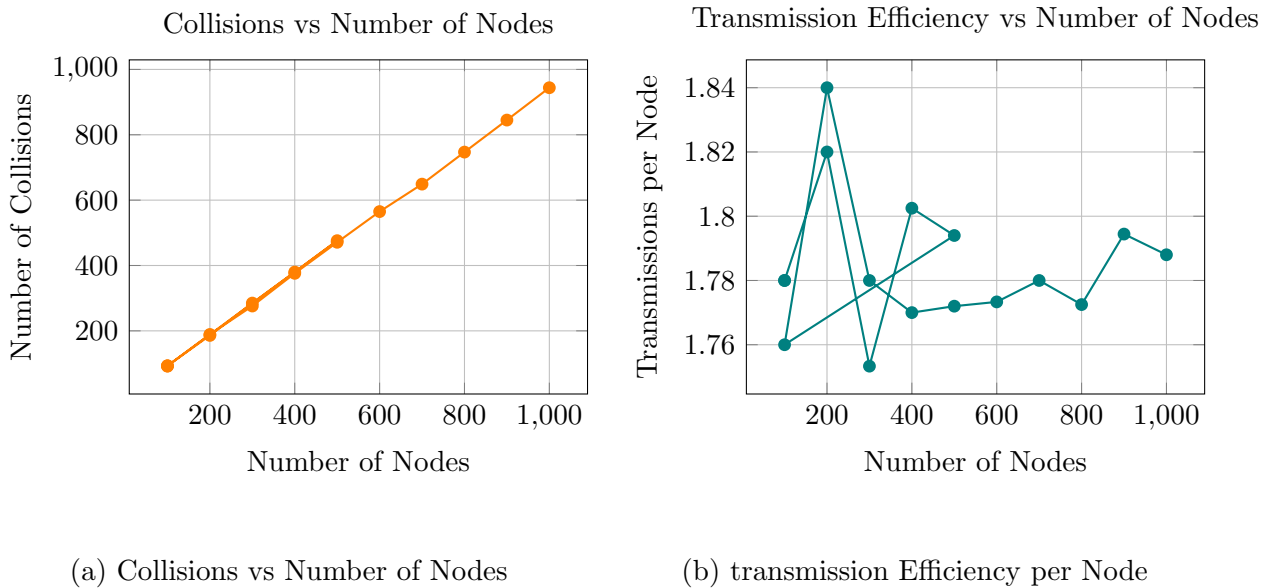
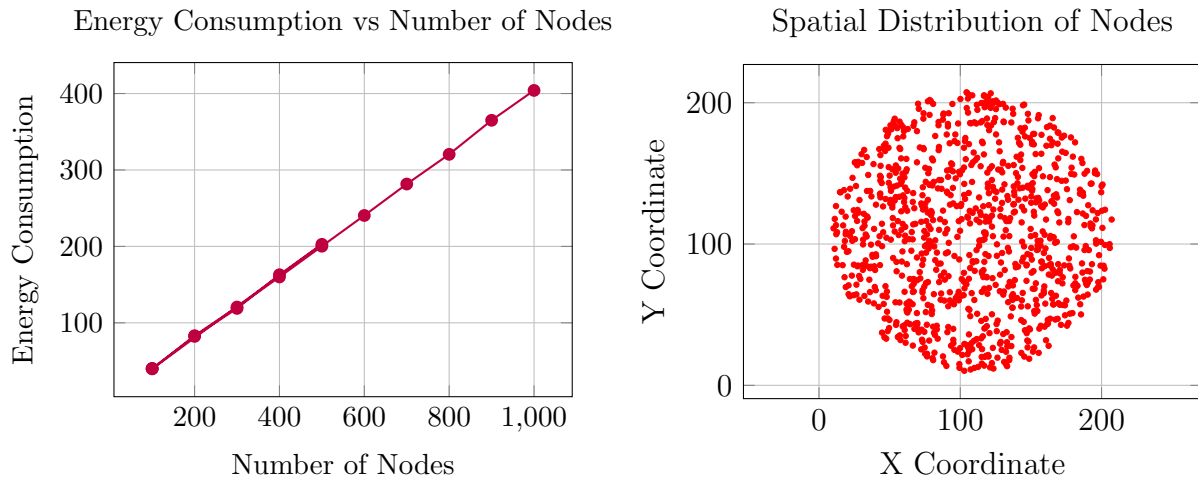


Figure 2.3: Impact of node count on number of collisions and transmission efficiency.

As per Figure 2.3a the number of collisions increases with the number of nodes linearly, something that is consistent with LoRaWAN's unslotted ALOHA-based access scheme. Regardless, transmission efficiency (Figure 2.3b) remained relatively stable, even if it did drop slightly around the 500 node point. This demonstrates LoRaWAN's robustness even under increased load.

The next two plots look at power efficiency against the number of nodes, and the physical spatial distribution of the simulated nodes.



(a) Energy Consumption vs Number of Nodes

(b) Spatial Distribution of Nodes

Figure 2.4: Energy scalability and simulation topology.

Figure 2.4a shows that energy consumption of each node scaled linearly once more with the number of nodes. This is to be expected as all nodes use the same transmit settings and a fixed sending interval. Provided duty cycles are properly managed, these results support LoRaWAN's use in battery-powered applications. A duty cycle is the time a device is permitted to transmit on a given frequency band, within a set time period [24]. The spatial distribution (Figure 2.4b) simply confirms that the simulation used a random deployment of the nodes across the simulated physical area, approximating a real-world environment such as a hospital ward.

Path loss and signal strength trends were also considered to better understand signal behaviour.

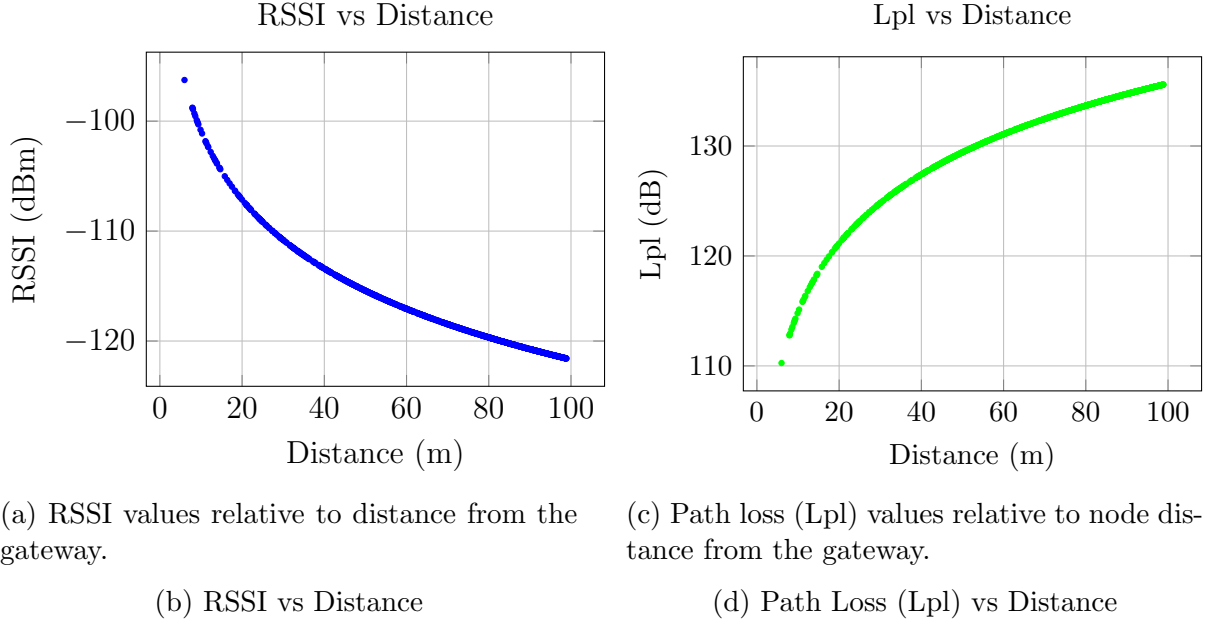


Figure 2.5: Signal strength and path loss trends relative to node distance from the gateway

Both path loss and Received Signal Strength Index (RSSI) degrade as the distance increases, which is to be expected based on theoretical radio propagation models. RSSI is a measurement of the power level of a received radio signal and is typically expressed in dBm. As the values get more negative, it indicates a weaker signal.

Results showed that as the number of nodes doubled, the number of collisions also increased, which is consistent with LoRaWAN's access behaviour. In this context, a *collision* refers to the event where multiple devices transmit at the same time, on the same frequency, and with the same spreading factor, at overlapping times, leading to signal interference at the gateway. When collisions occur, the gateway will likely have trouble demodulating the incoming transmitted packets, causing data loss.

Despite the increase in collisions, transmission efficiency per node remained stable, and energy consumption scaled predictably with the node count — highlighting LoRaWAN's suitability for applications requiring scalability, wide coverage, and energy efficiency, such as this project. Compared to Wi-Fi, LoRaWAN uses significantly less power and has a vastly longer communication range. Wi-Fi needs to have constant connectivity, and frequently send beacons out informing end devices of available access points and services [25]. These two facts mean Wi-Fi consumes substantially more power than LoRaWAN making it unsuitable for battery operated devices intended for long-term use (in the order of years). Furthermore, Wi-Fi was designed for high-throughput applications in a limited

range in indoor environments, unlike LoRaWAN which was designed for sparse, low data rate transmission covering large areas. As for GSM-based technologies like NB-IoT and LTE-M, while they do offer broader coverage and existing infrastructure backed and maintained by mobile providers, they come with significantly higher costs, greater power needs, and licensing requirements (meaning legally only mobile network operators can operate them, or a partnership with a mobile operator is required), making them not as suitable for this application as LoRaWAN is. The comparison in Table 2.2 illustrates the advantages of LoRaWAN in terms of its efficient power consumption, cost, and flexibility in deployment and operation.

These outcomes support the choice of LoRaWAN as a communication backbone in the system, balancing scalability and energy efficiency in a medical monitoring context.

## 2.5 Commercially available medical devices

Because Bluetooth technology combined with technologies allowing integration with the cloud allow for continuous, real-time monitoring of vital signs including heart rate, blood pressure, respiration rate, temperature, and oxygen saturation, they have completely changed postoperative treatment. Such devices enable smooth data transfer to medical professionals, enabling prompt interventions and individualised patient treatment. Numerous Bluetooth-enabled medical devices are available on the market, with differences in performance, compatibility, and data access transparency. Since it dictates how easily these devices may be integrated with other healthcare systems and apps such as the one discussed in this thesis, the level of Bluetooth openness is especially important. I will examine a number of commercially available devices that demonstrate these characteristics in the sections that follow, emphasising their features and clinical application considerations.

Numerous commercially available medical devices can be used in clinical settings and are made for the continuous monitoring of vital signs. Selected devices are summarised in the table below, with an emphasis on those that have been certified for clinical use by the US Food and Drug Administration (FDA) or that bear the CE mark in accordance with the EU Medical Device Regulation. It is important to keep in mind that FDA approval entails a more stringent examination procedure and is frequently thought of as a higher

quality of clinical validation, even if the CE mark certifies regulatory conformity.

The table features the certification granted to the device, the measured vital signs, and its Bluetooth openness level. Each device listed is capable of measuring one or more of the following vital signs:

- **HR:** Heart Rate
- **BP:** Blood Pressure (may be traditional or cuffless)
- **RR:** Respiratory Rate
- **SpO<sub>2</sub>:** Blood Oxygen Saturation
- **Temp:** Body Temperature
- **ECG:** Electrocardiogram

The term "Bluetooth openness" indicates how simple it is to access and incorporate data into customised solutions. Interoperability may be a constraint for customised IoT solutions because the majority of clinically certified devices function within proprietary ecosystems.

Table 2.2: Medically Certified Bluetooth Capable Devices

<b>Device Name</b>	<b>Manufacturer</b>	<b>Certification</b>	<b>Vital Signs it Measures</b>	<b>Bluetooth Openness</b>
GE Portrait Mobile	GE Health-Care	FDA	HR, RR, SpO <sub>2</sub> , Temp	Closed
Berry Multi-Parameter Monitor	Berry Medical	CE (MDR)	HR, BP, SpO <sub>2</sub> , Temp, ECG	Semi-open
Contec CMS8000	Contec Medical	CE (MDR)	HR, BP, SpO <sub>2</sub> , Temp, RR, ECG	Closed
Biobeat Chest Patch	Biobeat	FDA, CE (MDR)	HR, BP (cuffless), SpO <sub>2</sub> , RR, Temp	Closed
Caretaker4	Caretaker Medical	CE (MDR)	BP, HR, RR, SpO <sub>2</sub>	Closed
Checkme Pro Vital Signs Monitor	Wellue (Viatom)	CE (MDR)	HR, BP, SpO <sub>2</sub> , Temp, ECG	Semi-open
CardiacSense Watch	CardiacSense	CE (MDR)	HR, ECG, SpO <sub>2</sub> , Temp	Closed
SIFVITAL-1.2	SIFSOF	CE (MDR)	HR, BP, SpO <sub>2</sub> , Temp, Glucose	Closed
CARER HC-03 6-in-1 Monitor	CARER Medical	CE (MDR)	HR, BP, SpO <sub>2</sub> , Temp, Glucose, ECG	Closed
Lepu Vital Signs Monitor	Lepu Medical	CE (MDR)	HR, BP, SpO <sub>2</sub> , Temp, ECG	Closed

Even though a lot of devices fulfil the requirements for medical certification, as the

table shows, they frequently lack open Bluetooth interfaces. When incorporating them into custom IoT systems, this poses a problem, which will be discussed in the next section along with suggestions for dealing with it.

## **2.6 Integration with custom IoT systems**

Because of the restricted or proprietary nature of their Bluetooth communication protocols, it is still very difficult to integrate commercially available vital signs monitors into custom Internet of Things (IoT) systems. As mentioned in the preceding section, the majority of devices offer little to no support for open data access, despite the fact that many of them are medically certified and give accurate physiological readings. Some, at most, provide semi-open APIs that are restricted to partner software or vendor-specific apps. This makes it more difficult to integrate seamlessly with specially designed systems that seek to independently gather, process, or send data. The impacts of these restrictions are examined in this section, along with possible interoperability tactics for medical IoT applications.

### **Challenges and Implications**

Even though there are medically recognised vital sign measurement devices available, Bluetooth accessibility issues make it difficult to integrate them into custom IoT systems. The majority of medical equipment intended for professional usage rely on closed data ecosystems or proprietary Bluetooth protocols. The functionality is frequently confined to vendor-approved apps or limited APIs, preventing complete integration with customised microcontroller-based systems, even in situations where some Bluetooth access is offered.

This lack of openness presents a number of practical and technical difficulties. First, there are significant limitations on compatibility. Raw vital sign data cannot be directly accessed by custom systems that depend on local gateways or lightweight edge devices (like Arduino or ESP32) unless the device supports standard Bluetooth Generic Attribute Profile (GATT) profiles or offers a published Application Programming Interface (API). Consequently, the two main advantages of edge-based IoT architectures—real-time processing and on-device decision-making—become impracticable. Second, vendor lock-in develops into an extremely serious issue. System designers are left with no control over



data flow, privacy policies, and long-term data preservation when device data is only available via the cloud platforms or mobile apps of the manufacturer, which almost certainly makes it more difficult to comply with data protection laws like GDPR or HIPAA in clinical or research settings where data sovereignty, repeatability, and traceability are crucial.

Furthermore, development time and integration complexity also rise. Reverse engineering, unapproved Software Development Kits (SDKs), or intricate workarounds are frequently required in order to retrieve useful data from these devices. These endeavours are laborious, prone to mistakes, and possibly fragile, as they can fail with firmware changes or violate license agreements.

These difficulties show how the requirements for adaptable, responsive IoT-based monitoring solutions differ from those of authorised commercial devices. To overcome these constraints while maintaining system dependability and regulatory compliance, potential workarounds and integration techniques are examined in the immediately following paragraphs.

## **Possible Solutions**

Developers of custom IoT systems must think of alternate ways to enable integration while preserving clinical dependability and compliance, given the limitations imposed by proprietary Bluetooth implementations in medically approved vital sign monitors. While there isn't a single solution that works for all, there are a few workarounds that could enable significant interoperability despite the existing constraints.

### **1. Use of intermediate devices with vendor APIs**

Data can be accessed by official desktop software or mobile applications in certain closed systems. In these situations, middleware bridges that communicate with the vendor software through open SDKs or REST APIs can be created, such as companion Raspberry Pi services or smartphone apps. These intermediary devices can then use standardised protocols to send the necessary information to customised IoT devices. This maintains data accuracy and honours the device's intended usage paradigm, even if it adds another layer of complexity and can cause latency to increase.

## **2. Preferring semi-open devices to entirely closed devices**

Vendors occasionally offer limited Bluetooth access via documented GATT profiles or custom services. Although they are not completely open, devices like the Wellue Checkme Pro provide restricted data access that can be adequate for everyday uses. When feasible, system designers should give priority to these semi-open devices and use reverse-engineered documentation or community-developed libraries to retrieve readings with the least amount of intrusion to prevent any legal problems regarding licensing agreements.

## **3. Passive signal interception (may violate licensing agreements)**

Certain specialised tools can be used to determine the transmission structure of the Bluetooth signals sent from closed sensor devices, and reverse-engineer the communication protocol in devices without access to an API or access point. Although this method can provide complete access to sensor data, it is not recommended for production systems or environments that need to adhere to legal or clinical requirements since it runs the risk of breaking user agreements and regulatory restrictions.

## **4. Develop sensor systems in parallel**

By constructing parallel sensor modules with clinically proven open hardware or certified discrete sensors (e.g., MAX30101 for SpO<sub>2</sub> and pulse, MLX90614 for temperature), it is also possible to entirely eliminate reliance on closed devices. This provides complete firmware-level control over sensing, communication, and data handling, but it is more taxing in terms of development resources. Full-stack customisation is made possible by the direct integration of such customised sensors with system infrastructure when paired with LoRa, BLE, or Wi-Fi transmission modules.

## **5. Collaboration with vendors and enterprise partnerships**

Organisations can contact vendors for OEM agreements or developer access when commercial devices are preferred. On request, certain manufacturers might provide enterprise SDKs or documentation, particularly for system integration pilot programs, academic research, or clinical trials. Even though it could take more time, this approach guarantees long-term support and compliance.

The expense, complexity, and legality of each of these workarounds are trade-offs. The best strategy frequently calls for a hybrid system, in which open or semi-open alternatives are utilised for system development or simulation, while medically certified but closed devices are utilised for clinical validation. In the end, market forces and regulatory pressure may push manufacturers towards greater openness in upcoming device generations as the need for patient-specific, interoperable healthcare systems increases.

## 2.7 Summary

There are technological and legal issues with integrating medically approved vital sign monitoring devices into unique IoT systems. Even if a lot of commercial devices provide precise and trustworthy measurements, smooth integration is hampered by their closed or semi-open Bluetooth implementations, which restrict direct access to raw data streams. These restrictions may affect custom healthcare platforms' adaptability, reactivity, and independence. However, there are a number of practical alternatives, such as using semi-open devices, developing parallel sensing modules, using middleware programs, or forming direct relationships with manufacturers. For IoT healthcare solutions to be scalable, interoperable, and patient-tailored, these integration hurdles must be removed.

# Chapter 3

## Analysis and Design

### 3.1 Introduction

This chapter will present the analysis and design portion of the project. Identified are the system users and their needs, which are then translated into technical requirements, and finally the system's functional and architectural design is described. Several diagrams are included to aid with visualising the behaviour, workflow, and structure of the system.

### 3.2 User Needs and Requirements

When developing any technology it is imperative to have a solid foundation upon which to build on and refer to throughout the development process. It should help provide a clear understanding of the problem, the needs and expectations of the people who will be using it, and give some insight into how the original problem will be solved in the implementation stage. In the case of this project, the users include nurses and doctors, and the patients who will be using the device. There are several different users each with different required levels of control and functionalities, therefore it is crucial to translate their needs into measurable and clearly defined requirements that will steer the design and eventually implementation of the system.

The following pages present two key tables accomplishing that task: the **User Needs table** (Table 3.1), and the **User Requirements table** (Table 3.2). The User Needs table outlines what the system should accomplish in simple terms, similar to how an average non-technical person might describe what they need to solve their problem. Each row

consists of a unique **ID** for that particular need, a brief **Description** of what is needed, and a **Source** which represents what part of the system this need might be addressed in. The User Requirements table expands upon the User Needs table by translating each need into one or more clear and actionable system requirements. These requirements can be measured as satisfied or not in the final system. Each requirement has a unique **Req. ID**, a **User Requirement Name** giving a very short overview of what that requirement is supposed to do, and a **Description** of the requirement with more specific technical details such as how it might be implemented, what specific numeric constraints are present for it, or what exactly is required to satisfy it from a technical perspective. Following these are the **Justification/Comment** and the **Reference** columns. The Justification/Comment column expands a bit on the description and states *why* some of the technical details are as they are, or why the requirement was necessary in the first place. The Reference column links the User Requirements Table to the User Needs table by stating what user need (or what multiple needs) a particular requirement is intended to satisfy.

These tables together give a high-level perspective of what the system must achieve, with some justification as to why certain decisions were taken instead of others.

Table 3.1: User Needs Table

ID	Description	Source
UN-01	Accurate capture of data from various medical devices in order to monitor patient status	Arduino
UN-02	Simple pairing of the device to other medical devices through Bluetooth in order to easily setup and guarantee reliable data transfer	Arduino
UN-03	Updating/setting of limits/conditions for different measurement types in order to customise each device to a particular patient's needs	Arduino/ Cloud
UN-04	Process data according to preset conditions in order to send only relevant data to the cloud	Arduino
UN-05	Storing of data in the short-term in the case of high network congestion to prevent loss. (Only store after processing if values are abnormal/relevant to be sent to the cloud)	Arduino
UN-06	Alert medical staff of patient status if critical or abnormal reading gathered in order to allow them to check on said patient in person	Cloud
UN-07	Alert users about device status in order to allow them to keep it in a state where it is running normally	Arduino
UN-08	Provide a general picture about the patient's status daily in order to track it over time (daily averages viewed in context of weeks, months, years)	Cloud

Table 3.2: User Needs Table

Req. ID	User Requirement Name	Description	Justification/Comment	Reference
UR-01	Temperature Reading	5 times/12 hours Accuracy: to nearest 0.1°C	5 readings in a single 12 hour period should be enough to detect any changes in temperature early enough after they get out of bounds	UN-01
UR-02	Blood Pressure Reading	1 time/12 hours Accuracy: $\pm 3$ mmHg for both systolic and diastolic	The recommended number of times to measure BP is once per day	UN-01

Req. ID	User Requirement Name	Description	Justification/Comment	Reference
UR-03	Heart Rate Reading	<p>3 readings spaced 2 minutes apart / hour, and keeping the average of the 3 readings as final BPM value</p> <p>Accuracy: <math>\pm 5</math> BPM</p>	<p>In a clinical/hospital environment there would be constant EKG measurement so there is no reason medically not to measure heart rate as often as possible. However to conserve battery, avoid network congestion, and keep the processor constantly working, 3 readings averaged on the hour is sufficient for this system</p>	UN-01
UR-04	Bluetooth Pairing with Medical Devices	<p>Visual interface to display BT connection status, and allow force disconnecting a device which has connected if it is not a medical device</p>	<p>Pairing with a device should be incredibly easy seeing as a likely user group will be elderly individuals</p>	UN-02



Req. ID	User Requirement Name	Description	Justification/Comment	Reference
UR-05	Per Vital Sign Configuration	<p>Visual interface to be able to select a vital sign that will be measured, and set the upper and lower acceptable limits for it.</p> <p>This must persist across power loss and general restarting of the device. In addition, the limits must make sense in the context of the vital sign they relate to.</p> <p>For example it should be impossible to set an upper limit of 60°C for temperature</p>	<p>Each patient has different medical needs and as such will need customised ranges for the acceptable readings. Furthermore, the patients should not be required to have to set these limits in the event of a power loss of the device or device restart</p>	UN-03

Req. ID	User Requirement Name	Description	Justification/Comment	Reference
UR-06	Data Processing and sending to the cloud	<p>Process each data reading in the context of the device type's pre-set limits (lower/upper). Readings which are below/above the limits will be added to a queue. The front data will be sent to the cloud using the LoRaWAN protocol. Once confirmation is received that the data is successfully received, it will be dequeued and the next data (if it exists) will be transmitted. Allow up to 3 attempts before considering that there is a problem with the device/connection to the network and alerting the user.</p>	Data that is within the acceptable limits does not need to be sent. The queue's purpose is to ensure any critical readings get to the cloud platform where the medical professionals can respond accordingly.	UN-04 UN-05

Req. ID	User Requirement Name	Description	Justification/Comment	Reference
UR-07	Notification of medical staff for abnormal reading	After sending data through the LoRaWAN protocol to the cloud, create some kind of notification for the medical staff in the form of of an email or "ticketing" system	A popup notification is not sufficient because it might be missed	UN-05 UN-06
UR-08	Device status information	Constantly monitor device status (BT connection, state) and display this information to the user	Due to the fact that status information must always be visible, and we do not want to occupy the LCD screen with it all the time, the information will be available through coloured LED lights	UN-07
UR-09	Patient status tracking over time	Regardless of whether an abnormal reading is gathered, at fixed times of the day and for a set number of times, take readings and send them to the cloud even if they are not abnormal.	Patient history could be vital for providing medical staff with insight into the patient's condition, however there is no need to take more than one non-abnormal reading per day	UN-08

### 3.3 System Behaviour and Workflow

**Note:** Diagrams need some tweaking before I can include them in here.

Use case diagram: Showing interactions between users (nurses, doctors, patients) and the system

Activity flowchart: Visualise workflow

### 3.4 System Architecture and Design

**Note:** Diagrams need some tweaking before I can include them in here.

High-Level Architecture Diagram

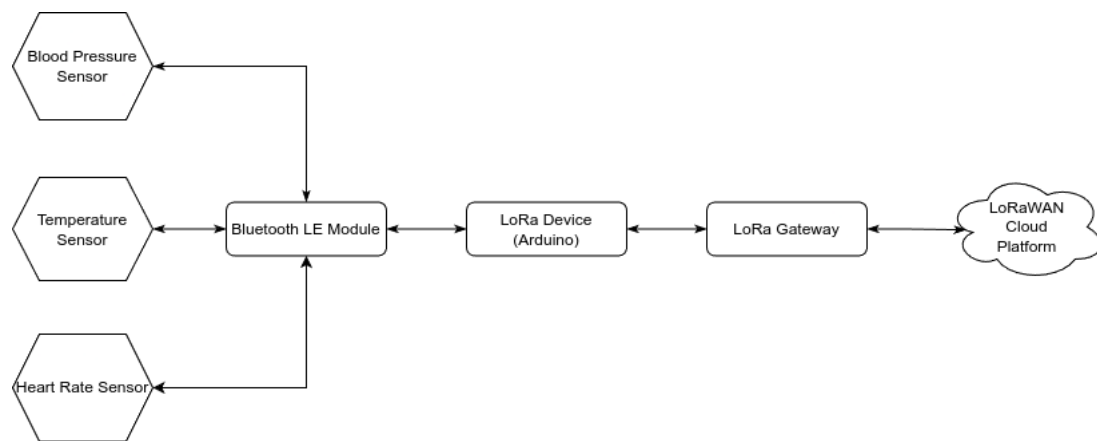


Figure 3.1: A high level view of the system architecture

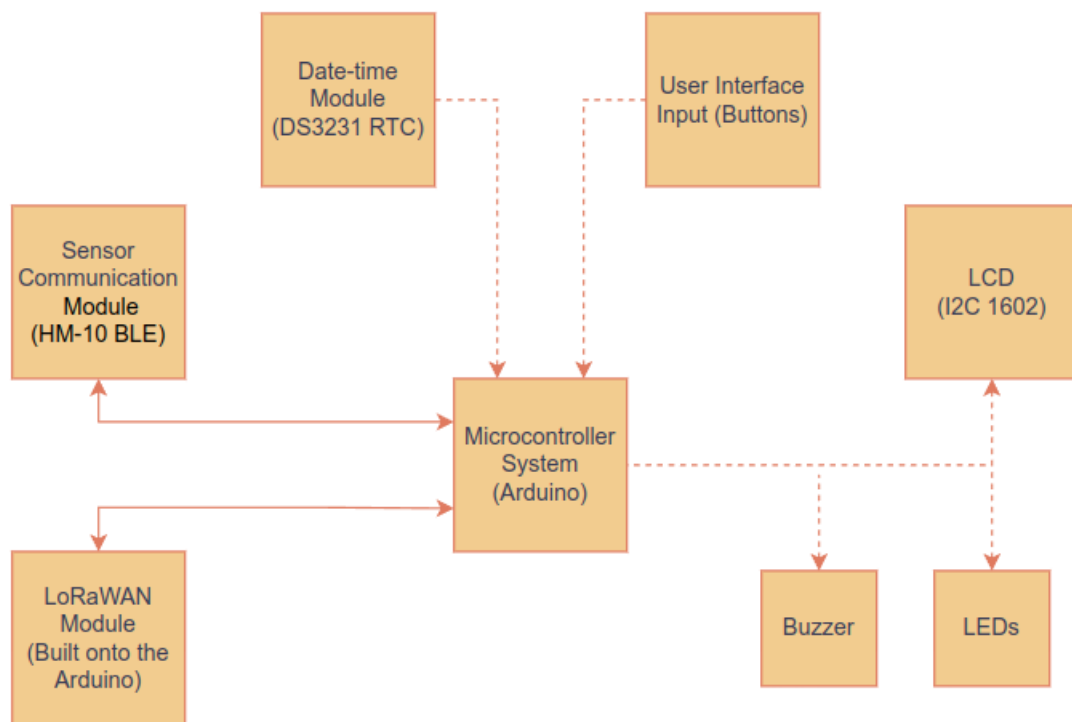


Figure 3.2: Block diagram showing relationships between high-level components of the system

State diagram: Describing system states (DISCONNECTED, CONNECTED, SETUP, READING, PROCESSING, TRANSMITTING)

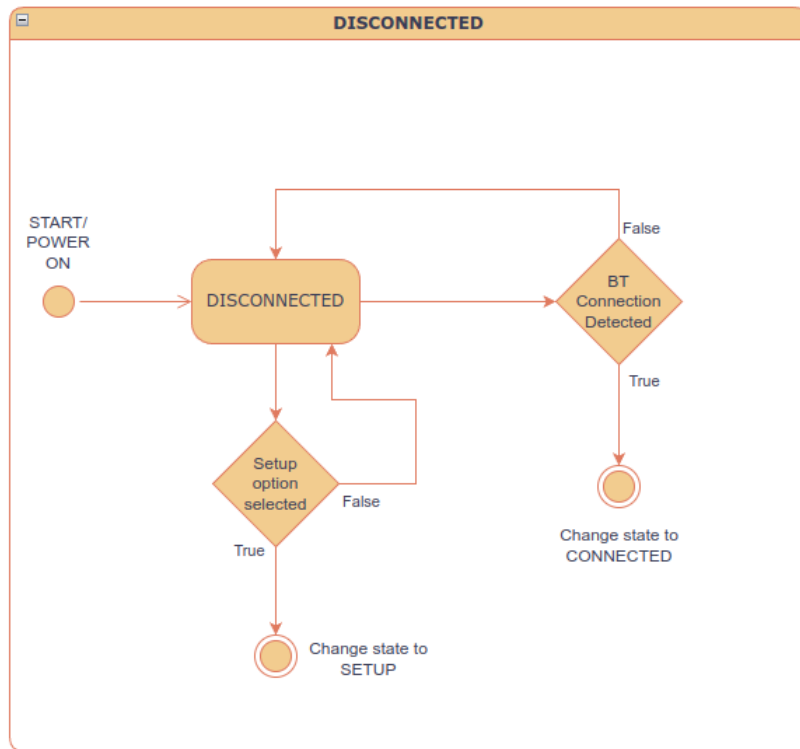


Figure 3.3: State diagram for the DISCONNECTED state

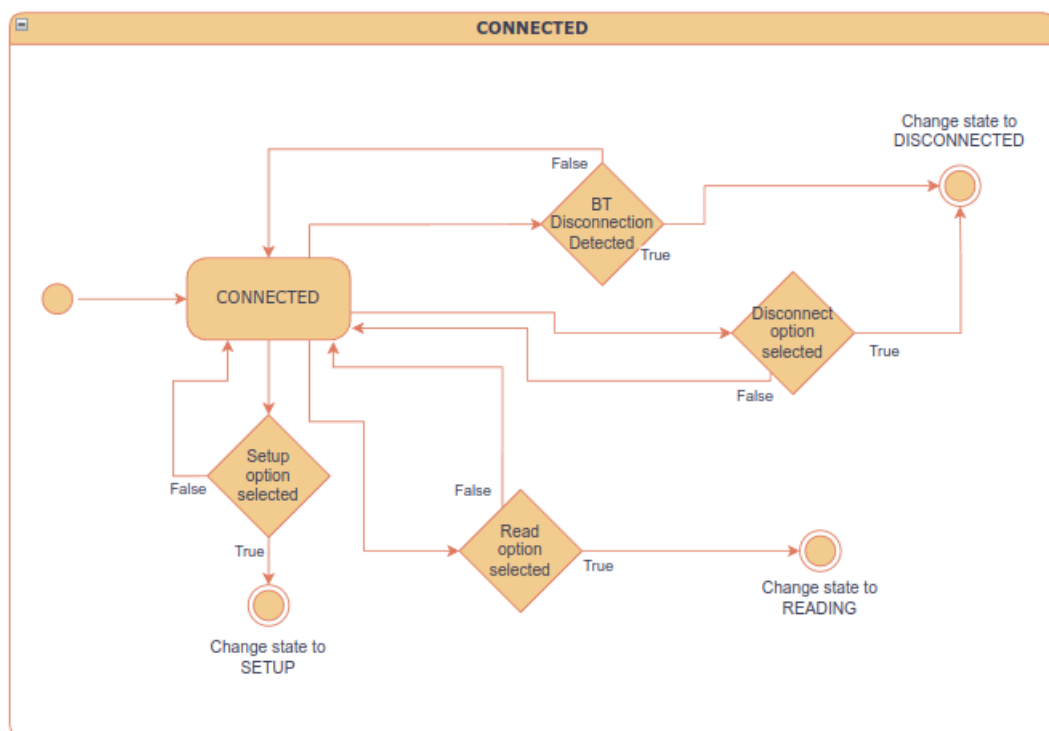


Figure 3.4: State diagram for the CONNECTED state

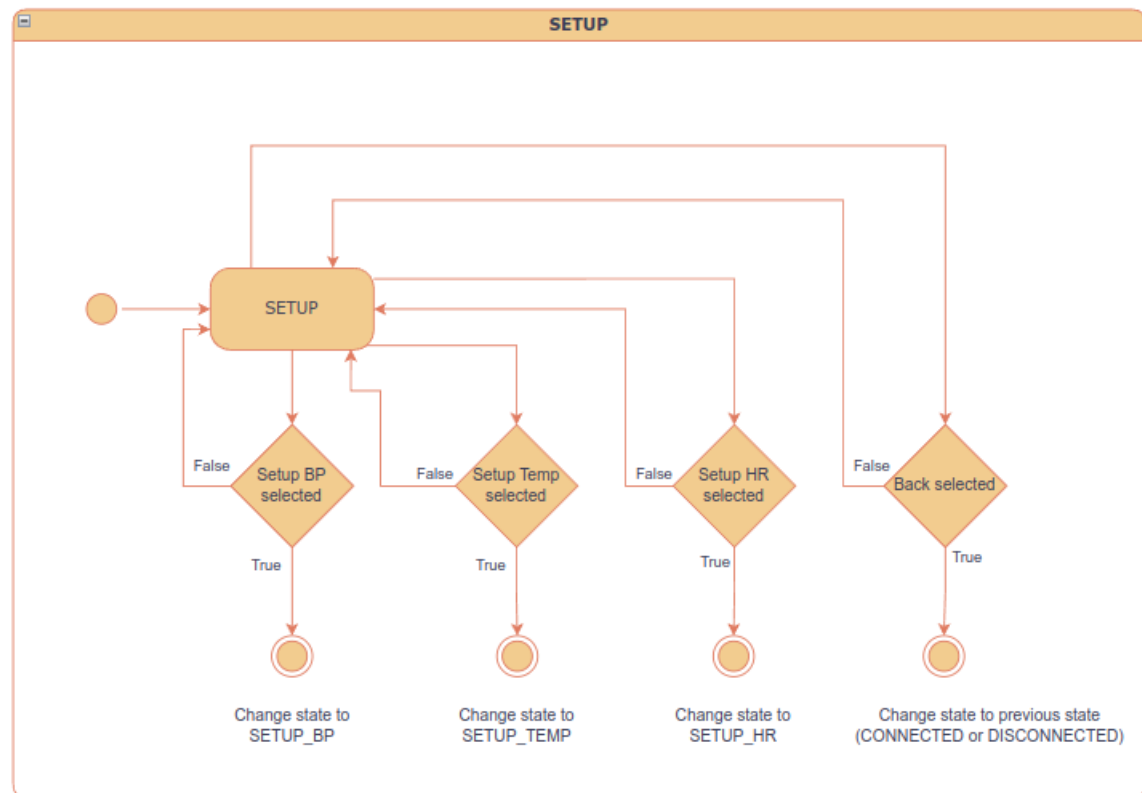


Figure 3.5: State diagram for the SETUP state

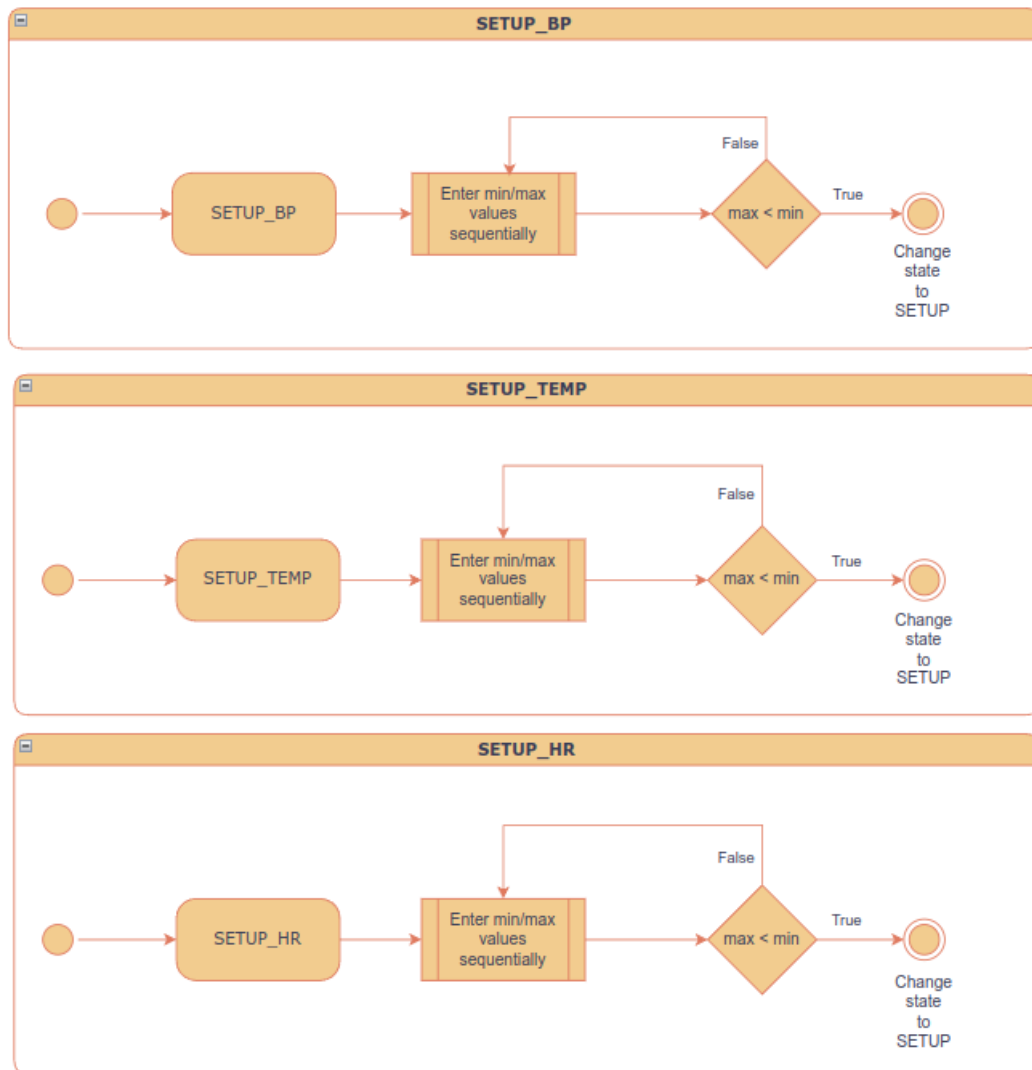


Figure 3.6: State diagram for the SETUP sub-states



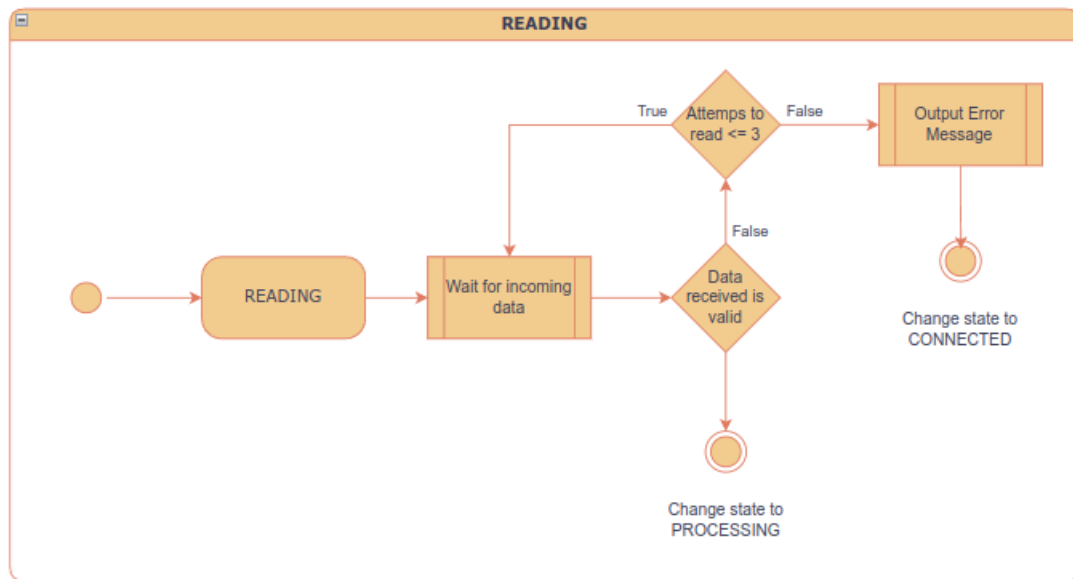


Figure 3.7: State diagram for the READING state

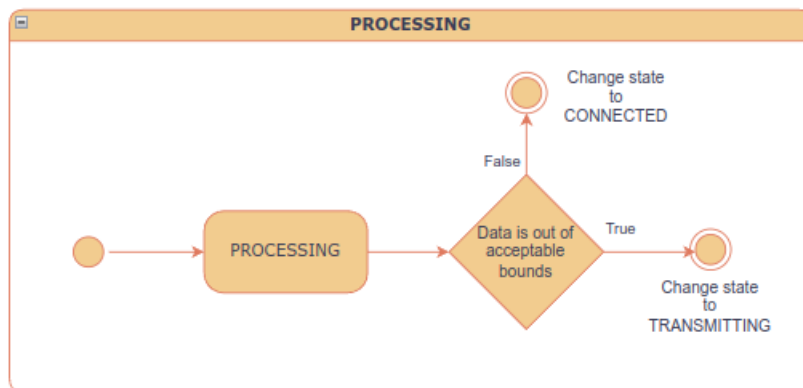


Figure 3.8: State diagram for the PROCESSING state

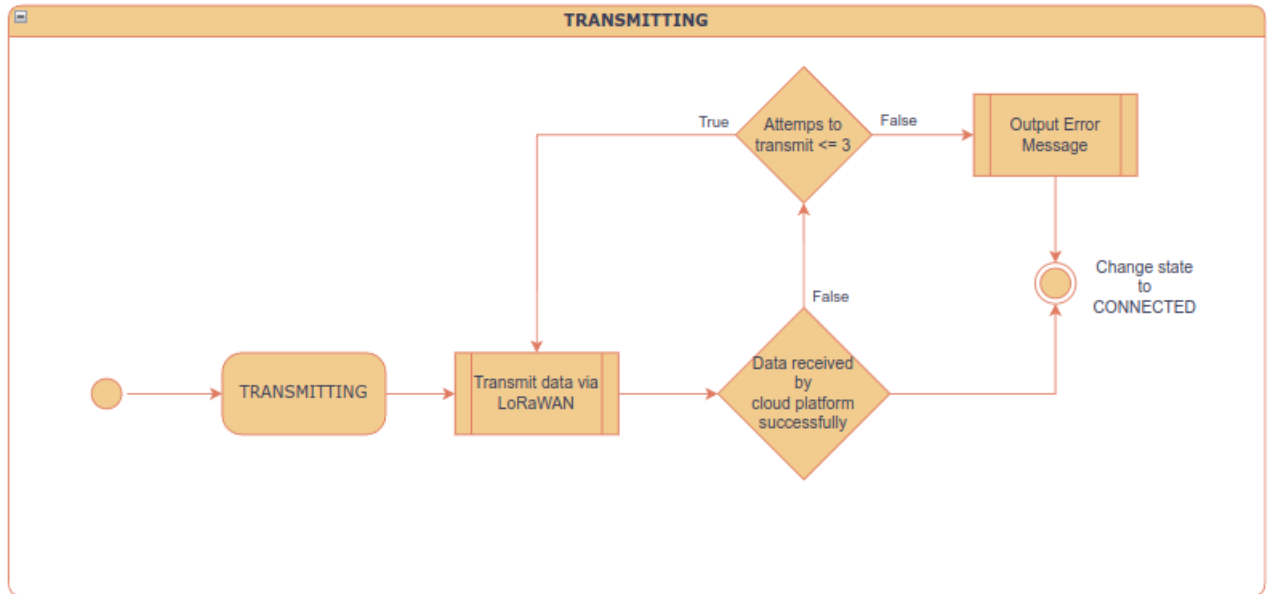


Figure 3.9: State diagram for the TRANSMITTING state

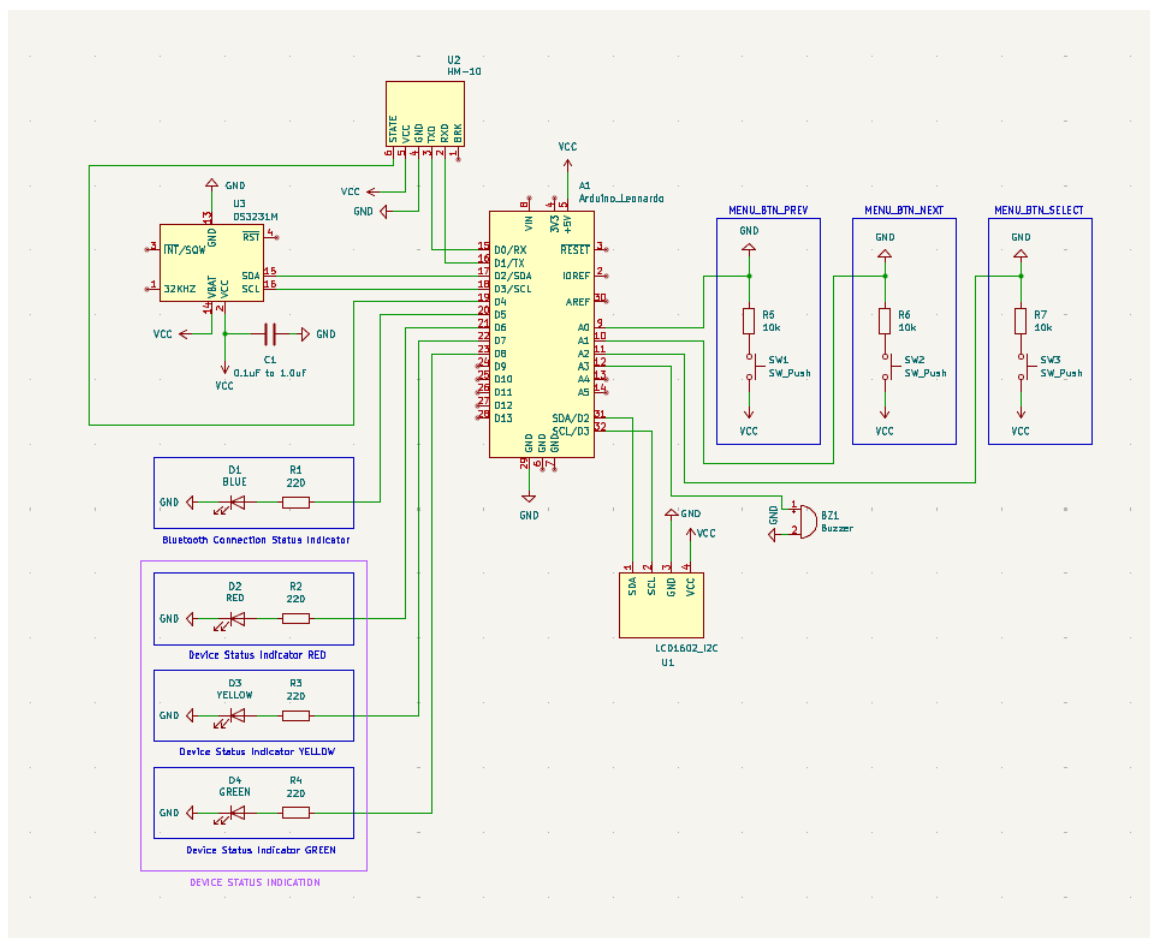


Figure 3.10: Detailed circuit shcemtatic of all all components in the device

## 3.5 User Interface Design

**Note:** Diagrams need some tweaking before I can include them in here.

Navigation Flow diagram: Show how a user might navigate around the device menus

Will discuss about usability and simplicity

## 3.6 Project Planning

**Note:** Diagrams need some tweaking before I can include them in here.

Gantt chart here

Will discuss how project timeline led to certain design decisions being made

## 3.7 Summary

This chapter expanded on the design of the system, starting from the user needs analysis, behaviour of the system, system architecture, and design of the interface. The provided diagrams show the organisation of the system, laying the foundation for the implementation which will be discussed in detail in the next chapter.

# Chapter 4

## Implementation and Testing

### 4.1 Introduction

Introduce what this chapter is going to present.

### 4.2 Implementation

#### 4.2.1 Next subsection

#### 4.2.2 Next subsection

### 4.3 Testing

#### 4.3.1 Next subsection

#### 4.3.2 Next subsection

### 4.4 Summary

Summarise what was said in this chapter and link with the next chapter.

# Chapter 5

## Discussion

### 5.1 Introduction

Introduce what this chapter is going to present.

### 5.2 Discussion

### 5.3 Difficulties phased

### 5.4 Knowledge acquired

### 5.5 Future work

### 5.6 Conclusions

# Bibliography

- [1] T. A. D’Amico, “Defining and improving postoperative care,” *The Journal of Thoracic and Cardiovascular Surgery*, vol. 148, no. 5, pp. 1792–1793, 2014.
- [2] S. K. Kare, K. R. Kumar, L. P. Kumar, and N. Naidu, “Post-operative complications in elderly patients undergoing hip fracture surgery: An observational study,” *Asian Journal of Medical Sciences*, vol. 15, no. 3, pp. 191–195, 2024.
- [3] E. A. Surwit and T. Y. Tam, “Postoperative care,” Jan 2008. [Online]. Available: <https://www.glowm.com/section-view/heading/Postoperative%20Care/item/36>
- [4] E. Kachel, K. Constantini, D. Nachman, S. Carasso, R. Littman, A. Eisenkraft, and Y. Gepner, “A pilot study of blood pressure monitoring after cardiac surgery using a wearable, non-invasive sensor,” *Front. Med. (Lausanne)*, vol. 8, p. 693926, 2021.
- [5] M. Demetz, A. Krigers, R. Uribe-Pacheco, D. Pinggera, J. Klingenschmid, C. Thomé, C. F. Freyschlag, and J. Kerschbaumer, “The role of postoperative blood pressure management in early postoperative hemorrhage in awake craniotomy glioma patients,” *Neurosurg. Rev.*, vol. 47, no. 1, p. 452, 2024.
- [6] A. Noto, A. Chalkias, F. Madotto, L. Ball, E. G. Bignami, M. Cecconi, F. Guarra-cino, A. Messina, A. Morelli, P. Princi, F. Sanfilippo, S. Scolletta, L. Tritapepe, A. Cortegiani, and SIAARTI Study Group, “Continuous vs intermittent Non-Invasive blood pressure MONitoring in preventing postoperative organ failure (ni-MON): study protocol for an open-label, multicenter randomized trial,” *J Anesth Analg Crit Care*, vol. 4, no. 1, p. 7, 2024.
- [7] S. M. Frank and L. A. Fleisher, “Temperature’s importance in patient safety reviewed,” <https://www.apsf.org/article/>

temperatures-importance-in-patient-safety-reviewed/, Jun. 1999, accessed: 2025-5-11.

- [8] A. K. Khanna, A. Banga, J. Rigdon, B. N. White, C. Cuvillier, J. Ferraz, F. Olsen, L. Hackett, V. Bansal, and R. Kaw, “Role of continuous pulse oximetry and capnography monitoring in the prevention of postoperative respiratory failure, postoperative opioid-induced respiratory depression and adverse outcomes on hospital wards: A systematic review and meta-analysis,” *J. Clin. Anesth.*, vol. 94, no. 111374, p. 111374, 2024.
- [9] A. K. Khanna, M. Flick, and B. Saugel, “Continuous vital sign monitoring of patients recovering from surgery on general wards: a narrative review,” *Br. J. Anaesth.*, vol. 134, no. 2, pp. 501–509, 2025.
- [10] C. Haahr-Raunkjaer, J. Mølgaard, M. Elvekjaer, S. M. Rasmussen, M. P. Achiam, L. N. Jorgensen, M. I. V. Søgaaard, K. K. Grønbaek, A.-B. Oxbøll, H. B. D. Sørensen, C. S. Meyhoff, and E. K. Aasvang, “Continuous monitoring of vital sign abnormalities; association to clinical complications in 500 postoperative patients,” *Acta Anaesthesiol. Scand.*, vol. 66, no. 5, pp. 552–562, 2022.
- [11] J. Olusegun, M. Alonge, E. Ok, and B. Barnty, “Real-time patient monitoring with iot-integrated wearables,” 02 2025.
- [12] J. B. Harez, S. Akter, R. I. Sony, M. T. H. Amin, M. J. Anee, and A. Hossain, “IoT-Driven System for Continuous Monitoring of Heart Disease Patients Post-Surgery,” 10 2024.
- [13] K. Sundaravadivel, P. Malaiyarasan, H. Karuppiah, and N. Raja, “Iot based vital signs monitoring system for human beings,” *3C Tecnología\_Glosas de innovación aplicadas a la pyme*, pp. 611–621, 11 2021.
- [14] H. Taherdoost, “Wearable healthcare and continuous vital sign monitoring with iot integration,” *Computers, Materials & Continua*, vol. 81, no. 1, pp. 79–104, 2024.  
[Online]. Available: <http://www.techscience.com/cmc/v81n1/58312>
- [15] “What are LoRa and LoRaWAN?” <https://www.thethingsnetwork.org/docs/lorawan/what-is-lorawan/>, accessed: 2025-5-8.

- [16] “LoRa — LoRa documentation,” <https://lora.readthedocs.io/en/latest/>, accessed: 2025-5-8.
- [17] R. Wenner, “LoRa CHIRP,” 17 2017.
- [18] “Sigfox: Advantages and disadvantages,” <https://www.rfwireless-world.com/Tutorials/advantages-and-disadvantages-of-Sigfox-wireless-technology.html>, accessed: 2025-5-8.
- [19] “NB-IoT: Advantages and disadvantages,” <https://www.rfwireless-world.com/Terminology/Advantages-and-Disadvantages-of-NB-IoT.html>, accessed: 2025-5-8.
- [20] <https://iot.telenor.com/technologies/connectivity/lte-m/>, accessed: 2025-5-10.
- [21] “LTE-M: Advantages and disadvantages,” <https://www.rfwireless-world.com/Terminology/Advantages-and-Disadvantages-of-LTE-M.html>, accessed: 2025-5-8.
- [22] “LoRaWAN: Advantages and disadvantages,” <https://www.rfwireless-world.com/Terminology/Advantages-and-Disadvantages-of-Lora-or-LoRaWAN.html>, accessed: 2025-5-8.
- [23] “No title,” <https://www.lancaster.ac.uk/scc/sites/lora/lorasim.html>, accessed: 2025-5-8.
- [24] “Duty cycle,” <https://www.thethingsnetwork.org/docs/lorawan/duty-cycle/>, accessed: 2025-5-11.
- [25] “Wi-Fi beacons & beacon interval: Everything you need to know,” <https://www.7signal.com/news/blog/controlling-beacons-boosts-wi-fi-performance>, accessed: 2025-5-11.



# Appendices

## Appendix A

Write a few words about what is included in this appendix

## Appendix B

Write a few words about the contents of the appendix

# Manuals

## User Manual

This device is designed to collect key health metrics in the post-operative phase via Bluetooth, and help you and your medical professionals monitor said vital signs. The three measurements it is capable of collecting and monitoring currently are blood pressure, temperature, and heart rate. It allows setting ranges for each metric, so that if a reading is outside these ranges it can automatically send it to the cloud and alert your medical professionals in order to allow them to more efficiently take care of you.

### 5.6.1 Getting Started

#### Power On

- Plug in device or add 6xAA standard batteries
- The LCD display will briefly display a message informing you it is booting, followed by "No connection" if there is no device currently set to auto-connect within Bluetooth range, or "Read" if there is a device within range and it automatically connects.

### 5.6.2 Menu Navigation

#### Buttons

- **Prev** (left)
- **Select** (middle)
- **Next** (right)

## Basic Actions

- **Prev/Next:** Move the highlighted option or adjust values
- **Select:** Confirm choice or save a value

### 5.6.3 Main Menus

#### Device has no active Bluetooth connections

- **No connection**
  - Displays when there are no active Bluetooth connections
  - Pressing select on this option has no effect
- **Setup**
  - Allows setting up the acceptable range for each vital sign, where values read from Bluetooth which are within this range will be considered healthy readings
  - Pressing select on this option switches to the Setup menu

#### Device has at least one active Bluetooth connection

- **Read**
  - Enter mode where waiting for incoming Bluetooth data from a paired sensor
  - Buttons have no effect here. When data comes in, device will automatically check the data or remain in this mode if invalid data received.
- **Setup**
  - Allows setting up the acceptable range for each vital sign, where values read from Bluetooth which are within this range will be considered healthy readings
  - Pressing select on this option switches to the Setup menu
- **Disconnect**
  - Disconnect all connected sensors **Note: Not implemented yet**

#### Menu to set acceptable ranges for each vital sign

- **Setup BP**
  - Set minimum and maximum for systolic and diastolic blood pressure
  - Prev button decreases the value, Next increases it. Select confirms the value.
- **Setup Temp**

- Set minimum and maximum for temperature.
- Prev button decreases the value, Next increases it. Select confirms the value.
- **Setup HR**
  - Set minimum and maximum for heart rate.
  - Prev button decreases the value, Next increases it. Select confirms the value.
- **Back**
  - Returns to the previous menu
- The maximum can not be less than the minimum for any given vital sign. For example, concerning the systolic blood pressure maximum, it must be equal to or more than the minimum for systolic blood pressure.

## 5.6.4 Configuring Acceptable Ranges

### Blood Pressure (BP)

1. Select **Setup BP**
2. Adjust **SYS min** (systolic minimum) until reached desired value
3. Press the Select button to commit that value
4. Adjust **SYS max** (systolic maximum) until reached desired value
5. Press the Select button to commit that value
6. Adjust **DIA min** (diastolic minimum) until reached desired value
7. Press the Select button to commit that value
8. Adjust **DIA max** (diastolic maximum) until reached desired value
9. Press the Select button to commit that value
10. After the fourth value, return to Setup

**Note:** If you accidentally set a "max" below its corresponding "min", the device will display a short error message (Err: Max < Min. Re-enter. It will then prompt you to re-enter both values.

### Temperature (TEMP)

1. Select **Setup Temp**
2. Adjust **TEMP min** until reached desired value
3. Press the Select button to commit that value
4. Adjust **TEMP max** until reached desired value
5. Press the Select button to commit that value
6. Returns to Setup

### Heart Rate (HR)

1. Select **Setup HR**
2. Adjust **HR min** until reached desired value
3. Press the Select button to commit that value
4. Adjust **HR max** until reached desired value
5. Press the Select button to commit that value
6. Returns to Setup

## 5.6.5 Taking Readings

1. **Ensure you have at least one paired external sensore of type BP/TEMP/HR**
2. In Connected menu, select **Read**
3. The device listens coninuously until it gets a valid reading. When a new reading arrives, it is automatically processed and transmitted to the cloud if necessary.

### **5.6.6 Readings In Range or Out of Range**

- Within range:
  - No action - device remains in Connected state
- Out of range:
  - The device transitions to the Transmitting state and sends the reading to you cloud central console via LoRaWAN
  - You or your medical professionals can then review the reading remotely.

### **5.6.7 Maintenance & Care**

- Keep the LCD and buttons free from dust and moisture.
- Store in a dry, room-temperature environment.
- Clear with a soft, dry cloth - do not use solvents or other liquids.

# Technical Manual

This manual is intended to be read by people wishing to gain a better understanding of the structure of the codebase for this project, so that they can effectively extend, modify, or otherwise change it. This firmware implements a finite-state machine to manage all functions of the device. These include:

- Connection handling
- Configuration of the acceptable ranges for Blood Pressure, Temperature, and Heart Rate
- Data acquisition, validation, threshold checking, and transmission to cloud via LoRaWAN

All user interaction with the device takes place on a 16x2 I<sup>2</sup>C LCD, navigated by 3 physical buttons.

## 5.6.8 Directory & File Structure

```
/src
+-- globals.h           // Pin, global variable, & EEPROM
    ↳ address definitions, extern globals
+-- menu.h/.cpp         // Menu definitions & handlers
+-- states.h/.cpp       // State functions & FSM table
+-- utils.h/.cpp        // Button debounce, logging, value
    ↳ adjustment, validation
+-- Waveshare_LCD1602.* // Customized LCD driver
+-- vital_monitor.ino    // setup() / loop() wiring FSM +
    ↳ peripherals
```

## 5.6.9 Global Definitions & Naming Conventions

Macros:

- BTN\_PREV, BTN\_SELECT, BTN\_NEXT: GPIO pins connected to the Previous, Select, and Next buttons respectively



- `LED_BLUE`, `LED_GREEN`, `LED_YELLOW`, `LED_RED`: GPIO pins driving the four status LEDs
- `BT_STATE`: GPIO pin reading the Bluetooth module's connection status (HIGH = connected)
- `G*_ADDR`: EEPROM addresses for storing each threshold, where \* will have information about the vital sign, and whether it is a min or a max. All uppercase, and are prefixed with `G_`  
     e.g. `G_TEMP_MIN_ADDR` (the address storing the minimum threshold for temperature) or `G_BP_SYS_MAX_ADDR` (the address storing the maximum threshold for blood pressure, specifically the systolic value)
- `G*_THRESHOLD_MIN`, `G*_THRESHOLD_MAX`: Default (factory) minimum and maximum allowable values for each vital sign. All uppercase, and are prefixed with `G_`

## Global variables:

All lowercase, and are prefixed with `g_`

- **Button states:**
  - `g_prev_button_state`, `g_select_button_state`, `g_next_button_state`: Debounced current readings of the Prev/Select/Next buttons.
- **Menu navigation:**
  - `g_current_option_index`: Index of the currently highlighted menu entry.
  - `g_last_option_index_displayed`: Last index sent to the LCD (to avoid unnecessary redraws every loop).
  - `g_selection_pending`: Flag indicating a Select press is awaiting handling.
- **Threshold values:**
  - **Blood pressure**
    - \* `g_bp_systolic_threshold_min`, `g_bp_systolic_threshold_max`: User-configurable BP bounds (uint8\_t)
  - **Temperature**
    - \* `g_temp_threshold_min`, `g_temp_threshold_max`: User-configurable TEMP bounds (uint16\_t). Stored as the temperature×10 (e.g. 36.5°C stored as 365 to save 2 bytes in memory compared to storing it as a float or double

which would require 4 bytes).

- **Heart rate**

- \* `g_hr_threshold_min, g_hr_threshold_max`: User-configurable HR bounds (`uint8_t`).

- **Finite-State Machine Control:**

- `g_current_state, g_previous_state`: Current and last state in the finite-state machine.
- `g_setup_caller_state`: Remembers which state launched the Setup menu (for "Back" logic, after entering a setup sub-state such as "Setup BP", which would then set `g_previous_state` to the "setup" state instead of "Disconnected" or "Connected").
- `g_multi_reset`: Signals entry into a multi-step threshold setup to initialise its values without needing to create a separate sub-state for each individual value (for example no need to create a sub-state for each of the following: systolic minimum, systolic maximum, diastolic minimum, diastolic maximum).

- **Data buffer:**

- `g_received_data_buffer[G_RECEIVED_DATA_BUFFER_SIZE]`: Holds the latest NUL-terminated Bluetooth message (e.g. "BP:120/80").

- **Debug:**

- `debug_enabled`: Enables or silences `log_msg("DEBUG", ...)` output.

## State Enumeration (states):

The `states` enum defines each major step of the device's operation:

- **DISCONNECTED**

No active Bluetooth connections; waiting to connect. User may enter **SETUP**.

- **CONNECTED**

Bluetooth is up; user may begin reading data, enter **SETUP**, or disconnect the connected Bluetooth devices.

- **SETUP**

Main configuration menu, where user can choose to edit BP, TEMP, or HR thresholds.

- **SETUP\_BP, SETUP\_TEMP, SETUP\_HR**

Sub-menus for adjusting blood pressure, temperature, or heart-rate limits.

- **READING**

Actively listening to receive a measurement string from the Bluetooth module.

- **PROCESSING**

Parsing the incoming data and checking it against the configured thresholds.

- **TRANSMITTING**

Sending an out-of-range measurement onward via LoRaWAN, then returning to **CONNECTED**.

### 5.6.10 State Machine Architecture

`stateTable[]`

An array mapping each `states` value to its handler `StateFunc`

```
struct StateTable stateTable[] = {
    {DISCONNECTED, state_disconnected},
    {SETUP, state_setup},
    {SETUP_BP, state_setup_bp},
    {SETUP_TEMP, state_setup_temp},
    {SETUP_HR, state_setup_hr},
    {CONNECTED, state_connected},
    {READING, state_reading},
    {PROCESSING, state_processing},
    {TRANSMITTING, state_transmitting}
};
```

`loop()` & Transition Logic

```
if (g_current_state in {DISCONNECTED, CONNECTED, SETUP})
    next_state = handle_menu(g_current_state);
else if (g_current_state == READING)
    next_state = state_reading();
... etc ...
next_state = check_bt_connection(next_state);
```

```
if (next_state != g_current_state)
    change_state(next_state);
```

check\_bt\_connection()

- Monitors the BT\_STATE input pin to detect stable Bluetooth connection or disconnection events, and drives FSM transition accordingly.
- Suppresses connection checks during certain states where it is irrelevant (PROCESSING, TRANSMITTING, SETUP, SETUP\_BP, SETUP\_TEMP, SETUP\_HR, ).
- Returns a `states` enum value, either:
  - Unchanged (`current_state`)  
If still within the initial stabilisation period, or if in a state that should ignore Bluetooth changes.
  - CONNECTED  
Upon detecting a sustained HIGH on BT\_STATE.
  - DISCONNECTED  
Upon detecting a sustained LOW on BT\_STATE after a previous HIGH.

change\_state()

- Updates `g_previous_state` and `g_setup_caller_state` (for Setup menu "Back").
- Clears LCD and resets menu indices when entering new state.
- Triggers LED update.

### 5.6.11 Menu System

Menu Tables ( `menu_table[]` )

- Disconnected: {"No connection", "Setup"}
- Setup: {"Setup BP", "Setup Temp", "Setup HR", "Back"}
- Connected: {"Read", "Setup", "Disconnect"}
- Reading/Processing/Transmitting: single-item static menus (no prev/select/next button functionality)

`handle_menu()`

1. Calls `handle_menu_options_buttons()`, which:
  - Edge-detects Prev/Select/Next buttons.
  - Wraps navigation index so that pressing Next on the last entry wraps around to the first entry and vice-versa.
  - Returns 0-N where N is the number of options for that state's menu. Return value is the index of the selected option.
  - Returns 255 if no selection was made.
2. Once Select is detected, dispatches to a new state:
  - In `DISCONNECTED`: "Setup" → `SETUP`.
  - In `SETUP`, enters corresponding `SETUP_*` sub-state or returns via `g_setup_caller_state`
  - In `CONNECTED`:
    - "Read" → `READING`,
    - "Setup" → `SETUP`,
    - "Disconnect" → `DISCONNECTED`

### 5.6.12 Button & LCD Utility Functions

`debounceReadButton()`

Standard 20ms software debounce; tracks `stable_state`.

`log_msg()`

Takes two required parameters: the level of the log message, and the message itself. There are two overloaded versions which take a third optional argument (`const bool` and `unsigned`). Respects `debug_enabled`.

`handle_value_adjust_u8`, `handle_value_adjust_u16`

- Support tap for single increment/decrement, as well as hold for auto-repeat.
- Parameterised by step size, hold delay, and repeat interval. Step size is the amount to increment/decrement, hold delay is how long to wait before considering a button

press as a hold, and repeat interval is used to control speed of press and hold increment/decrement.

`validate_message()`

- Ensures `g_received_data_buffer` matches one of:
  - **BP:2-3 digits/2-3 digits**
  - **TEMP: dd.d**
  - **HR:2-3 digits**
- Rejects malformed strings before processing.

### 5.6.13 Threshold-Setup Framework

Two template functions:

- `multi_threshold_setup_u8()` for 8-bit thresholds.
- `multi_threshold_setup_u16()` for 16-bit temperature thresholds.

Behaviour on entry (`g_multi_reset` flag):

- Reset `step`, `last_drawn`, `last_select`
- Clamp existing `*values[i]` to `[lo[i]..hi[i]]` blocking the user from incrementing/decrementing past the default minimum and maximum allowable values for each vital sign (`G*_THRESHOLD_MIN` and `G*_THRESHOLD_MAX`).

Per-step UI loop:

1. Clear & redraw prompt + current `*values[step]`.
2. Call `handle_value_adjust`.
3. On **Select** button rising edge:
  - If `max < min` (for paired steps), display error and repeat this step.
  - Otherwise write changed values to EEPROM.
  - Advance `step`; if `step == count`, return to `previous_state`.

### 5.6.14 Bluetooth Data Flow

1. `state_reading()`
  - Monitors `BT_STATE` pin for disconnect.

- Reads bytes until `\n`.
- Strips optional `\r`.
- Validates via `validate_message()`.
- Sends `ACK` or `RETRY` over Bluetooth module's UART.
- On valid data, copies it into `g_received_data_buffer` and transitions to the `PROCESSING` state.

## 2. `state_processing()`

- Parses buffer depending on prefix ("`BP:`", "`TEMP:`", "`HR:`").
- Checks parsed values against `g*_threshold_{min,max}`.
- If out-of-range, returns `TRANSMITTING` state, otherwise returns `CONNECTED` state.

## 3. `state_transmitting()`

- Placeholder to send `g_received_data_buffer` to cloud via LoRaWAN (Not implemented yet).
- Always returns `CONNECTED` state.

## 5.6.15 EEPROM Storage

- Addresses:
  - **BP:** bytes 0-3 (one byte each, min/max for systolic and diastolic)
  - **TEMP:** 4-7 (two bytes each, min/max) (uint16\_t little-endian)
  - **HR:** 8-9 (one byte each, min/max)
- Initialisation (in `setup()`):
  - Read each address; if uninitialised (`0xFF/0xFFFF`) as they will be on the very first boot of the device, load default macros  
(`G*_THRESHOLD_MIN`, `G*_THRESHOLD_MAX`)

For temperature which is a `uint16_t`, need to read in a special way:

```
g_temp_threshold_min = EEPROM.read(G_TEMP_MIN_ADDR) |
                      (EEPROM.read(G_TEMP_MIN_ADDR + 1) << 8);
```

Read the low byte first and logical OR it with the high byte, shifted 8-bits left.

- Writing:
  - Only write when new value  $\neq$  stored value to minimise wear on the EEPROM cells (limited writes).

### **5.6.16 LCD Driver Adjustments**

- Based on manufacturer's Waveshare\_LCD1602 library
- Had to comment out the line: `Wire.setPins(4, 5);`