

CUTTING-EDGE ANESTHESIA: Visualizing patient vital signs during surgery

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Can we efficiently increase the amount of patient information conveyed to doctors during surgery?

Current screens do NOT include vitals trend Current screens do NOT allow extensive Current vital monitors are NOT customizable visualization— crucial to preventing adverse exploration of past measurements nor automatic calculation of vitals statistics events during surgery \Leftrightarrow \Leftrightarrow BP real-time display of measured values :05 :06 :07 :59 04:03 :01 :02 :03 :04 18 :59 04:03 :01 :02 :03 :04 :05 22 -04:05 04 PM 04:10 04:18 04 PM 04:05 04:10 04:15 \Leftrightarrow value of measurement at the present time SpO2 **V5** trend of measured viewing window, slide to look at past values values :06 :59 04:03 :01 --:02 --:03 --:03 18 :59 04:03 :01 100 Ή 04:05 04:10 04:1{ 04 PM 04 PM 04:10 04:05 04:18 \Leftrightarrow drag to reposition plot View EKG II View EKG II View Art View BP View Art View EKG V5 View SpO2 View BP View QT View ETCO2 View QT View PR View ETCO2 View QRS View ST View PR View QRS View ST View MAP View SystBP View DiasBP View SystBP View DiasBP View MAP calculate and plot some vitals statistics of interest select to display custom automatically traces restore all plots to default settings Restore All Defaults

- 1 Interview anesthesiologists
- Identify monitors most frequently used
- Identify difficulties in vitals monitoring
- 2 Surgical observation
- Historical trends not easily available
- Statistics require manual calculation by the user
- Current screen difficult to customize

- Brainstorm redesign
- Provide access a patient's entire vital sign history
- Interactivity to allow user to specify and follow long-term trends, and compute statistics from raw data

Implement redesign with D3

- Use synthetic health data
- Focus + content brushing
- Draggable elements
- Customizable display

- Product testing (Future Work)
- Comparison of previous monitor to our design using students.
- Maybe expand to anesthesiologists following further redesign.