An Enhanced Automated System for Detecting and Preventing Blood Backflow During IV Infusion Therapy

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Abstract: Blood backflow into intravenous (IV) drip bottles is a significant challenge faced in hospitals and healthcare facilities, particularly in low-income and developing countries. This issue often arises during infusion therapy due to inadequate medical equipment, lack of consistent monitoring, and deficiencies in healthcare infrastructure, leading to potential health risks for patients. IV drip systems are designed to deliver essential fluids, nutrients, and medications directly into a patient's bloodstream. However, blood backflow occurs when the pressure in the patient's vein exceeds that of the IV system, causing contamination, blood clot formation, and interruptions in treatment. Key factors contributing to this problem include the absence of advanced IV devices equipped with anti-backflow mechanisms, staffing shortages resulting in insufficient patient monitoring, and inconsistent availability of essential medical supplies. The implications of blood backflow can be severe, including treatment delays and heightened infection risks, particularly for vulnerable patients. To address this pressing issue, a multifaceted approach is required. This includes increasing access to modern IV devices, providing targeted training for healthcare workers, and strengthening healthcare systems to ensure consistent monitoring of IV therapy. This paper presents a design for an innovative, low-cost automatic system aimed at detecting and preventing blood backflow during IV infusion therapy. By enhancing the quality of care in resource-limited settings, this system has the potential to improve patient outcomes and reduce infection risks associated with infusion therapy.

Keywords—IV therapy, blood backflow, health risk,

1. Introduction

Blood backflow from the patient's body into the intravenous (IV) drip bottle is a frequent occurrence in hospitals and healthcare centers, especially in low-income and developing countries. During infusion therapy, this issue often arises due to the lack of advanced medical equipment and consistent monitoring, as well as limitations in healthcare infrastructure. The problem not only disrupts the treatment process but also exposes patients to potential health risks, making it a significant concern in these settings [1].In infusion therapy, IV drip systems are widely used to deliver fluids, nutrients, and medications directly into a patient's bloodstream. These systems consist of a drip bottle, tubing, and a needle or catheter inserted into a vein. While IV therapy is generally effective, blood backflow occurs when the pressure inside the patient's vein is higher than the pressure in the drip system, causing blood to flow back into the tubing and sometimes into the drip bottle. This situation can lead to contamination, blood clotting in the tubing, and interruptions in the infusion process [2] .Several factors contribute to the prevalence of blood backflow in lowresource settings. One primary reason is the lack of sophisticated IV devices equipped with anti-backflow mechanisms, which are common in more developed healthcare systems. These devices typically have built-in

valves or other features that prevent blood from flowing back into the IV line. However, in many developing countries, healthcare facilities rely on basic IV drip systems that lack these features, increasing the likelihood of backflow [3]. Additionally, staffing shortages and the high patient-to-nurse ratio in many low-income hospitals mean that healthcare workers may not be able to monitor each patient's IV line as closely as needed. In developed countries, healthcare professionals often have the resources and time to frequently check IV lines and make adjustments to prevent backflow. In contrast, overworked staff in developing countries may be unable to provide this level of attention, leading to a higher risk of complications like blood backflow [4]. Another contributing factor is the inconsistent availability of medical supplies. In many low-income regions, healthcare facilities may face shortages of essential medical equipment, including proper IV sets with antibackflow valves. As a result, healthcare workers may be forced to use substandard or outdated equipment, further increasing the likelihood of blood backflow. The consequences of blood backflow can be serious. When blood enters the IV tubing or drip bottle, it can lead to clot formation, which can obstruct the flow of fluids or medications [5]. This blockage may cause delays in treatment, potentially worsening the patient's condition. Moreover, stagnant blood in the tubing or bottle increases the risk of bacterial contamination, which can lead to

infections or other complications. For patients with compromised immune systems or those already battling infections, such risks can be life-threatening [6]. In some cases, the backflow of blood may even lead to the need for restarting the infusion process entirely. This not only wastes valuable medical supplies, such as tubing and IV fluids but also subjects the patient to additional discomfort and increases the risk of infection from repeated needle insertions. For healthcare facilities with limited resources, the financial burden of replacing IV supplies can strain already stretched budgets. Addressing the issue of blood backflow in developing countries requires a multifaceted approach. First and foremost, there is a need for improved access to modern IV devices equipped with anti-backflow mechanisms [7]. Governments, international health organizations, and non-governmental organizations (NGOs) should work together to ensure that healthcare facilities in low-resource areas have access to these essential devices. By providing healthcare workers with better tools, the risk of blood backflow can be significantly reduced.

Training healthcare workers is another critical aspect of solving this problem [8]. Even in low-resource settings, proper training on how to prevent blood backflow can make a significant difference. For example, educating nurses and doctors on maintaining the correct height of the drip bottle relative to the patient's body can help prevent the pressure imbalance that causes backflow. Additionally, training healthcare staff to recognize the early signs of backflow and take immediate corrective action can mitigate the risk of further complications [9]. Moreover, efforts to strengthen healthcare systems in developing countries, including increasing staffing levels and improving supply chains for medical equipment, can help reduce the occurrence of blood backflow. Better staffing ensures more attentive monitoring of IV therapy, while improved supply chains ensure that healthcare facilities have consistent access to the equipment they need.Blood backflow into IV drip bottles during infusion therapy is a persistent issue in low-income and developing countries, primarily due to outdated equipment, limited resources, and staffing shortages. However, with increased access to modern IV devices, proper training for healthcare workers, and improvements in healthcare infrastructure, this problem can be effectively addressed [7]. By tackling this issue, healthcare systems in these regions can improve patient outcomes, reduce infection risks, and enhance the overall quality of care during infusion therapy. This paper presents a design of a low cost improved automatic system for detecting and preventing blood backflow of fluid during an iv infusion therapy.

METHODOLOGY

To develop the design from a block diagram to illustrate its desired sections which included the spring and potentiometer, micro controller unit, the alarm, power system and the servo motor for preventing the flow of fluids. It is from this block circuit diagram that the electrical component of the device

was developed. The device was to operate according to the block circuit diagram illustrated below;

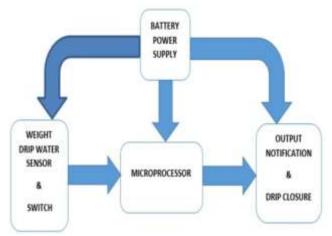


Figure 1: showing the block diagram

OPERATION OF THE PROTOTYPE

The device is powered on the spring will be adjusting depending on the weight of the drip bottle. The spring is connected to the potential meter which monitors the movement of the drip and the string and sends information to the micro controller. The micro controller measures voltage coming in from the potential meter which is from the weight of the drip bottle. The micro controller receives and executes information and then gives out commands to three different devices. (led, buzzer, servo motor.)

CONCLUSION

Implementing an automated stopping mechanism for intravenous (IV) therapy is a crucial advancement in healthcare, especially in low-resource settings. This technology ensures that IV drips are automatically halted once the prescribed dosage is delivered or if any complications, such as blood backflow, arise. By integrating sensors and automated controls, the system significantly reduces the risk of human error, minimizes the occurrence of over-infusion. and prevents complications like blood backflow. This automation also alleviates the burden on healthcare workers, allowing them to focus on other critical tasks in high-demand environments where constant monitoring of IV lines is difficult. Furthermore, automated IV stopping enhances patient safety, promotes efficiency in healthcare delivery, and reduces resource wastage. As healthcare systems in developing countries seek to improve patient care, adopting such innovations can lead to better outcomes and optimize the use of limited medical supplies and personnel.

REFERENCE

- [1] J. M. Naylor, G. A. Zello, and S. Abeysekara, "a Dvances I N O Ral a Nd I Ntravenous F Luid T Herapy," 2006.
- [2] dan S. V. S. K. Moorthy, J., K. Karunakan, "An

- Automated Locking System to Prevent Backflow of Blood in an Intravenous Setup," *Glob. J. Res. Eng.*, vol. 20, no. 2, pp. 26–34, 2020.
- [3] W. Canterbury, P. Intravenous, T. Policy, and M. Practitioners, "Peripheral Intravenous Therapy Purpose Requirements for Peripheral Intravenous Therapy Endorsement: General IV Procedural Requirements," no. December, 2023.
- [4] T. Premier, P. Of, Q. Medical, T. Programs, and N. Accredited, "IV," no. 772, 2016.
- [5] Y. G. Bvsc, "IV Fluid Therapy Set Up Equipment list:," 2017.
- [6] R. Amin, R. Gul, and A. Mehrab, "Hospital Waste Management: Practices in Different Hospitals of Distt. Peshawar," *Prof. Med. J.*, vol. 20, no. 6, pp. 988–994, 2013, [Online]. Available: http://www.mendeley.com/research/hospital-waste-management-practices-different-hospitals-distt-peshawar
- [7] S. Selvarajamanickam, T. Karthik, R. Logananth, R. Geeta, and K. J. Prasanna, "Design of Blood Reversal Prevention in IV Therapy," vol. 45, no. 1, pp. 3274–3279, 2024.
- [8] K. Chaudhary, L. Gupta, and R. Anand, "Avoiding iatrogenic thrombo-embolism: The 'KAPLIT' technique," *Scand. J. Trauma. Resusc. Emerg. Med.*, vol. 18, no. 1, p. 53, 2010, doi: 10.1186/1757-7241-18-53.
- [9] P. Ambesh and S. P. Ambesh, "A simple technique to prevent reverse flow of blood from intravenous line in ipsilateral arm with noninvasive blood pressure cuff," *J. Clin. Diagnostic Res.*, vol. 9, no. 9, p. UL01, 2015, doi: 10.7860/JCDR/2015/15089.6546.