## **Palestine Polytechnic University**



**Colle College of Engineering &Technology Electrical & Computer Engineering Department** 

**Graduation Project** 

## **Design and Implementation a System of Heparin Pump by Stepper Motor**

**Project Team** 

**Isra' Ahmed Heif Manar Ahmed shahatit** 

**Project Supervisor** 

**Dr. Ramzi Qawasmeh** 

**Hebron – Palestine** 

**Jun 2011** 

## **Design and Implementation a System of Heparin Pump by Stepper Motor**

**Project Team:** 

**Isra' Ahmed Heif Manar Ahmed shahatit** 

**Supervisor: Dr. Ramzi Qawasmeh** 

**Graduation Project Report** 

**Submitted to the Department of Electrical and Computer Engineering in the College of Engineering and Technology** 

**Palestine Polytechnic University** 

**Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 

**Chairperson of Supervisory Committee** 

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 

بسم الله الرح*من* الرحيم جامعة بوليتكنك فلسطين كلية الهندسة و التكنولو**ج**يا

ا**سم المشروع** 

## **DESIGNE A SYSTEM OF HEPARIN PUMP BY STEPPER MOTOR**

اسماء الطلبة<del>.</del>

**اJ6اء ا:5K 45W ............................ ............................ X4YGZ[ K:5ا رG@F**

## توقيع المشرف

**..................................................** 

توقيع اللجنة الممتحنة

**............................... ....................................... .........................** 

<mark>توقي</mark>ع رئيس الدائرة

**....................................** 

### **Abstract**

The main objective of the project is to design and implement a control system for providing a precise amount of heparin during hemodialysis procedure using stepper motor.

Heparin is injected into the blood stream between blood pump and dialyzer by syringe pump with capacity of 60 ml. An inductive proximity sensor is used to determine the level of heparin inside the syringe.

The designed system is based on a microcontroller that controls the whole system and all heparin pump parameters.

## ملخص المشروع

نهدف في مشروعنا هذا إل*ى* تصميم وبناء نظام يتحكم بتزويد كميات معينة من مادة الهيبارين (المضادة **لتخثر الدم) خلال عملية غسيل الكلى باستخدام ماتور الخطوات .** 

يتم حقن هذه الكمية من الهيبارين بين مضخة الدم ومرشح الدم في جهاز غسيل الكل*ى و*هذه الكمية تعا*د*ل . 60 مليلتر . ويتم استخدام المجس الحثي لتحديد كمية الهيبارين داخل الإبر *ة*.



....اليكم جميعا احبتنا ....

### ACKNOWLEDGMENT

 This project would not have been possible without the assistant of many individuals. We are grateful to these people, who volunteered their time and advice, especially, **Dr. Ramzi Qawasmeh** we are thanking your efforts during preparing this project.

Also we are grateful to Alia hospital Mechanical Engineering Department

 Finally, grateful for the assistant and cooperation of all those who contributed suggestion and reviews.

## **Table of Contents**







## **List of Tables**



## **List of Figures**





# **1**

# **Introduction**

- **1.1 Overview**
- **1.2 Project Objectives**
- **1.3 Project Importance**
- **1.4 Literatures Review**
- **1.5 Scheduling Table**
- **1.6 Estimated Cost**
- **1.7 Project Risk Management**
- **1.8 Report Contents**

ــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ

### **Chapter one Introduction**

### **1.1 Overview**

 It is obvious that Biomedical Engineering Technology has a great importance on the health-care field which makes our life safe by designing biomedical devices to achieve better diagnostic and treatment of diseases. Some of these devices are used as treatment devices to decrease the ability of infection by keeping the balance required.

 Our project "Design and Implementation a system of heparin pump which is used in hemodialysis using a stepper motor.

 Stepper motor is an automatic device for slowly discharging the contents of a syringe through a cannula into a vein. It is normally a simple electromechanical device.

### **1.2 Project Objectives**

 In this project we aim to design and implement a system of heparin pump which is used in hemodialysis using a stepper motor to:

- 1. Adjust the amount of heparin injected in the blood according to the operations of arithmetic.
- 2. Design a drive circuit for stepper motor.
- 3. Design a control system using PIC microcontroller.

### **1.3 Project Importance**

 Since the inception of the chronic hemodialysis procedure in the 1960s, anti coagulation has remained an important component of adequate treatment management. Traditionally, the challenging task of preventing clotting of the extracorporeal circuit without placing the patient at increased risk for bleeding, complications has been managed and solved using heparin.

 heparin is injecting by syringe pump into the segment between the blood pump and the dialyser.



**Figure 1.1 Heparin infusion line** 

 From The importance of heparin to the patient life care and to prevent blood clotting during the treatment we see the importance of our project to facilitate the

delivery of heparin to the patient in limited quantities and in times of need, through the pump controlled by the stepper motor and PIC microcontroller.



**Figure 1.2 Heparin Delivery System** 

### **1.4 Literatures Review**

 Activated clotting time (ACT) and the whole blood partial thromboplastin time (WBPTT) have been used to measure the anticoagulability of heparin. Both these tests use whole blood, and can produce results in minutes, making them desirable for clinical use. Following enactment of the Clinical Laboratory Improvement Amendments (CLIA) of 1988.

 Automated clotting time measurement systems replaced the manually performed WBPTT as the means of monitoring anticoagulation during hemodialysis in the United States Such procedures are associated with increased overhead costs and are difficult to incorporate into everyday use in a busy hemodialysis center, an alternative anticoagulation strategy uses intermittent heparin dosing. An initial loading dose of heparin is administered, followed by one or more additional bolus doses during dialysis. Intermittent dosing is simple and eliminates the need for an infusion pump and syringe.

 In 1994: describes the use of a computer-controlled system that uses sparse the activated clotting time ( ACT) measurements as the basis for automatically adjusting the heparin infusion rate to provide a target level of anticoagulation

 The infusion regimen is delivered by means of a computer-controlled syringe pump. A menu-driven program allows the operator to enter patient data, verify parameters such as the syringe size and concentration of heparin in the syringe.[15]

### **1.5 Scheduling Table**

The timing management will divide the system hierarchy according to the actions:

**T1:** *Preparing to the project:* this stage of the project primarily aims to identify the contents of it, discuss the initial information, and evaluate the project tasks and levels.

**T2:** *The project analysis:* the analysis process includes extensive study for all possible design options of the project.

**T3:** *Conceptual Design:* project objectives, design block diagram that will be done and we will show how our system will work.

**T4:** *Studying project component and schematic analysis:* it is necessary to study the specifications of project components to meet the requirements of the project.

**T5:** *Preparing project parts*: determining the appropriate electrical and mechanical components that are suitable for our design.

**T6:** *Programming microcontroller:* writing subprograms from project, and testing them on subsystem circuits in order to build whole system program.

**T7:** *Hardware implementation:* include building electronic circuits, mechanical subsystems, and finally combining them together.

**T8***: Testing the system:* testing the system, calibration, discovering the problems, and solve them.

**T9:** *Writing the documentation:* writing the documentation of project.







### **Table 1.2: Timing plane**

### **1.6 Estimated Cost**

 This section lists the overall cost of the components that are considered in implementing the system.

There are many electrical and mechanical parts with expected cost as follow.



### **Table 1.3: Hardware Cost**



### **1.7 Project Risk Management**

 There are a lot of risks that occur and we have to declare them in the early time of the project designing and manipulation, when we find a problem we should try to solve it without affecting on the whole project.

### **1.7.1 Hardware Risks**

 The most important hardware parts in our project are the PIC microcontroller, syringe pump, inductive sensor, stepper motor, rack and pinion gears. The predicted risks are:

- Gear designing problem.
- The inductive sensor does not respond.
- Wrong connection of microcontroller.
- Stepper motor accuracy.

### **1.7.2 Group Risks**

- Illness of one or more of group members.
- Group meeting difficulties.

### **1.7.3 Project Risks**

- Inaccurate schedule.
- Latency of devices arrival.

### **Recovery**

- Demand device at earlier time.
- Start working on the implementation earlier.
- Use alternate devices with the same functionality and less cost.

### **1.8 Report Contents**

 Our project is divided into six chapters; these chapters could be described as follow:

### **Chapter 1: Introduction**

 This chapter presents overview, project objectives, Project importance, project scheduling, Literatures Review, estimated cost, and report contest.

### **Chapter 2: Physiological Background**

 This chapter discusses the circulatory system, blood system renal system and dialysis machine with its block diagram.

### **Chapter 3: Theoretical Background**

 This chapter discusses the stepper motor, inductive sensor, pic microcontroller and power supply.

### **Chapter 4: Project Conceptual Design**

This chapter discusses the project objectives, project design and block diagram.

### **Chapter 5: Detailed Technical Project Design**

This chapter discusses the subsystem detailed design.

### **Chapter 6: Software**

This chapter includes software of the project and flowchart of the process.

### **Chapter 7: System Implementation and Testing**

This chapter includes implementation and testing of our design.

## **Chapter 8: Conclusion and Future Work**

This chapter includes conclusion and suggestions for development.

# **2**

## **Physiological Background**

 Before we start in project design, we must have strong physiological background about the project and its components, so this chapter will discuss this topic.

 **ــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ**

### **2.1 Circulatory System**

**2.1.1Circulatory System Definition 2.1.2Circulatory System Main Parts**

### **2.2 Blood System**

**2.2.1 Blood Definition 2.2.2 Blood Clots** 

### **2.3 Urinary System**

**2.3.1 Urinary System Definition 2.3.2 Components of the Urinary System**

### **2.4 Hemodialysis Machine**

**2.4.1 Hemodialysis Machine Definition 2.4.2 History of Dialysis Machine 2.4.3 Theory of Operation 2.4.4 Components and Monitoring** 

### **2.5 Whole Hemodialysis Machine Diagram**

### **Chapter Two**

### **Physiological Background**

### **2.1 Circulatory System**

### **2.1.1 Circulatory System Definition**

 The circulatory system is made up of the vessels and the muscles that help and control the flow of the blood around the body. This process is called circulation. The main parts of the circulatory system are the heart, arteries, capillaries and veins.

 The blood begins to circulate; it leaves the heart from the left ventricle and goes into the aorta. The aorta is the largest artery in the body. The blood leaving the aorta is full of oxygen. This is important for the cells in the brain and the body to do their work. The oxygen rich blood travels throughout the body in its system of arteries into the smallest arterioles.

 On its way back to the heart, the blood travels through a system of veins. As it reaches the lungs, the carbon dioxide (a waste product) is removed from the blood and replace with fresh oxygen. [5]



**Figure 2.1 Blood Circulatory System**

### **2.1.2 Circulatory System Main Parts**

The main parts of the system are the heart, arteries, veins and capillaries.



**Figure 2.2 Heart & Blood Vessels System** 

### **2.1.2.1 The Heart.**

.

 The muscle that pumps blood received from veins into arteries throughout the body. It is positioned in the chest behind the sternum, in front of the trachea, esophagus, and aorta; and above the diaphragm muscle that separates the chest and abdominal cavities. The normal heart is about the size of a closed fist, and weighs about 10.5 ounces. It is cone-shaped, with the point of the cone pointing down to the left. Two-thirds of the heart lies in the left side of the chest with the balance in the right chest

 The heart is composed of specialized cardiac muscle, and it is four-chambered, with a right atrium and ventricle, and an anatomically separate left atrium and ventricle. The blood flows from the systemic veins into the right atrium, thence to the right ventricle, from which it is pumped to the lungs, then returned into the left atrium, thence to the left ventricle, from which it is driven into the systemic arteries.

 The heart is thus functionally composed of two hearts: the right heart and the left heart. The right heart consists of the right atrium, which receives deoxygenated blood from the body, and the right ventricle which pumps it to the lungs under low pressure; and the left heart, consisting of the left atrium, which receives oxygenated blood from the lung, and the left ventricle, which pumps it out to the body under high pressure.

### **2.1.2.2 The Arteries**

 Arteries are tough, elastic tubes that carry blood away from the heart. As the arteries move away from the heart, they divide into smaller vessels. The largest arteries are about as thick as a thumb. The smallest arteries are thinner than hair. These thinner arteries are called arterioles. Arteries carry bright red blood! The color comes from the oxygen that it carries.

 The muscular wall of the artery helps the heart pump the blood. When the heart beats, the artery expands as it fills with blood. When the heart relaxes, the artery contracts, exerting a force that is strong enough to push the blood along. This rhythm between the heart and the artery results in an efficient circulation system.

### **2.1.2.3 The Veins**

 Veins carry the blood to the heart. The smallest veins, also called venules, are very thin. They join larger veins that open into the heart. The veins carry dark red blood that doesn't have much oxygen. Veins have thin walls. They don't need to be as strong as the arteries because as blood is returned to the heart, it is under less pressure.

Veins receive blood from the capillaries after the exchange of oxygen and carbon dioxide has taken place. Therefore, the veins transport waste-rich blood back to the lungs and heart. It is important that the waste-rich blood keeps moving in the proper direction and not be allowed to flow backward. This is accomplished by valves that are located inside the veins. The valves are like gates that only allow traffic to move in one direction.

 The vein valves are necessary to keep blood flowing toward the heart, but they are also necessary to allow blood to flow against the force of gravity. For example, blood that is returning to the heart from the foot has to be able to flow up the leg. Generally, the force of gravity would discourage that from happening. The vein valves, however, provide footholds for the blood as it climbs its way up.

### 2.1.2.4 **The capillaries**

 Capillaries are very thin and fragile. The capillaries are actually only one epithelial cell thick. They are so thin that blood cells can only pass through them in single file. The exchange of oxygen and carbon dioxide takes place through the thin capillary wall. The red blood cells inside the capillary release their oxygen which passes through the wall and into the surrounding tissue. The tissue releases its waste products, like carbon dioxide, which passes through the wall and into the red blood cells.

 Arteries and veins run parallel throughout the body with a web-like network of capillaries, embedded in tissue, connecting them. The arteries pass their oxygen-rich blood to the capillaries which allow the exchange of gases within the tissue. The capillaries then pass their waste-rich blood to the veins for transport back to the heart.

### **2.2 Blood System**

### **2.2.1 Blood Definition**

Blood is a liquid that flows within blood vessels. It is constantly in motion as the heart pumps blood through arteries to the different organs and cells of the body. The blood is propelled back to the heart in the veins. When muscles contract, they squeeze the veins and allow the blood to be pushed back to the heart.[5]



**Figure 2.3 Blood Cells**

 Because it contains living cells, blood is alive. Red blood cells which containing hemoglobin and white blood cells that fight infection are responsible for nourishing and cleansing the body.

 Vitamins and Minerals keep the blood healthy. The blood cells have a definite life cycle, just as all living organisms do. Approximately 55 percent of blood is plasma, a straw-colored clear liquid. The liquid plasma carries the solid cells and the platelets which help blood clot.

### **Blood performs many important functions within the body including:**

- Supply of oxygen to tissues by hemoglobin included in red blood cells..
- Supply of nutrients such as glucose, amino acids, and fatty acids .
- Removal of waste such as carbon dioxide, urea, and lactic acid.
- Immunological functions, including circulation of white blood cells, and detection of foreign material by antibodies.
- Coagulation, which is one part of the body's self-repair mechanism.
- Messenger functions, including the transport of hormones and the signaling of tissue damage.
- Regulation of body pH.

### **2.2.2 Blood Clots**

 Blood clotting is an important mechanism to help the body repair injured blood vessels. When the human body loses a little bit of blood through a minor wound, the platelets cause the blood to clot so that the bleeding stops. Because new blood is always being made inside of your bones, the body can replace the lost blood.

 Platelets are irregularly-shaped, colorless bodies that are present in blood. Their sticky surface lets them, along with other substances, form clots to stop bleeding.

 A clot begins to form when the blood is exposed to air. The platelets sense the presence of air and begin to break apart. They react with the fibrinogen to begin forming fibrin, which resembles tiny threads. The fibrin threads then begin to form a web-like mesh that traps the blood cells within it. This mesh of blood cells hardens as it dries, forming a clot.



**Figure 2.4 Blood Clots** 

### **2.3 Urinary System**

### **2.3.1 Urinary System Definition**

 The urinary system consists of all the organs involved in the formation and release of urine. These organs control the amount of water and salts that are absorbed back into the blood and what is taken out as waste. This system also acts as a filtering mechanism for the blood. It includes the kidneys, ureters, bladder and urethra.

 The kidneys are bean-shaped organs which help the body produce urine to get rid of unwanted waste substances. When urine is formed, tubes called **ureters** transport it to the urinary bladder**,** where it is stored and excreted via the urethra**.** [8]

### **2.3.2 Components of the Urinary System**

 Urinary System includes the kidneys, ureters, bladder and urethra as shown below:



**Components of the Urinary System** 

**Figure 2.5 Urinary System Components** 

### **2.3.2.1 Kidneys**

 The kidneys are the primary organs of the urinary system , kidneys are large, bean-shaped organs towards the back of the abdomen. They lie behind a protective sheet of tissue within the abdomen. One side of the kidney bulges outward (convex) and the other side is indented (concave). The kidneys perform many vital functions which are important in everyday life. The kidneys are the organs that filter the blood, remove the wastes, and excrete the wastes in the urine.

 The most basic structures of the kidneys, are nephrons. There are over one million nephrons in each human kidney and together they are responsible for the complex water regulation and waste elimination functions of the kidneys**.**

 The renal artery delivers blood to the kidneys each day. Over 180 liters (50 gallons) of blood pass through the kidneys every day. When this blood enters the kidneys it is filtered and returned to the heart via the renal vein.

 The process of separating wastes from the body's fluids and eliminating them, is known as excretion. The body has four organ systems that are responsible for excretion. The urinary system is one of the main organ systems responsible for excretion. It excretes a broad variety of metabolic wastes, toxins, drugs, hormones, salts, hydrogen irons and water. The kidneys are the main organs of the urinary system.

### **2.3.2.1.1 Kidney Functions**

- Control of the body's water balance.
- Regulation of blood pressure via the renin-angiotensin-aldosterone system.
- Regulation of blood electrolyte balance Na+, Ca2+, K+ etc.
- Excretion of metabolic wastes such as urea, creatinine and foreign substances such as drugs and the chemicals we ingest with our food.
- Help in the regulation of the body's acid base balance.
- Regulation of red blood cell production via the hormone erythropoietin.

### **2.3.2.1.2 KIDNEY FAILURE**

 **Acute kidney failure** occurs when illness, or injury temporarily damages the kidneys. Consequently, the kidneys cannot adequately remove fluids and wastes from the body or properly regulate certain chemicals in the bloodstream. Although this can cause some problems in the short term, with proper and timely treatment, it can typically be reversed. Often there is no permanent damage to the kidneys.

 **Chronic kidney failur**e unlike acute kidney failure which is temporary, failure long term and in most cases, irreversible. This is extremely serious and could eventually lead to a total shut down of the kidneys (end stage renal failure). Without proper treatment, to remove the wastes and fluids from the bloodstream, this condition is fatal.



**Figure 2.6 Kidney Anatomy Internal** 

### **2.3.2.2 Ureters**

 The ureters are two tubes that drain urine from the kidneys to the bladder. Each ureter is a muscular tube about 10 inches (25 cm) long. Muscles in the walls of the ureters send the urine in small spurts into the bladder

### **2.3.2.3 Bladder**

 The bladder is a pyramid-shaped organ which sits in the pelvis (the bony structure which helps form the hips). The main function of the bladder is to store urine and, under the appropriate signals, release it into a tube which carries the urine out of the body. Normally, the bladder can hold up to 500 mL of urine. The bladder has three openings: two for the ureters and one for the urethra (tube carrying urine out of the body).

### **2.3.2.4 Urethra**

 The urethra is a muscular tube that connects the bladder with the outside of the body. The function of the urethra is to remove urine from the body.

### **2.4 Hemodialysis Machine**

 Medical Instruments and tools that are used in medical field especially in kidney frailer treatment clinics, for removing waste products such as creatinine and urea, as well as free water from the blood when the kidneys are in renal failure
#### **2.4.1 Hemodialysis Machine Definition**

 Dialysis machines are artificial kidneys that perform most, but not all, kidney functions for patients who have permanent or temporary renal failure. The machines use hemodialysis to cleanse the blood and balance its constituents. With this process, the patient's blood is circulated through the machine where it is filtered and balanced for electrolytes, pH, and fluid concentration before being returned to the patient. One Common problem with renal failure is water retention, so it is common for the process to remove several pints of fluid from the patient's blood.

 There are two basic classes of dialysis machines: clinical units, which are commonly cabinet-size machines operated by trained technicians; and home-use dialysis machines, which are smaller and sometimes portable.

 Normally, patients with complete loss of kidney function would need to visit the clinic at least three times per week and spend about four hours connected to the machine.

 With home-use machines, patients have more flexibility in scheduling dialysis, and they can dialyze for longer periods and more frequently.

#### **2.4.2 History of Dialysis Machine**

 Dialysis machine passed through several stages of development, side by side with the development in medical field, the following table summaries dialysis machine development hierarchy.[13]

Year	Development
1854	Thomas Graham; the first presented the principles of solute transport
	across a semi permeable membrane.
1913	Abel; the first developer artificial kidney.
1924	Hass; the first applied hemodialysis in a human.
1943 - 1945	Kolff; first developer for artificial kidney into a clinical useful apparatus.
1950	Kolff's, invention of the dialyzer was used for acute renal failure
1962	Scribner; invented first outpatient dialysis facility

**Table 2.1: Historical background about dialysis machine**

#### **2.4.3 Theory of Operation**

 The patient's blood is continuously pumped from an artery, a large vein, or a surgically modified vein to allow high blood flow rates. Its pressure is monitored both upstream and downs-tream from the peristaltic blood pump. Before the blood enters the dialyzer, heparin is added to prevent clotting. A syringe pump is used to deliver the heparin at a precisely controlled rate.

 The blood then enters the dialyzer where it passes across a large-surface-area, semipermeable membrane with a dialysate solution on the other side. A pressure gradient is maintained across the membrane to ensure the proper flow of compounds out of and into the blood. After cleansing and balancing within the dialyzer, the blood is passed through an air trap to remove any air bubbles before it is returned to the patient. An air bubble sensor ensures that no air bubbles remain.

 Blood-pressure, oxygen-saturation, and hematocrit levels (blood cell concentration) are monitored for proper operation of the machine and to ensure patient safety. For maximum effectiveness, fresh dialysate is continually pumped through the dialyzer during operation.[7]

#### **2.4.4 Components and Monitoring**

#### **2.4.4.1 Blood tubing**

 There are two parts of the blood tubing: arterial and venous. The arterial segment is most often color-coded red; the venous segment is most often color-coded blue During hemodialysis, blood from the patient's vascular access (arterial needle) flows to the dialyzer. Blood flows back to the patient's access (venous needle) through blood tubing. The inner diameter of the blood tubing is small and smooth on the inside to reduce clotting and air bubbles.



**Figure 2.7 Blood Tubing System** 

#### **2.4.4.2 Dialyzer**

 The dialyzer is made of thousands of microscopic fiber tubes. These tubes can be likened to drinking straws that have small holes punched in the sides of the straws. These holes in the fibers are too small to allow the blood cells to pass.

 The dialyzer is hooked to larger hoses that flow the dialysate through the area around the fibers in the dialyzer (usually in the opposite direction from the blood flow), and by pressure and osmosis, the fluid around the cells in the blood that contains the urea (waste) passes out of the blood and into the dialysate and to the waste system (drain).[16]





#### **2.4.4.3 Blood pump/blood flow rate**

 The blood pump moves blood from the patient's arterial needle through the blood tubing, to the dialyzer, and then back to the patient through the venous needle. Most often, the type of blood pump used is a roller pump. This pump uses a motor that turns a roller head. Speed of the roller head determines blood flow rate, which is set by the staff person.

 The blood pump segment of the blood tubing is threaded between the rollers and the pump head. The rollers turn, blocking the tubing and pushing blood out of the segment. After the roller has passed, the segment resumes its shape and blood is drawn in to refill the pump segment. In this way, blood is pulled into and pushed out of the segment at the same time.



#### **2.4.4.4 Extracorporeal pressure monitors**

 One of the functions of a hemodialysis machine is to measure and display arterial and venous pressures as well as to notify the operator when these pressures fluctuate outside of an established alarm limit. It is, however, the responsibility of the caregiver who monitors and interprets these pressure readings to determine how effectively or safely a treatment is being performed and to initiate appropriate interventions. A comparison of pressure readings from the patient's previous treatments at like blood

pump speeds should be done each treatment to determine if the currently displayed pressures are typical or may be an indication of a problem. It is this comparison and the knowledge of acceptable pressure limits that enable caregivers to provide quality care for hemodialysis patients.



**Figure 2.10 Extracorporeal Pressure Monitors** 

# **2.4.4.5 Air detectors**

 Air/foam detectors continuously check the blood in the venous tubing segment for air and foam. The system may check for air at the venous drip chamber or at the blood tubing.

#### Edited by Foxit Reader Copyright(C) by Foxit Software Company,2005-2007 For Evaluation Only.

Air detectors are ultrasonic devices that check for changes in a sound wave sent Therefore, any air in the blood will raise the speed at which the sound wave passes through the blood, setting off an alarm. through a cross-section of the blood path. ultrasound travels faster through air than liquid.



**Figure 2.11 Air Detector**

#### **2.4.4.6 Blood Leak Monitoring**

Used to check for blood in the used dialysate. The detector can sense very small amounts of blood, less than can be seen with the naked eye. The blood leak detector shines a beam of light through the used dialysate and onto a photocell or photoresistor. Normally, dialysate is clear, so the light can pass through. But even a tiny amount of blood will break the light beam. The detector will sense such a break, triggering audible and visual alarms. When a blood leak alarm occurs, the blood pump stops and the venous line clamps to prevent further blood loss.



**Figure 2.12 Blood Leak Monitoring**

#### **2.4.4.7 Heparin system**

 When the patient's blood touches the artificial materials of the lines and dialyzer, it tends to clot. Heparin, an anti-clotting drug, or anticoagulant, is used to prevent clotting in the extracorporeal blood circuit.

 Heparin can be given intermittently (on and off) during dialysis; a prescribed amount is injected into the arterial bloodline at prescribed times. Also can be given by bolus (the full prescribed amount is given all at once just before the treatment.) or can be given by continuous infusion (a prescribed rate throughout the treatment.) A syringe filled with heparin and an infusion pump are used and the pump slowly injects heparin into the extracorporeal circuit

 For most patients, heparin is stopped before the end of the treatment so blood clotting can go back to normal.

. A continuous infusion heparin pump has four parts:

- **1.** A syringe holder
- **2.** A piston to drive the plunger of the syringe
- **3.** An electric motor to drive the plunger forward and infuse heparin from the syringe
- **4.** A way to set the prescribed infusion rate

 Heparin pumps have variable speeds that can be set to the physician's prescription.

 Heparin is infused into the heparin line on the arterial blood tubing before the dialyzer. Most heparin lines are placed after the blood pump segment. This helps avoid negative pressure at the part of the blood circuit that could otherwise draw air into the extracorporeal circuit through the heparin line. [12]



**Figure 2.13 Heparin Pump**

#### **2.5 Whole Hemodialysis machine diagram**



# **Single-Patient Dialysate Delivery System**

**Figure 2.14 Single-patient dialysate delivery system**

# **3**

# **Theoretical Background**

 Before we start in project design, we must have strong theoretical background about the project and its components, so this chapter will discuss these topics:

**ـــــــــــــــــــــــــــــــــــــــــــــــــــــــــ ــــــــــــــــــــــــــ**

# **3.1 Stepper Motor 3.1.1 Introduction. 3.1.2 Stepper Motor Advantages 3.1.3 Stepper Motor Disadvantages 3.1.4 Stepper Motor Types 3.1.5 Stepper Motor Applications 3.1.**6 **Motor Windings 3.2 Inductive proximity sensors 3.2.1 Sensors Types 3.2.2 Inductive proximity Sensors Definition 3.2.3 Elements of a Simple Inductive Sensor 3.3 power supply 3.4 PIC microcontroller 3.4.1 PIC18F452 Features 3.4.2 PIC18F452 Pins 3.5 Gear 3.6 Bearing**

#### **Chapter Three**

#### **Theoretical Background**

#### **3.1 Stepper Motor**

#### **3.1.1 Introduction**

A stepper motor may be thought of as polyphase synchronous motor, having salient stator poles, the name stepper derives from the most common application for these machines, that is, rotating a fixed angular step in response to each input pulse received by their controller, when this type of motor is supplied from an electronic drive, accurate position control and precise rotational speeds are the natural consequences.

In stepping motors rotation is produced by sequentially switching suitably connected windings to produce discrete angular steps of essentially uniform magnitude.

Stepper motor is an electromagnetic actuator. It is an incremental drive (digital) actuator and is driven in fixed angular steps.

This means that a digital signal is used to drive the motor and every time it receives a digital pulse it rotates a specific number of degrees in rotation. Figure 3.1 describe the basic construction of stepper motor. [9]



**Figure 3.1: Construction of stepper motor**

#### **3.1.2 Stepper Motor Advantages**

- 1. Position error is noncumulative. A high accuracy of motion is possible, even under open-loop control.
- 2. Because of the incremental nature of command and motion, stepper motors are easily adaptable to digital control applications.
- 3. Torque capacity and power requirements can be optimized and the response can be controlled by electronic switching.
- 4. Large saving in sensor (measurement system) and controller costs are possible when the open-loop mode is used.
- 5. Angle of rotation of motor is directly proportional to the number of input pulses.
- 6. The angle of the error per step is very small and does not accumulate.
- 7. Stepping motor is also capable of rapid responses (starting, stopping, reversing).
- 8. Stepper motor needed little maintenance.

#### **3.1.3 Stepper Motor Disadvantages**

- 1. They have low torque capacity (typically less than 14 Nm) compared to DC motors.
- 2. They have limited speed (limited by torque capacity and by pulse-missing problems due to faulty switching systems and drive circuits).
- 3. They have high vibration levels due to stepwise motion.
- 4. Large errors and oscillations can result when a pulse is missed under open-loop control.
- 5. They consume current regardless of load conditions and therefore tend to run hot.
- 6. Losses at speed are relatively high and can cause excessive heating, and they are frequently noisy (especially at high speeds).

#### **3.1.4 Stepper Motor Types**

There are basically three types of stepping motors; variable reluctance, permanent magnet and hybrid.

#### **3.1.4.1 Variable Reluctance Stepper Motors**

Variable Reluctance Motors (also called variableswitched reluctance motors) have three to five windings connected to a common terminal. The variable reluctance motor does not use a permanent magnet, rotor inertia of this motor is low, the response is very quick, when the winding not energized the static torque is zero and this type of construction is good in non industrial applications that do not require a high degree of motor torque.

#### **3.1.4.2 Permanent Magnet Stepper Motor**

The permanent magnet motor (permanent magnet rotor) is a relatively low speed, low torque device with large step angles of either 45or 90 degrees, nonzero holding torque when the motor not energized, it possible to obtain step angles 7.5, 11.25,15,18,45 and 90 It's simple construction and low cost make it an ideal choice for non industrial applications, such as a line printer print wheel positioned. Unlike the other stepping motors, the PM motor rotor has no teeth and is designed to be magnetized at a right angle to its axis.

#### **3.1.4.3 Hybrid Motors.**

Hybrid motors share the operating principles of both permanent magnet and variable reluctance stepping motors. The stator and rotor for a hybrid stepping motor are multi-toothed, like the variable reluctance motor, and contains an axially magnetized concentric magnet around its shaft (see Figure 3.2). The teeth on the rotor provide a path which helps guide the magnetic flux to preferred locations in the air gap. The magnetic concentric magnet increases the detent, holding and dynamic torque characteristics of the motor when compared with both the variable reluctance and permanent magnet type Standard hybrid motors have 200 rotor teeth and rotate at 1.80 step angles.



**Figure 3.2:Hybrid Stepper Motor.**

#### **3.1.5 Stepper Motor Applications**

 The characteristics of stepper motors make them ideally suited to many applications requiring incremental motion , especially where digital control is used , a few common ones are printer head and paper feed drives in computer printers , disc drives , digital plotter, medical equipments that dispenses precise dosages , computer controlled tools , Process control valves, and design machine for printed circuit board.

#### **3.1.6 Motor Windings**.

#### **3.1.6.1 Unifilar.**

Unifilar has only one winding per stator pole. Stepper motors with a unifilar winding will have 4 lead wires. The (figure 3.3a) illustrates a typical unifilar motor.

#### **3.1.6.2 Bifilar**

Bifilar wound motors means that there are two identical sets of windings on each stator pole. This type of winding configuration simplifies operation in that transferring current from one coil to another one, wound in the opposite direction, will reverse the rotation of the motor shaft. Whereas, in a unifilar application, to change direction requires reversing the current in the same winding. The most common wiring configuration for bifilar wound stepping motors is 8 leads because they offer the flexibility of either a Series or parallel connection. There are however, many 6 lead stepping motors available for Series connection applications. The (figure 3.3b and c) illustrates atypical 6 lead and 8 lead bifilar stepper motor.



**Figure 3.3: a) unifilar -4 lead. b) Bifilar -6 lead. c) Bifilar -8 lead**)

#### **3.1.6.3 Unipolar and Bipolar Motors**

#### **3.1.6.3.1 Unipolar Motor**

Unipolar stepping motors are composed of two windings, each with a center tap. The center taps are either brought outside the motor as two separate wires (as shown in Figure 3.4) or connected to each other internally and brought outside the motor as one wire. As a result, unipolar motors have 5 or 6 wires. Regardless of the number of wires, unipolar motors are driven in the same way. The center tap wire(s) is tied to a power supply and the ends of the coils are alternately grounded.



**Figure 3.4: Unipolar Stepper Motor** 

#### **3.1.6.3.2 Bipolar Motors.**

Bipolar stepping motors are composed of two windings and have four wires. Unlike unipolar motors, bipolar motors have no center taps. The advantage to not having center taps is that current runs through an entire winding at a time instead of just half of the winding. As a result, bipolar motors produce more torque than unipolar motors of the same size. The draw back of bipolar motors, compared to unipolar motors, is that more complex control circuitry is required by bipolar motors.



**Figure 3.5: Bipolar stepping motors** 

#### **3.2 Inductive Proximity Sensor**

#### **3.2.1 Sensors Types**

- Inductive.
- Capacitive.
- Capacitive displacement sensor.
- Eddy-current.
- Magnetic, including .
- Magnetic proximity fuse.
- Photocell (reflective).
- Laser rangefinder.
- Sonar (typically active or passive).
- Radar.
- Doppler effect (effect not a sensor).
- Passive thermal infrared.
- 13 Passive optical (such as charge-coupled devices).
- 14 Reflection of ionising radiation.

#### **In our project we will use Inductive proximity sensors**

#### **3.2.2 Inductive proximity Sensors Definition**

 A proximity sensor is a sensor able to detect the presence of nearby objects without any physical contact. A proximity sensor often emits an electromagnetic or electrostatic field, or a beam of electromagnetic radiation (infrared, for instance), and looks for changes in the field or return signal. The object being sensed is often referred to

 as the proximity sensor's target. Different proximity sensor targets demand different sensors. For example, a capacitive or photoelectric sensor might be suitable for a plastic target; an inductive proximity sensor requires a metal target.

 The maximum distance that this sensor can detect is defined "nominal range". Some sensors have adjustments of the nominal range or means to report a graduated detection distance.

 Proximity sensors can have a high reliability and long functional life because of the absence of mechanical parts and lack of physical contact between sensor and the sensed object.

 Proximity sensors are also used in machine vibration monitoring to measure the variation in distance between a shaft and its support bearing. This is common in large steam turbines, compressors, and motors that use sleeve-type bearings.

 A proximity sensor is divided in two halves and if the two halves move away from each other, then a signal is activated. A proximity sensor can be used in windows, and when the window opens an alarm is activated.[6]

### **3.2.3 Elements of a Simple Inductive Sensor**



**Figure 3.6:Simple Inductive Sensor**

- 1. Field sensor
- 2.Oscillator
- 3. Demodulator
- 4. Flip-flop
- 5. Output



**Figure 3.7 Inductive Proximity Sensor**

#### **3.3 Power Supply**

 A power supply is a system that supplies electrical energy to all project parts.It converts one form of electrical current and voltage to another desired form. This typically involves converting 220 volt AC to a well-regulated lower DC voltage for electronic devices. It is also used to convert 220 volt AC to lower desired AC voltage (for example 12 volts AC).

#### P**ower supply unit contains the following:**

- Transformer: To transform high AC voltage to lower AC voltage.
- Rectifier: To convert the AC voltage to non-regulated DC voltage.
- Filter: To reduce the variations of output voltage of rectifier.
- Regulator: To produce well-regulated DC voltage.

#### **3.4 PIC Microcontroller**

 A microcontroller is a computer control system on a single chip. It has many electronic circuits built into it, which can decode written instructions and convert them to electrical signals.

 They have a high concentration of on-chip facilities such as serial port, parallel input/output ports, timers, counters, interrupt control, analog-to-digital converters, random access memory, read only memory, etc. these on-chip peripherals of a microcontroller make it powerful digital processors, the degree of control and programmability they provide significantly enhances the effectiveness of the application.



**Figure3.8: Microcontroller General Block Diagram** 

#### **3.4.1 PIC18F452 Features:**

- 32kBytes Program Flash Memory.
- 1536 Bytes RAM Memory.
- 256 Bytes EEPROM Memory.
- 8 channels 10-bit analog to digital converter.
- One 16-bit Timer and Four 8-bit Timers.
- 40MHz max operating frequency.
- 5 input/output ports (RA0-5, RB0-7, RC0-7, RD0-7, and RE0-2).
- 40 pin chip.

# **3.4.2 PIC18F452 Pins**



# **Table 3.1 : Pins Description**





**Figure 3.9: Pins of PIC 18F452 Microcontroller** 

#### **3.5 Gear**

 A gear is a rotating machine part having cut *teeth*, or *cogs*, which *mesh* with another toothed part in order to transmit torque. Two or more gears working in tandem are calleda transmission and can produce a mechanical advantage through a gear ratio and thus may be considered a simple machine. Geared devices can change the speed, magnitude, and direction of a power source. The most common situation is for a gear to mesh with another gear, however a gear can also mesh a non-rotating toothed part, called a rack, thereby producing translation instead of rotation.[1]

#### **3.5.1 Gears that We will use in our project:**

#### **1. Spur gears or straight-cut gears**

 Spur gears or straight-cut gears are the simplest type of gear. They consist of a cylinder or disk with the teeth projecting radially, and although they are not straight-sided in form, the edge of each tooth is straight and aligned parallel to the axis of rotation. These gears can be meshed together correctly only if they are fitted to parallel axle.[11]



**Figure 3.10: spur gear**

#### **2**- **Rack gear**

 Rack gear is a toothed bar or rod that can be thought of as a sector gear with an infinitely large radius of curvature. Torque can be converted to linear force by meshing a rack with a pinion: the pinion turns; the rack moves in a straight line. Such a mechanism is used in automobiles to convert the rotation of the steering wheel into the left-to-right motion of the tie rod(s).

 Racks also feature in the theory of gear geometry, where, for instance, the tooth shape of an interchangeable set of gears may be specified for the rack (infinite radius), and the tooth shapes for gears of particular actual radii then derived from that. The rack and pinion gear type is employed in a rack railway.



**Figure 3.11: Rack gear**

# **3.5.2 Formula for Spur Gears Calculation**



**Table 3.2: Spur Gears Calculation Formula.**



# **3.5.3 Gear Defined Diagram**



**Figure 3.12: Gears Diagram**

# **3.5.4 Calculation Sheet for the Spur Gear**





 **Table 3.3: Calculation Sheet for the Spur Gear** 

Note: all dimension in inch

#### **3.6 Bearing**

 The terms rolling-contact bearing, antifriction bearing, and rolling bearing are all used to describe that class of bearing in which the main load is transferred through elements in rolling contact rather than in sliding contact. In a rolling bearing the starting friction is about twice the running friction, but still it is negligible in comparison with the starting friction of a sleeve bearing. Load, speed, and the operating viscosity of the lubricant do affect the frictional characteristics of a rolling bearing. It is probably a mistake to describe rolling bearing as "antifriction," but the term is used generally throughout the industry. [2]

In our design we will use two rolling bearing.



**Figure 3.13: Bearing Diagram** 

# **4**

# **Project Conceptual Design**

 After completing the theoretical background about the project and its components, we will explain conceptual design of the project, this include the following points:

ــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ

# **4.1 Detailed Project Objectives**

**4.2 Design Options** 

# **4.3 Block diagram**

# **4.4 Description of Block Diagram Components**

### **Chapter four Project Conceptual Design**

#### **4.1 Detailed Project Objectives:**

 In this project we want to achieve many objectives, these objectives are listed as following:

- 1. Facilitate the heparin injection into the blood without harming the patient.
- 2. Use the PIC microcontroller, to control whole processes in the system including , and use special sensors.
- 3. Use this design in medical field especially in hemodialysis machine.

#### **4.2 Design Options**

 Now we will show the options of project design including control unit options and Programming Language Options

#### **4.2.1 Control Unit Options**

We can control the processes of this project using:

- Microprocessor.
- PIC microcontroller.

 In our project we used PIC Microcontroller; because it has all necessary parts (CPU, ROM, RAM, and timers) integrated inside one IC, while Microprocessor needs other ICs around it (like ROM, RAM and timers) to work and a lot of wire connection.

#### **4.2.2 Programming Language Options**

To program the microcontroller we can use:

- Assembly language
- C language.

 PIC microcontroller can be programmed using C-language or assembly. We programmed the PIC microcontroller using C-language because it is easier.

#### **4.3 Block diagram:**

Here an overview of the project as a block diagram, the block diagram shows briefly the project parts of the system.



**Figure 4.1: Project Block Diagram** 



**Figure 4.2: Mechanical Parts of the Project** 

# **4.4 Descriptions of Block Diagram Components**

 The block diagram of our project consists of major parts, which work together to achieve facilitate the heparin injection into the blood and these parts are:

#### **1. Power supply:**

- $220 \text{ y} / 50 \text{ Hz}$ .
- Supplies DC voltage to feed the electrical circuits IC's and motor.

#### **2. Pic microcontroller:**

- Controls the whole parameters of heparin pump.
- It is 18F452 PIC microcontroller.

#### **3. Stepper motor:**

- Controls the injection from the syringe.
- Rotates the pinion of rack and pinion mechanism.
- Pinion moves the rack and the plunger foot moves the heparin syringe plunger to the same distance.

#### **4. Heparin syringe:**

- Capacity syringe is 60 ml.
- Infuse the heparin into extracorporeal line.

#### **5. Sensor:**

• Detect the distance that the metal piece shifted.

# **5**

# **Detailed Technical Project Design**

 After completing the project theory and block diagram, we want to explain the design of this project in specific way, so these topics will be discussed in this chapter:

 **ـــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ**

### **5.1 Power Supply**

- **5.2 Inductive Proximity Sensors Circuit**
- **5.3 Stepper Motor**
- **5.4 Force Calculation** 
	- **5.4.1 Bernoulli's equation**
	- **5.4.2 Motion Direction**
- **5.5 Gear Speed**

# **Chapter five Detailed Technical Project Design**

Now we will express the specification and schematics of subsystems of the project:

#### **5.1 Power Supply**

 A power supply is a mean of providing electrical power to the project parts; it consists of many stages, as shown in figure (5.1).



**Figure 5.1 : Power Supply Circuit**

 From the previous figure, power supply contains four stages to convert 220V AC 50Hz to lower DC voltage, these stages as follows:

1. A transformer is the starting point, step down main AC voltage to a lower required AC voltage.

 The output voltage at the secondary coil of the transformer depends on the turn's ratio, which is given using this formula:  $n = NS/NP = VS / VP$  ....(5.1)

2. Full wave rectifier changes an alternating current to non-regulated direct current.
The peak input voltage to the rectifier is  $V(\text{peak}) = \text{V} S (\text{RMS})^* \sqrt{2} \dots (5.2)$ 

The output of the rectifier is: V out=  $V(peak)$ -1.4 ……(5.3)

1. The filter (C1) will smooth the voltage signal more and more. As mentioned the filter will smooth the voltage, but there is a ripple. The value of the capacitor and the resistor determine the limits of the ripple.

$$
Vdc = \left(1 - \frac{1}{2fR1C1}\right) V(out).
$$
  
\n
$$
Vr(p-p) = \left(\frac{1}{FR1C1}\right) V(out).
$$
  
\n
$$
RippleFactor = \frac{Vr(p-p)}{Vdc}.
$$
  
\n(5.5)

2. Regulator gives well-regulated DC voltage positive or negative according to the regulator number. Such as 7812 and 7912 for 12V and -12V respectively.

 The project needs 12, 5 DC voltages. Maximum DC voltage needed is 12V so the input of regulator must be greater than 12V. 220V ac to 12Vac transformer must be used.

 $(Vp / Vs) = 9.1$   $\longrightarrow$  Turn ratio between primary and secondary is about 9:1.

*Vs (p-p)* =  $12 * \sqrt{2} = 16.97V$ 

*Vout (rectifier)= 16.97-1.4 =15.57V* 

$$
Vdc = \left(1 - \frac{1}{2fRC}\right) Vouterct
$$
  
\n
$$
Vr(p-p) = \left(\frac{1}{FRIC}\right) Vouterct
$$
  
\n
$$
RippleFactor = 1\% = \frac{Vr(p-p)}{Vdc}
$$
  
\n
$$
\left(\frac{1}{FRIC}\right) Vouterct = 0.01 \left(1 - \frac{1}{2fRIC}\right) Vouterct
$$
\n(5.7)

 If we use 500µF by assumption, F is frequency equal 100Hz since full wave rectification, RL from calculation will be 1005..

 $Vdc = 15.66V.$ 

Vripple  $= 0.15$ 

Vin regulator [15.98, 16.31]

Rectifier should be not less than 17V.

Capacitor value is 500µF, 17V.

#### **5.2 Inductive Proximity Sensors**

 The Inductive proximity sensor feedback the distance to PIC microcontroller, the supply voltage for inductive sensor up to 12 V.[10]



**Figure 5.2: inductive proximity sensor diagram.** 



**Figure 5.3: inductive proximity sensor circuit** 

#### **5.3 Stepper Motor** [14]



**Figure 5.4: Stepper Motor Circuit** 

#### **5.4 Force Calculation that Will be Using to Move the Heparin Syringe**

D: big diameter for the syringe (30mm)

d: small diameter for the syringe (output) (5mm)

#### **5.4.1 Bernoulli's equation:**

By apply Bernoulli's equation for the uncompressible fluid:

$$
P_1 + \frac{1}{2} \, \rho \, \, V_1^{\; 2} + \rho g h_1 = P_2 + \frac{1}{2} \, \rho \, \, V_2^{\; 2} + \rho g h_2. \ldots . . . . \; \text{as} \; \,
$$

Where:

- P1: Pressure inside the heparin syringe (Pa)
- P2 : outlet heparin Pressure (2000 Pa)
- ρ: heparin density (we will use water  $1000 \text{kg/m}^3$ )
- $V_1$ : heparin flow velocity inside the heparin syringe (m/s)
- $V_2$ : outlet heparin flow velocity (m/s)

 $\rho$  gh= 0.0 because it is very small height.[3]



**Figure 5.5: heparin syringe**

$$
\mathbf{V} = \frac{flow\left(\frac{m\mathbf{a}}{h}\right)}{Area\left(m\mathbf{a}\right)\dots(5.9)}
$$

*Our flow is 60ml/4min = 15ml/min (ρ: heparin density) (We will use water100kg/m<sup>3</sup> )* 

**Outlet heparin flow =**  $0.0009$ **m<sup>3</sup>/h =**  $0.00000025$  **m<sup>3</sup>/s** 

$$
A = \pi \frac{22}{4} \dots \dots \dots (5.10)
$$

A1:Area inside the heparin syringe .

 $A_1 = 0.000765$  m<sup>2</sup>

A2:Area of outlet heparin syringe orifice .

**A2= 0.00001965 m<sup>2</sup>**

$$
V1 = \frac{heparin flow}{A1} = 0.00026798 m/s
$$
  

$$
V2 = \frac{heparin flow}{A2} = 0.012732 m/s
$$

**Apply Bernoulli's equation** 

$$
P_1 + \frac{4}{2}\rho (V_1)^2 = P_2 + \frac{4}{2}\rho (V_2)^2
$$
  
\n
$$
\rho = 100 \text{kg/m}^3
$$
  
\n
$$
V_1 = 0.00026798 \text{ m/s}
$$
  
\n
$$
V_2 = 0.012732 \text{ m/s}
$$
  
\n
$$
P_2 = 20000 \text{ Pa}
$$

#### By Apply Bernoulli's equation

 $P=\frac{Force(N)}{Area(m2)}$  ........... (5.11)

**P1 =20000.08102 Pa** 

 $F_h = 15.3 N [4]$ 

#### **5.4.2 Motion Direction**

#### **There are two directions for the motion**

1- During heparin injection (the load in this case are minimum because the direction of the frame body are same of gear direction)

2- During lifting the frame body and this is the maximum load can effect to the gear.

We will calculate the required power that will use to inject the heparin and to lift the frame body.

#### **During heparin injection**

Horizontal force

 $\Sigma$ Fx =0.0, Fs –Fgx =0.0, Fs =Fgx Fgx= Fg COS θ *……….(5.12)*

Vertical Force

 $\Sigma$ Fy =ma = zero

There are motion but it is constant velocity that mean  $a=0$ 

. Fh-W1-Fgy-W2=0.0 *………. (5.13)*

Fgy= Fg SIN θ *………. (5.14)* 

Where:

m:mass

a: acceleration

- Fh : back force from heparin
- W1: force from Wight of beam 1
- Fs: force from rack gear support
- Fg: gear force.
- W<sub>2</sub>: force frame Wight of beam 2
- $\theta$ : pressure angel (angel for gear effect) (14.5° from gear design)



**Figure5.6: Direction of force on gear(1)** 

#### **During lifting the frame body**

Horizontal force

 $\Sigma$ Fx =0.0, Fs –Fgx =0.0, Fs =Fgx Fgx= Fg COS θ *………. (5.15)*

Vertical Force

 $\Sigma$ Fy =ma = zero

There are motion but it is constant velocity that mean  $a=0.0$ 

Fgy - W1 -W2=0.0 …*……. (5.16)*

Fgy= Fg SIN θ …*……. (5.17)*



**Figure5.7: Direction of force on gear(2)** 

#### **We need to fined W1 and W2 which is show the effect of the weight of the parts.**

 We chose Stainless steel 316 L rack gear and push arm rack gear dimension 127X20X20 mm push arm dimension 78X7X20 mm stainless steel density =7.715  $g/cm<sup>3</sup>$ 

 $W1 = mg$ 

Mass (m)= Stainless steel density X volume*……….(5.18)*

 $= 7.715$  g/cm<sup>3</sup> X 78 X 7 X 20mm  $=0.084$  kg W1= 0.084 kg X 9.81 W1=0.827 N

 $W2 = mg$ 

Mass (m)= Stainless steel density X volume  $= 7.715$  g/cm<sup>3</sup> X 127 X 20 X 20mm  $=0.392$  kg W2= 0.392 kg X 9.81

W2=3.85 N

#### **During heparin injection**

By apply W1 and W2 in Eq*. (5.13)*

 $Fh-W1-Fgy-W2=0.0$ 

 $Fgy = 15.3 - 0.827 - 3.85$ 

Fgy= 10.623 N

By apply Fgy in Eq. *(5.14)*

Fgy= Fg SIN θ

$$
Fg = \frac{10.623}{\sin 14.5}
$$

 $Fg = 42.43 \text{ N}$  Gear force.

By apply Fgy in Eq. *(5.12)*

Fgx= Fg COS θ

Fgx = 42.43 COS 14.5

 $Fgx = 41.08 N$ 

#### **During lifting the frame body**

By apply W1 and W2 in Eq*.(5.16)*

Fgy - W1 -W2=0.0

 $Fgy = 4.667 N$ 

Fgy= Fg SIN θ Eq*.(5.17)*

4.667  $Fg = \overline{\sin 14.5}$ 

**Fg = 18.64N** 

#### **Calculation result**

 Table below shows the calculation result for the two Direction of motion and summarize the required stepper motor power.





 When we compare the value of power for Two direction of the moving we found the necessary power in the during heparin injection so the stepper motor power should be at least 1watt.

*Note: Moving Distance = 9cm (the distance watch the rack gear and the syringe punch will move it)* 

*Time = 4min = 240sec* 

**5.5 Gear Speed** 

*To calculate the speed for the rack.* 

 $\mathbf{V}_{\text{track}} = \frac{Moving \, \textit{Distance}}{\textit{TIME \, of moving}} \dots \dots \dots (5.19)$ 

Moving distance  $= 9$ cm

Time of moving  $=$  4 min

 $V_{\text{rack}} = 0.0225 \text{ m/min}$ 

 $d_{\text{pinion}}$  =25.4 mm

So. ω pinion= 1.8 rpm

## **6**

### Software

 To control the previous described project we must used a programmed PIC microcontroller, so this chapter will express the following:

ــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ

#### **6.1 Flow Charts**

#### **6.1.1 Program Flowchart**

**6.2 Software needed for the project**

#### **Chapter Six Software**

#### **6.1 Flow Charts**

A flow chart illustrates the steps of the process by visualizing the processes.

#### **6.1.1 Program Flow Chart**



 **Figure 6.1: Program Flowchart**

#### **6.2 Software Needed for the Project**

 In our project described earlier we will use C-language to program the PIC microcontroller so that it controls the whole system of Heparin pump.

This is the program code

 $\#include \leq p18f452.h>$ #include<delays.h>

 $\#$ pragma config WDT = OFF  $#$ pragma config LVP = OFF #pragma config  $OSC = HS$ 

/\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*declarations\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Input: Position sensor(initial position) : RB0. Position sensor(final position) : RB1. Start button: RB2

Outputs: Motor coil 1: RC0. Motor coil 2: RC1. Motor coil 3: RC2. Motor coil 4: RC3. Ready LED: RC4. Injecting LED: RC5. Remove injection LED: RC6 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*/

void main(void)

```
\{ // ports (B,C,D,E) declaration 
          TRISB=0xFF; // Input 
           TRISC= 00; // Output 
           PORTC= 00; //coils off 
          While(1) 
           { 
          while (PORTBbits.RB3==1)<br>PORTCbits.RC6=1:
          PORTCbits.RC6=1; //remove injection LED on<br>PORTCbits.RC6=0: //remove injection LED off
          while (PORTBbits.RB0==0)
\{
```
 $//$ remove injection LED off

```
 PORTCbits.RC0=1; 
                     Delay10TCYx(500);
                      PORTCbits.RC1=1; 
                     Delay10TCYx(500);
                     PORTCbits.RC0=0;
                     Delay10TCYx(500);
                      PORTCbits.RC2=1; 
                     Delay10TCYx(500);
                      PORTCbits.RC1=0; 
                     Delay10TCYx(500);
                      PORTCbits.RC3=1; 
                     Delay10TCYx(500);
                      PORTCbits.RC2=0; 
                     Delay10TCYx(500);
                     PORTCbits.RC0=1;
                     Delay10TCYx(500);
                      PORTCbits.RC3=0; 
 } 
PORTCbits.RC0=0; //All coils are off 
PORTCbits.RC1=0; 
PORTCbits.RC2=0; 
PORTCbits.RC3=0; 
while (PORTBbits.RB3==0)
      PORTCbits.RC7=1; //load injection LED on
PORTCbits.RC7=0; //load injection LED off
if (PORTBbits.RB0==1) 
       PORTCbits.RC4=1; //ready LED on 
while (PORTBbits.RB2==1) //start button.
      PORTCbits.RC4=1; //ready LED on
PORTCbits.RC4=0; //ready LED off
PORTCbits.RC5=1; //injecting LED on 
while (PORTBbits.RB1==0)
{ 
              PORTCbits.RC0=1;
               Delay10TCYx( 500 ); 
               PORTCbits.RC3=1; 
              Delay10TCYx(500);
              PORTCbits.RC0=0;
              Delay10TCYx(500);
               PORTCbits.RC2=1; 
              Delay10TCYx(500);
               PORTCbits.RC3=0; 
              Delay10TCYx(500);
```

```
75
```
PORTCbits.RC1=1;

```
Delay10TCYx(500);
              PORTCbits.RC2=0;
              Delay10TCYx(500);
              PORTCbits.RC0=1;
              Delay10TCYx( 500 );
              PORTCbits.RC1=0; } 
PORTCbits.RC0=0; // All coils are off
PORTCbits.RC1=0;
PORTCbits.RC2=0;
PORTCbits.RC3=0;
}
```
# **7**

### System Implementation and Testing

**ـــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ**

This chapter demonstrates the methods and procedures used to implement, test, and examine the system operation and behavior. System testing is an important step in implementing whole system.

#### **Chapter Seven**

#### **System Implementation and Testing**

System implementation and testing are performed on subsystems and all

system. These subsystems are:

#### **7.1 Mechanical system implementation and testing**

 The mechanical system implementation and testing includes the rack, pinion, stepper motor and syringe. The following picture shows mechanical system implementation.



**Figure 7.1: Mechanical system** 

 After building the mechanical system we tested it manually, by rotating the pinion to move the rack to start heparin injection

#### **7.2 Electrical and electronic subsystems implementation and testing**

#### **1. Stepper motor circuit**

 Stepper motor circuit implemented by using buffer and Darlington transistor to activate one stepper motor coil at a time.

 Stepper motor control circuit was tested by applying an external Vcc and we get the required output (5v) to activate stepper motor coil. The following figure shows the implementation of Stepper motor control circuits.



**Figure 7.2: Stepper motor control board**

#### **2. Sensor circuit**

 Sensor circuit implemented by using opt coupler to send the signal to the PIC to do the required action.

 Sensor control circuit was tested by checking the output signal when the rack moving in front of the sensor. The following figure shows the implementation of sensor control circuits.



**Figure 7.3: Sensor control board**

#### **3. LED circuit**

 LED circuit implemented by using transistor and connected to the PIC to show us the project work status.

 LED control circuit was tested by applying external Vcc to check the output. The following figure shows the implementation of sensor control circuits.



**Figure 7.4: LED control board**

**4. PIC microcontroller and its circuits.**



**Figure 7.5: Main PIC board**

PIC microcontroller is the main circuit and contain

• PIC microcontroller.

Connect PIC microcontroller IC with board and connect needed supply voltage

#### **Chapter Eight Conclusion and Future Work**

#### **8.1 Conclusions**

- 1. Our project will deliver the heparin to the patient in limited quantity at time of need by stepper motor controlling.
- 2. This project is microcontroller based, which control the whole processes in the device.
- 3. The Heparin is very important to prevent the blood clotting, during right quantity injection into the blood.

#### **8.2 Recommendations**

 Future modifications can be carried out so system performance and efficiency is improved, these modifications include:

- 1. Implementation the system by using other types of sensors.
- 2. Improve the system by adding LCD to display the amount of heparin injected during the time .
- 3. Adding printer to print a report about heparin delivery.

#### **References**

#### **Books**

[1]. Hibbeler.R.C.engineering.mechanics.dynamics.3rd.edition.

[2]. Harris, Tedric A. Rolling Bearing Analysis. Wiley-Interscience.ISBN 0-471-35457-0 (2000, 4th edition)

[3]. Gerick Bar–Meir, Ph. D. Basics of Fluid Mechanics, Version (0.3.0.3 December 5, 2010).

[4]. Shigley's Mechanical Engineering Design 8th Edition.

- [5]. Gillian Houghton Blood: the circulatory system.
- [6]. VikasInderpal Gupta, B.E DESIGN OF A PROXIMITY SENSOR USING INDUCTORS,COMPATIBLE WITH INTEGRATED CIRCUIT FABRICATION
- [7]. William L. Henrich principles and practice of dialysis,  $4<sup>th</sup>$  edition.
- [8] Smith, Peter (1998). The Role of the Kidney. Department of Clinical Dental Sciences, The University of Liverpool

[9] Liptak, Bela ,Instrument Engineers' Handbook: Process Control and Optimization G. (2005).

#### **Websites**

- [10]. http://www.engineersedge.com/gear\_menu.shtml
- [11]. http://gtrebaol.free.fr/doc/catia/spur\_gear.html
- [12]. http://www.arab-eng.org/vb/
- [13]. http://en.wikipedia.org/wiki/Dialysis#History
- [14]. http://home.cogeco.ca/~rpaisley4/Stepper.html

#### **Papers**

[15]. Adaptive control of anticoagulation during hemodialysis, Thomas C Jannett, Michael G Wise, Nancy H Shanklin and Paul W Sanders.

[16]. Association for the Advancement of Medical Instrumentation: *Concentrates for hemodialysis* (ANSI/AAMI RD61:2000). Arlington, VA, American National Standard, 2000.

## Appendix

Datasheets

#### **Inductance Type Proximity Switch LM18**

#### **Main features:**

- ●Compact volume
- ●high precision of repeated location
- ●Diversified exterior structures
- ●Good performance of anti-interference.
- ●Many output forms
- ●High on-off frequency.
- ●Wide voltage range
- ●Dust proof,vibration proof,water proof and oil proof.
- ●With short-circuit protection and inverted connecting protection.
- ●Long service life



#### **Technical Parameters:**











## PIC18FXX2 **Data Sheet**

High-Performance, Enhanced Flash Microcontrollers with 10-Bit A/D

@ 2006 Microchip Technology Inc.

DS39564C

#### PIC18FXX2



#### Pin Diagrams (Cont.'d)

#### PIC18FXX2

#### **DEVICE OVERVIEW** 1Ō

This document contains device specific information for the following devices:



· PIC18F252 · PIC18F452

These devices come in 28-pin and 40/44-pin packages.<br>The 28-pin devices do not have a Parallel Slave Port (PSP) implemented and the number of Analog-to-<br>Digital (A/D) converter input channels is reduced to 5. An overview of features is shown in Table 1-1.

#### TABLE 1-1: DEVICE FEATURES

Instruction Set

Packages

PIC18F242 PIC18F252 PIC18F442 **PIC18F452** Features  $DC - 40 MHz$ DC - 40 MHz DC - 40 MHz  $DC - 40 MHz$ Operating Frequency Program Memory (Bytes) **16K** 32K 16K 32K Program Memory (Instructions) 8192 16384 8192 16384 Data Memory (Bytes) 1536 768 768 1536 Data EEPROM Memory (Bytes) 256 256 256 256 Interrupt Sources  $17$  $17$  $18$ 18 Ports A, B, C, D, E Ports A, B, C, D, E **I/O Ports** Ports A, B, C Ports A, B, C **Timers**  $\overline{4}$  $\overline{4}$  $\overline{4}$ 4 Capture/Compare/PWM Modules  $\overline{2}$  $\overline{\phantom{a}}$  $\overline{2}$  $\overline{2}$ MSSP. MSSP. MSSP. MSSP. Serial Communications Addressable Addressable Addressable Addressable USART USART USART USART PSP PSP Parallel Communications 10-bit Analog-to-Digital Module 5 input channels 5 input channels 8 input channels 8 input channels POR, BOR, POR, BOR, POR, BOR, POR, BOR, **RESET** Instruction RESET Instruction, RESETInstruction, RESET Instruction, RESETS (and Delays) Stack Full, Stack Full, Stack Full, Stack Full, Stack Underflow Stack Underflow Stack Underflow Stack Underflow (PWRT, OST) (PWRT, OST) (PWRT, OST) (PWRT, OST) Programmable Low Voltage<br>Detect Yes Yes Yes Yes Programmable Brown-out Reset Yes Yes Yes Yes

75 Instructions

28-pin DIP<br>28-pin SOIC

75 Instructions

40-pin DIP

44-pin PLCC<br>44-pin TQFP

75 Instructions

40-pin DIP

44-pin PLCC<br>44-pin TQFP

75 Instructions

28-pin DIP

28-pin SOIC

The following two figures are device block diagrams<br>sorted by pin count: 28-pin for Figure 1-1 and 40/44-pin for Figure 1-2. The 28-pin and 40/44-pin pinouts are<br>listed in Table 1-2 and Table 1-3, respectively.

#### Electus Distribution Reference Data Sheet: OPTOCOUP.PDF (3)

The other main type of optocoupler you'll tend to encounter is the type having an output diac or bilateral switch, and intended for use in driving a triac or SCR. Examples of these are the MOC3020 and MOC3021. Here the output side of the optocoupler is designed to be connected directly into the triggering circuit of the triac (Fig.8), where it's operating from and floating at full AC mains potential.

As you'd expect the output diac is connected into the triac gate triggering circuit in much the same way as a discrete diac. You need a filter/delay circuit before the diac (R1-2) and C1) and the usual snubber circuit across the triac (Rs, Cs) to ensure correct triggering with inductive loads. Normally you'd also need at least an RFI suppressor choke LRFI as well, plus a suitable capacitor across the load.

Basic performance specs for the optocouplers stocked by Electus Distribution are shown in the table at right, while their pin connections are shown at top right.

(Copyright © 2001, Electus Distribution)





#### BDX33B BDX33C BDX34B BDX34C

#### **COMPLEMENTARY SILICON POWER** DARLINGTON TRANSISTORS

#### **DESCRIPTION**

The BDX33B and BDX33C are silicon Epitaxial-Base NPN power transistors in monolithic Darlington configuration mounted in Jedec TO-220 plastic package. They are intented for use in power linear and switching applications. The complementary PNP types are BDX34B and BDX34C respectively.





#### ABSOLUTE MAXIMUM RATINGS



For PNP types voltage and current values are negative.



#### M54/74HC4049 M54/74HC4050

#### HC4049 HEX BUFFER/CONVERTER (INVERTER) HC4050 HEX BUFFER/CONVERTER

- HIGH SPEED
- HIGH SPEED<br>
t<sub>rp</sub> = 9 ns (TYP.) AT V<sub>CC</sub> = 5 V<br>- LOW POWER DISSIPATION<br>
Lcc = 1 μA (MAX.) AT T<sub>A</sub> = 25 °C<br>- HIGH NOISE IMMUNITY<br>- OUTPUT DRIVE CAPABILITY<br>- OUTPUT DRIVE CAPABILITY
- 
- 
- 
- 15 LSTTL LOADS<br>SYMMETRICAL OUTPUT IMPEDANCE
- BOWWETNCAL COTPOTINTEDANCE
- BALANCED PROPAGATION DELAYS<br>- WIDE OPERATING VOLTAGE RANGE<br>- WIDE OPERATING VOLTAGE RANGE<br>- PIN AND FUNCTION COMPATIBLE<br>- MITH ARAGBARERS
- 
- 
- WITH 4049B/4050B





#### DESCRIPTION

The M54/74H04049 and the M54/74H04050 are<br>high speed CMOS HEX BUFFER fabricated in sili-<br>con gate C<sup>2</sup>MOS technology.

They have the same high speed performance of<br>LSTTL combined with true CMOS low power consumption.

The M54/75HC4049 is an inverting buffer, while the M54/74HC4050 is a non-inverting buffer.

The internal circuit is composed of 3 stage or 2stage inverters, which provides high noise immunity and a stable output.

Input protection circuits are different from those of the high speed CMOS IC's.

The VCC side diodes are designed to allow logic-<br>level convertion from high-level voltages (up to 15 V) to low-level voltages.

March 1993

 $1/11$
## M54/M74HC4049/4050

## CIRCUIT SCHEMATIC (Per Gate)



CHIP CARRIER



## TRUTH TABLE (HC4049)

## TRUTH TABLE (HC4050)



