



MULTIMODAL MONITORING IN NEUROCRITICAL CARE

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MOTIVATION

- Currently: Unimodal analysis of data
- Problem:
 - ❑ Several different machines
 - ❑ False alarms
 - ❑ Large time gap between consecutive monitoring tasks
- Proposal: Multimodal continuous monitoring
- Approach: Combine various datasets intelligently
- Aim: To predict secondary brain insults, brain ischemia



SIMULATION DATA

1) Continuous EEG signals: Taken from Bern-Barcelona EEG database.

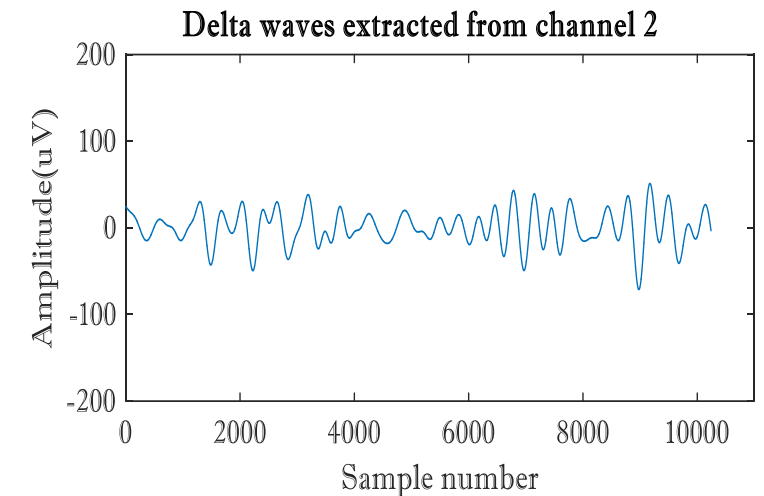
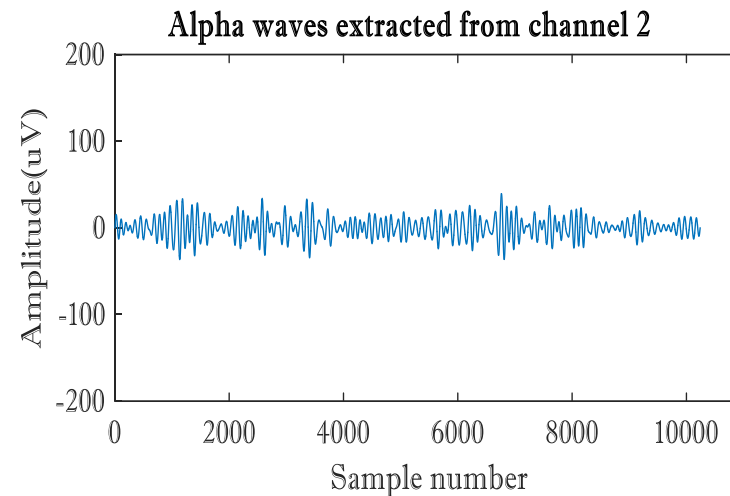
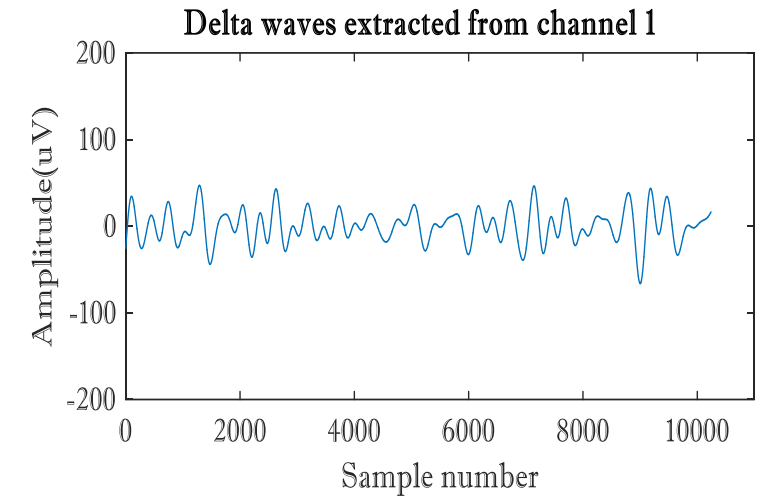
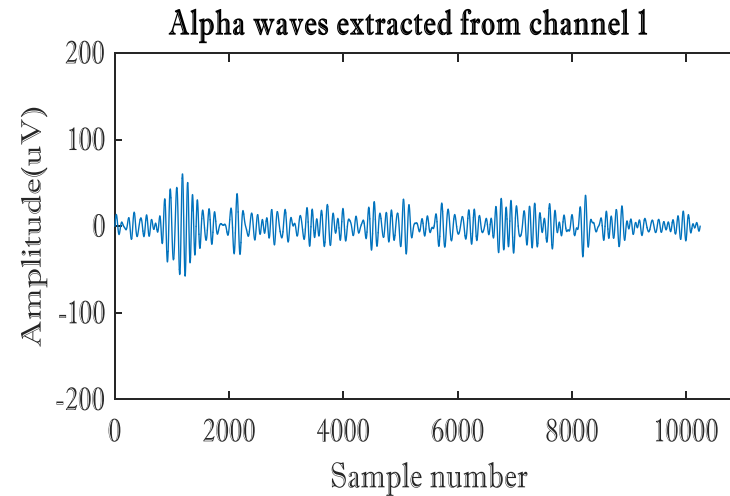
❑ Patients suffering from temporal lobe epilepsy.

❑ Sampling frequency: 1024 Hz.

❑ Number of samples: 10240.

❑ Parameters utilized (displaying for 1 patient):

Continuous EEG monitoring

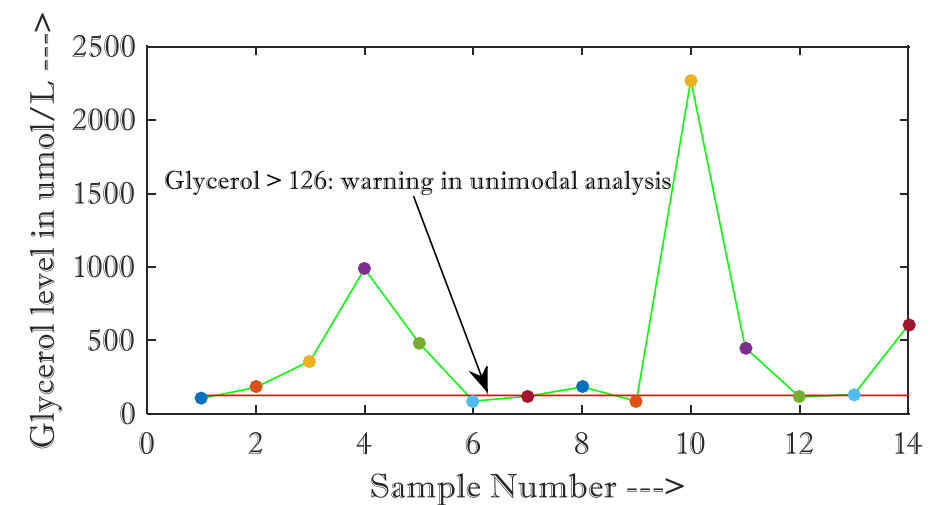
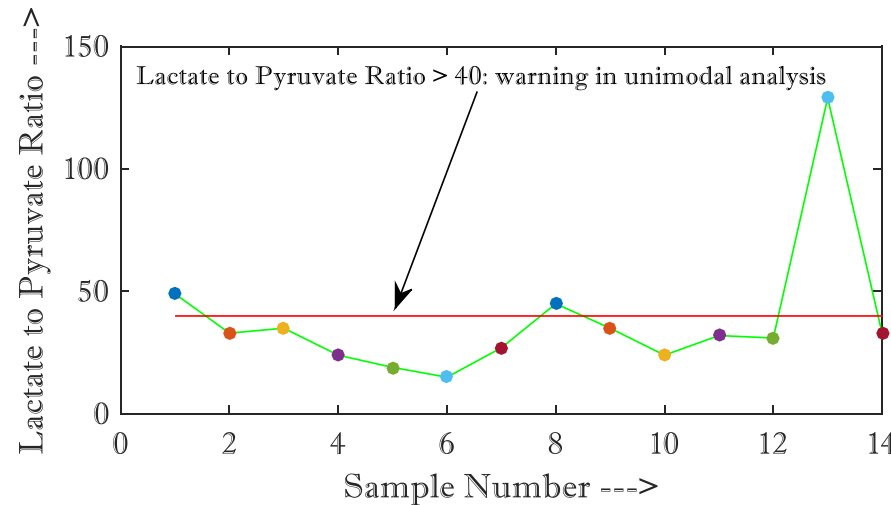
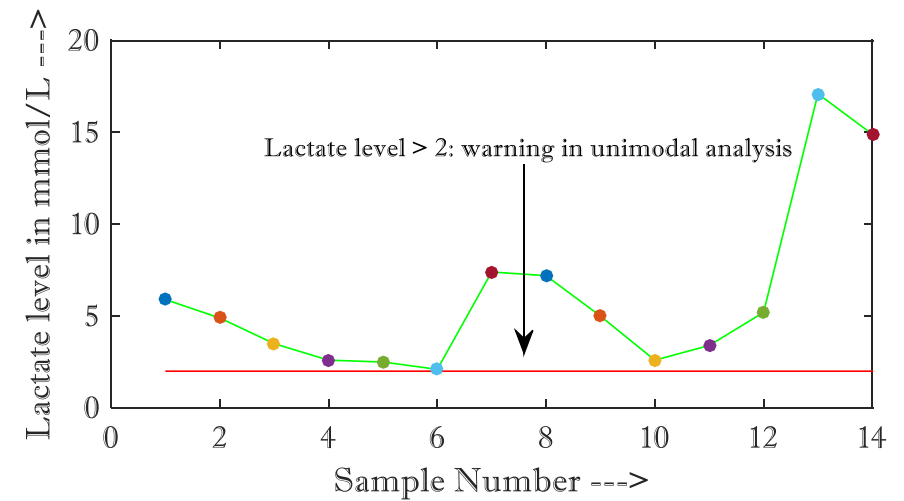
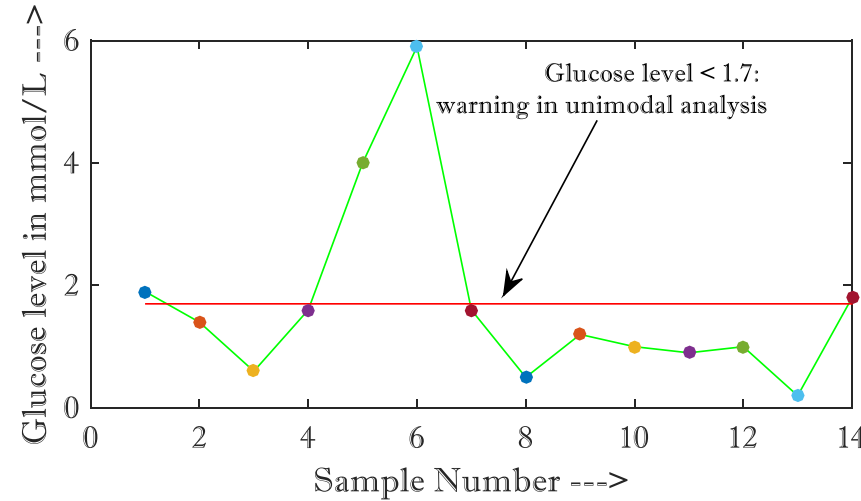


SIMULATION DATA

2) Cerebral Microdialysis data:

- ❑ 50 patients suffering from Traumatic Brain Injury (TBI).
- ❑ Sampling frequency: 0.1 Hz.
- ❑ Parameters utilized (displaying for 1 patient):

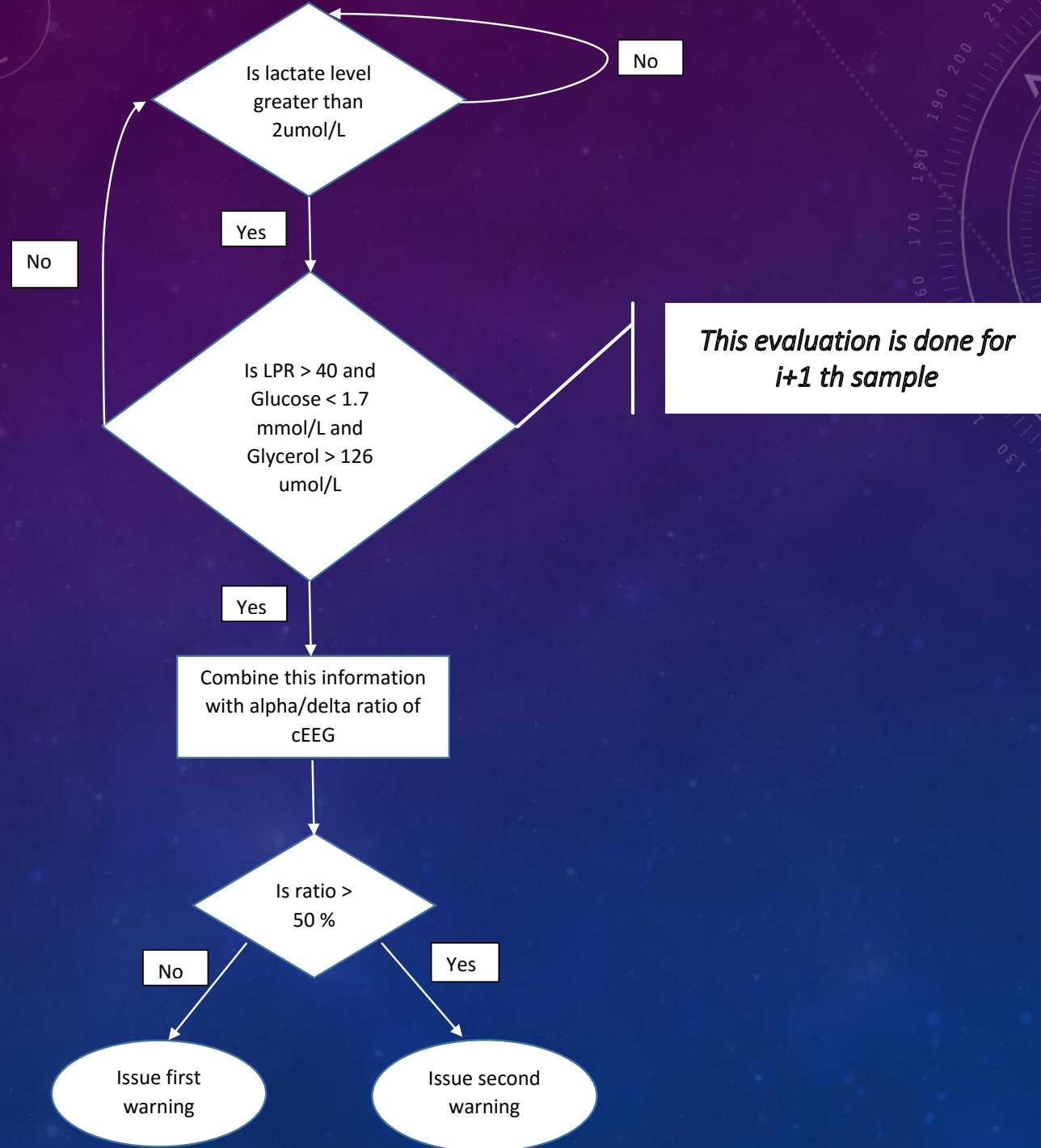
Distribution of microdialysis parameters with sample number



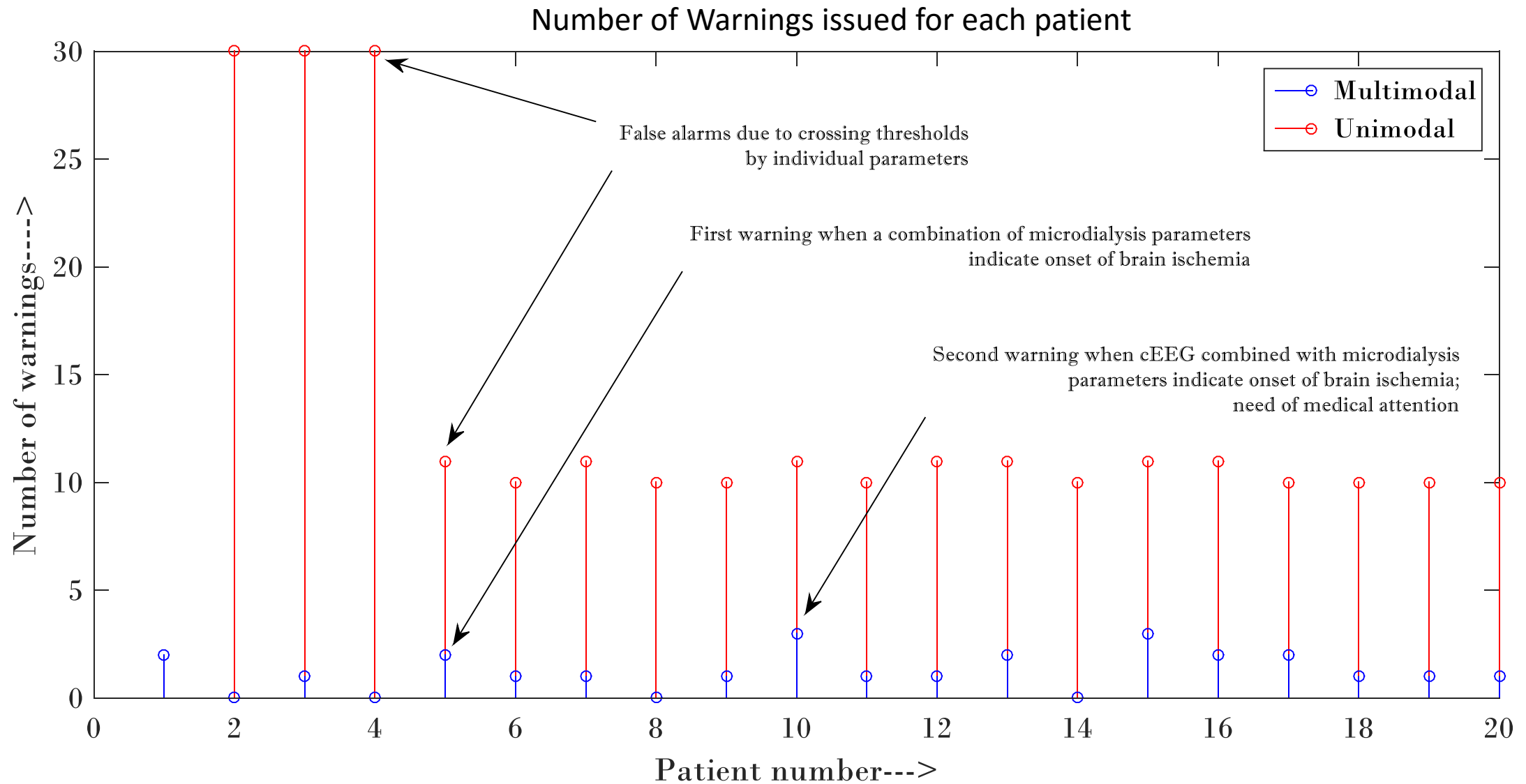
KEY FACTORS

- Sampling time of all data should be matched.
- Care should be taken such that different data are evaluated at the same time duration.
- Stationary and non-stationary datasets should be evaluated appropriately.
- Easier to remain in the time domain for stationary and non-stationary datasets.
- An inherent associated drawback would be that of time lag present among different machines or the variation in the time precision.

ALGORITHM



RESULTS



REFERENCES

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- [3] Naro, Daniel, et al. "Detecting determinism with improved sensitivity in time series: Rank-based nonlinear predictability score." *Physical Review E* 90.3 (2014): 032913.
- [4] R.G. Andrzejak, K. Schindler, and C. Rummel, "Nonrandomness, nonlinear dependence, and nonstationarity of electroencephalographic recordings from epilepsy patients," *Phys. Rev. E*, vol. 86, 046206, 2012.
- [5] Claassen, Jan, et al. "Quantitative continuous EEG for detecting delayed cerebral ischemia in patients with poor-grade subarachnoid hemorrhage." *Clinical neurophysiology* 115.12 (2004): 2699-2710.