



# Wireless Body Area Network for Heart Attack Detection and Automatic Alert System

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**Abstract:** Heart assaults can happen at whatever time and anyplace. Utilizing unavoidable innovation, for example, a cell phone and a little wearable ECG sensor it is conceivable to gather the client's manifestations and to recognize the onset of a heart assault by examining the ECG recordings. On the off chance that the application surveys that the client is at hazard, it will ask the client to call the crisis benefits promptly. In the event that the client has a heart failure the application will naturally decide the present area of the client and caution the emergency vehicle administrations and others to the individual's area. The principle goal of this article is to create individual test heart assault application to identify potential casualties, without the intercession of restorative expert. The point is additionally to make the emergency vehicle benefit accessible at the patient's area, advised by the casualty's application in the wake of identifying heart assault. The application utilizes remote body region arrange for observing the heart heartbeats and distinguishing the heart assault. The BAN utilizes particular ECG sensors that recognizes human body's electrical properties, to empower surface-wave spread around the body.

**Key terms:** ECG, Heart attack, Arduino.

## 1. INTRODUCTION

Myocardial dead tissue (MI) or intense myocardial localized necrosis (AMI), regularly known as a heart assault happens when blood stream stops to a piece of the heart making harm the heart muscle. The most widely recognized side effect is trunk torment or uneasiness which may go into the shoulder, arm, back, neck, or jaw. Regularly it is in the middle or left half of the trunk and goes on for more than a couple of minutes. The uneasiness may once in a while feel like indigestion. Different indications may incorporate shortness of breath, sickness, feeling faint, an icy sweat, or feeling tired. Around 30% of individuals have atypical indications, with ladies more probable than men to exhibit atypically. Among those more than 75 years of age, around 5% have had a MI with almost no history of indications.

A MI may bring about heart disappointment, a sporadic pulse (counting genuine sorts), cardiogenic stun, or heart failure. Most MIs occur due to coronary artery disease. Risk factors include high blood pressure, smoking, diabetes, lack of exercise, obesity, high blood cholesterol, poor diet, and excessive alcohol intake, among others. The mechanism of an MI often involves the complete blockage of a coronary artery caused by a rupture of an atherosclerotic plaque. MIs are less commonly caused by coronary artery spasms, which may be due to cocaine, significant emotional stress, and extreme cold, among others. An ECG may confirm an ST elevation MI if ST elevation is present. Commonly used blood tests include troponin and less often creatine kinase MB.

Aspirin is an appropriate immediate treatment for a suspected MI. Nitroglycerin or opioids may be used to

help with chest pain; however, they do not improve overall outcomes. Supplemental oxygen should be used in those with low oxygen levels or shortness of breath. In ST elevation MIs treatments which attempt to restore blood flow to the heart are typically recommended and include percutaneous coronary intervention (PCI), where the arteries are pushed open and may be stented, or thrombolysis, where the blockage is removed using medications. People who have a non-ST elevation myocardial infarction (NSTEMI) are often managed with the blood thinner heparin, with the additional use of PCI in those at high risk. In people with blockages of multiple coronary arteries and diabetes, bypass surgery (CABG) may be recommended rather than angioplasty. After an MI, lifestyle modifications, along with long term treatment with aspirin, beta blockers, and statins, are typically recommended.

As indicated by WHO, almost 24% of Indian populace experience the ill effects of heart assault. By 2025, heart assault will be the main source of death all through the world. Examinations in India demonstrate that more than 3rd of Indians would not call a rescue vehicle on the off chance that they thought they were showing at least a bit of kindness assault. The survival rates of heart-related occasions are straightforwardly identified with the reaction time of medicinal work force. Individuals encountering myocardial dead tissue don't look for restorative care.

After a heart assault it is vital to get treatment as fast as could be expected under the circumstances, since there is an immediate connection between time-to-treatment and the achievement of reperfusion. Individuals who

experience the ill effects of extreme heart assaults, a significant number of them lose their life inside an hour prior to the achievement of the doctor's facility.

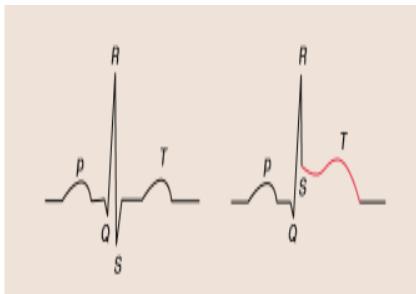


Fig 1, A normal heart beat (left) and a heart beat during a myocardial infarction (right)

Figure 1 demonstrates a typical ECG flag and a ST lifted flag. The significant segments are the P wave, the QRS complex, and the T wave. Another essential area of the ECG motion for coronary illness is the ST section. The ST fragment is the level isoelectric area of the ECG between the finish of the QRS complex and the start of the T wave.

## 2. RELATED WORK

[1] Coronary illness is the most well-known reason for death on the planet, and the survival rates of heart-related occasions are straightforwardly identified with the reaction time of medicinal faculty. By playing out a long haul and persistent following of the ECGs of an individual, myocardial dead tissue (all the more usually known as a heart assault) and other lethal heart-related breakdowns might be distinguished hours before the client would have looked for therapeutic treatment. As a huge rate of the total populace utilizes cell phones, an Android application was prepared the information. The framework, which comprises of an ECG sensor that utilizations cathodes attached with sticky tape to the client's trunk to gauge an ECG flag. The estimations are sent to a microcontroller, where they are handled and sent to a Bluetooth handset. The information are communicate to the client's telephone by means of a PIFA of possess plan. They are gotten and prepared in an application that shows the ECG and the got flag quality. The cathodes are associated with the ECG board through standard anode links. When utilizing the framework, the anodes are secured with sticky tape to the client's trunk, the get together box is set in an agreeable position on the client's trunk, and the application is downloaded to an Android cell phone and began. The Android application is made to deal with information from the sensor. The application has two modes: one that presentations ECG voltage readings and one that demonstrates the flag quality. [2] The primary motivation behind this examination work is to build up a remote sensor arrange framework that can consistently screen and recognize cardiovascular illness experienced in patients at

remote zones. A wearable remote sensor framework is intended to consistently catch and transmit the ECG signs to the patient's cell phone. The speediest ready will be issued to specialists, relatives, and doctor's facilities, utilizing the proposed information preparing calculation executed in the patient's cell phone. The entire information from WWSS will likewise be transmitted to a focal station, which gives a support of the specialist to view his patient's record and give his medicine remotely, on his demand. This framework consolidates remote sensor organize innovation with different remote advancements, for example, cell arrange, remote LAN, and broadband system, for productive and quick conveyance of wellbeing cautions. An inventive two stage ready scattering is intended to furnish the social insurance with least deferral, adding to the lessening of danger to human life. The framework likewise gives openness of the patient's notable records by any specialist chosen by the patient. The framework can be delivered in ease, since it just needs to build up a wearable remote sensor framework, the product stages, and the improvement of information stockpiling ability. [3] Heart assaults can happen at whatever time and anyplace. Utilizing unavoidable innovation, for example, a cell phone and a little wearable ECG sensor it is conceivable to gather the client's manifestations. In the event that the application evaluates that the client is at hazard, it will encourage the client to call the crisis benefits instantly. In any case, after a heart assault it is critical to get treatment as fast as would be prudent, since there is an immediate connection between time-to-treatment and the accomplishment of reperfusion (reclamation of blood stream to the heart). The cell phone application investigations, continuously, information remotely gotten from the sensors, for example, an electrocardiogram (ECG), circulatory strain estimations or accelerometer information. The cell phone can send this information, progressively, to heart pros. In the event that the individual is excessively unwell and not capable, making it impossible to utilize the telephone a relative or any individual adjacent can help noting the inquiries. On the off chance that at least one inquiries are addressed emphatically, the application will ask the individual to call the crisis administrations. [4] The fundamental point of this paper is to give serious answer for heart assault through Cyber Physical System (CPS). Digital Physical System is one of the blossoming advances with extensive variety of utilizations. Progression in Micro Electro Mechanical Systems (MEMS) innovation has made a gigantic effect on the present medicinal social insurance situation. It has empowered the plan of little estimated remote correspondence frameworks effortlessly. A little wearable remote checking framework examines the patient's ECG flags constantly and transmits the signs to basic leadership and control frameworks. The notice framework sends an alarm if there should be an occurrence of crisis to the guardians portable. This life sparing framework lessens the death rate of heart patients and it go



about as a powerful heart mind administration to patients. The information In this framework remote correspondence between Wireless Monitoring framework, Wireless basic leadership and control framework and remote incitation framework happens through zigbee innovation.

[5] The central purpose of this paper is to give genuine response for heart strike through Cyber Physical System (CPS). Computerized Physical System is one of the blooming propels with broad assortment of usages. Movement in Micro Electro Mechanical Systems (MEMS) development has made a massive impact on the present therapeutic social protection circumstance. It has enabled the arrangement of little evaluated remote correspondence systems easily. A little wearable remote checking system looks at the patient's ECG hails always and transmits the signs to fundamental administration and control structures. The notice system sends a caution if there ought to be an event of emergency to the watchmen convenient. Our proposed structure uses ease, imperativeness gainful and tried and true zigbee advancement for correspondence among the physical portions and in this way the feasibility of the system is pushed ahead. This life saving system decreases the passing rate of heart patients and it go about as an intense heart mind organization to patients. Record Terms-advanced physical system (CPS), scaled down scale electro mechanical structures (MEMS) development, remote watching, control and incitation system. In this structure remote correspondence between Wireless Monitoring system, Wireless fundamental administration and control system and remote incitation structure occurs through zigbee advancement.

### 3. ARCHITECTURAL DESIGN

System architecture is a conceptual model that defines the structure, behaviour and more views of a system. The above figure shows system architecture proposed by the article.

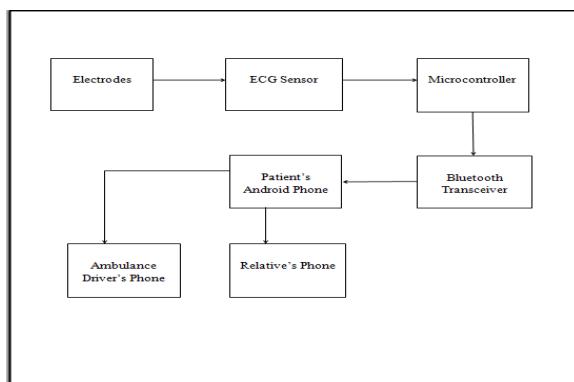


Figure 2: System Architecture

ECG sensor that utilizations cathodes are secured with sticky tape to the client's trunk to gauge an ECG flag. The cathodes are associated with the ECG board through

standard terminal cables. The estimations are sent to a microcontroller (Arduino) where they are prepared and sent to a Bluetooth transceiver. The microcontroller is associated by a wire to the ECG sensor and connected straightforwardly to the transceiver. The information are communicate to the client's phone. The values are received and handled in an application that shows the ECG and the got flag strength. They got flag assessed against edge values. On the off chance that the flag crosses limit esteem, then application drive the notice to the closest rescue vehicle benefits alongside the client's area.

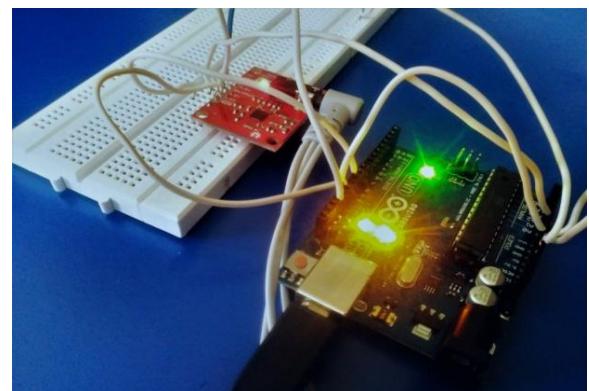


Figure 3: Experimental setup

In the above figure, the anodes are associated with the ECG board by means of standard terminal links. The microcontroller is associated by a wire to the ECG sensor and appended straightforwardly to the handset

**SENSOR:** The sensor arrangement is made out of three anodes, two for estimations and one for reference. The terminals are associated with a board with channels and speakers particularly made for ECG signals. The flag is prepared by an ATmega328 microcontroller incorporated with an UNO board. This microcontroller was picked in light of the fact that it has enough space to fit the code for controlling the handset and has low power utilization. The integrated-circuit Bluetooth low-energy nRF8001 transceiver has a greatest power yield with an ostensible estimation of 0 dBm. It is associated with the UNO board by means of a Bluetooth 4.0 low-vitality shield form 2.1 breakout board. The handset speaks with the UNO board utilizing a serial fringe interface.

### ANDROID APPLICATION:

The Android application is made to deal with information from the sensor. The application has two modes: one that presentations ECG voltage readings and one that demonstrates the flag quality. The modes can be picked by squeezing a catch. As the application is propelled, it plays out a sweep for gadgets and enables the client to choose the ECG sensor. The application then gets and deciphers information from the sensor and showcases it on the screen as a plot.



## 4. RESULTS

**4.1 ECG RECORDING:** The application will request that the client take two ECG recordings that the application will investigate for indications of a myocardial dead tissue (MI). Utilizing the 2-terminals, 1-lead ECG sensor the application educates well ordered where to put the 4 anodes on the body and how to connect and work the ECG screen. The ECG recordings will then be collected and sent to the application.

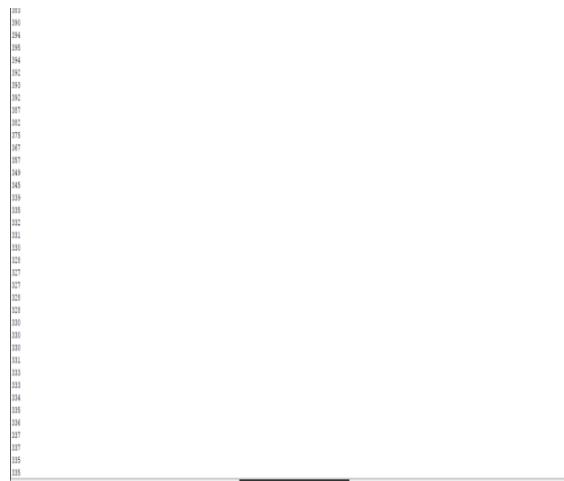
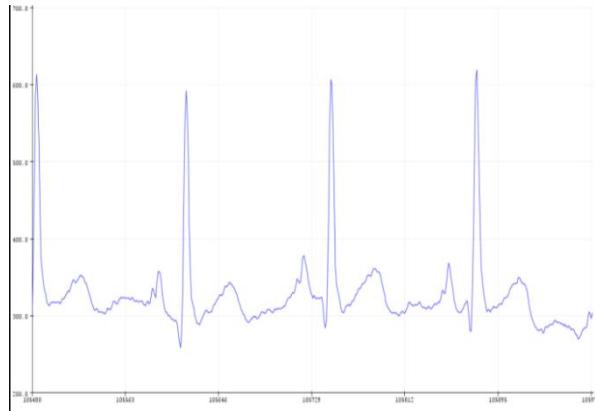


Figure 4: ECG values recorded serially



**4.2 FINALISE SELF TEST:** On the off chance that the crisis administrations are called, the application will offer exhortation to the casualty and spectators while sitting tight for the rescue vehicle to arrive. Counsel is shown and played in a recorded message. The crisis administrator may be on the telephone giving extra exhortation that ought to be taken after. On the off chance that no heart assault side effects are found, the application encourages the client to wear the ECG screen for whatever remains of the day so that the individual is constantly observed by the Personal Health Monitor.

**4.3 NOTIFYING THE EMERGENCY SERVICES:**  
The application will automatically send the emergency

message to the nearest ambulance along with the location of the patient. The application will send alert message to the relatives of the patient as well. Application will provide necessary precaution to be taken before the ambulance arrives by voice messages or the videos.

## 5. CONCLUSION

In this paper, we are proposing a framework for automatic heart attack detection system. This system is cost effective. The open source hardware platform Arduino has been used to develop this system. Also, we are proposing an android application when read the threshold value of heart beat of patients and intimates patients' emergency condition for ambulance service also for relatives. In future, this system can be enhanced to still compatible wearable device and much more cost effective device.

## REFERENCES

- [1] Ms.P.Prittopau, Ms.S.Sathya and Ms.K.Jayasree "Cyber Physical System Approach for Heart Attack Detection and Control Using Wireless Monitoring and Actuation System" Febraruay 2015.
- [2] Peter Leijdekkers and Valérie Gay "A Self-test to Detect a Heart Attack Using a Mobile Phone and Wearable Sensors" 2007.
- [3] Z. Rebollo-Nandi,A. Chávez-Olivera, R. E. Cuevas-Valencia,A. Alarcón-Paredes, G. A. Alonso "Design of a Versatile Low Cost MobileHealth Care Monitoring System Using an Android Application" 2015.
- [4] J. P. Pell, J. M. Sirel, A. K. Marsden, and S. M. Cobbe, "Effect of reducing ambulance response times on deaths from out of hospital cardiac arrest: cohort study," BMJ, vol. 322, no. 7299, pp. 1385–1388, June 2001.
- [5] Kala John Kappiarukudil, Maneesha Vinodini Ramesh "Real-Time Monitoring and Detection of Heart Attack Using Wireless Sensor Networks" 2010.
- [6] M. Raju, Heart-Rate and EKG Monitor Using the MSP430FG439. Dallas, TX: Texas Instruments, 2007.
- [7] R. Antonicelli, C. Ripa, A. M. Abbatecola, C. A. Capparuccia, L. Ferrara, and L. Spazzafumo, "Validation of the 3-lead tele-ECG versus the 12-lead tele-ECG and the conventional 12-lead ECG method in older people," J. Telemed. Telecare, vol. 18, no. 2, pp. 104–108, Mar. 2012.
- [8] Hitchcock, T., Rossouw, F., McCoubrie, D., Meek, S.: Observational study of prehospital delays in patients with chest pain. In: Emerg Med J; 20: 270-273 (2003).
- [9] G. Gimenez, J. Guixer, F. J. Villaescusa, J. Saiz, S. Merce, and R. Rodriguez, "A New System for Integral Community Cardiac Rehabilitation Based on Technological Platforms for the Lifestyle Change Supporting System," ISSN. Computers in Cardiology, pp. 845-848, 2006.
- [10] H. Lars, E. Andreas, and I. Halfdan, "Cardiac Monitoring Using Transducers Attached Directly to the Heart," IEEE International Ultrasonic Symposium 2008.