

Detection of a spontaneous pulse by photoplethysmography during experimental automated cardiopulmonary resuscitation

R.W.C.G.R. Wijshoff†‡, W.H. Peeters‡, G.J. Noordergraaf§, M. Mischi† and R.M. Aarts†‡

† Department of Electrical Engineering, Eindhoven University of Technology, Eindhoven, The Netherlands

‡ Philips Research, Eindhoven, The Netherlands

§ Department of Anaesthesiology and Resuscitation and the CPRLab, St. Elisabeth Hospital, Tilburg, The Netherlands
E-mail: {ralph.wijshoff, w.peeters, ronald.m.aarts}@philips.com, {r.w.c.g.r.wijshoff, m.mischi, r.m.aarts}@tue.nl, g.noordergraaf@elisabeth.nl

Introduction

Detecting return of spontaneous circulation (ROSC) during cardiopulmonary resuscitation (CPR) typically involves pulse checks by palpation. Palpation requires interruption of chest compressions. Because palpation is challenging and time-consuming, interruptions can be long, which adversely affects CPR outcome.

Here we propose photoplethysmography (PPG) to support ROSC detection and reduce interruptions in compressions. We developed an algorithm to obtain a compression-free PPG signal which estimates the spontaneous pulse waveform.

Methods

On ten pigs, automated CPR was performed in series of 30 compressions at 100 min^{-1} , alternated by two ventilations. We measured a reflective infrared PPG signal on the nose, trans-thoracic impedance (TTI) between the defibrillation pads, and aortic blood pressure.

The compression-free PPG signal was obtained by subtracting the compression component which was modelled by a harmonic series. For each compression, the fundamental frequency of the series was the compression rate derived from the TTI signal. A least mean-square algorithm estimated the amplitudes of the harmonics.

Algorithm performance was quantified during cardiac arrest by the percentage of reduction in root mean-squared (RMS) amplitude of the compression component. The RMS amplitude was determined per series of compressions.

Results

A compression rate of $99.9 \pm 1.7 \text{ min}^{-1}$ was accurately derived from the TTI signal. The compression component was effectively reduced by $79\% \pm 9\%$, such that the compression-free PPG signal showed absence of a spontaneous pulse during cardiac arrest.

Seven out of ten animals achieved ROSC. The compression-free PPG signal showed presence of a spontaneous pulse in these animals, provided that spontaneous pulse rate and compression rate were different.

Conclusion

Reducing the compression component in a PPG signal is feasible during automated CPR. The compression-free PPG signal can show absence or presence of a spontaneous pulse during compressions, which can support ROSC detection.