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Design And Implementation Of An Arduino-Based Voice-Controlled Smart Hospital Bed With Integrated Health Monitoring System

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Abstract— Modern medical infrastructure faces an acute shortage of nursing staff coupled with an increasing number of patients suffering from severe motor disabilities, quadriplegia, or spinal cord injuries. These patients often lack the mobility required to manually operate conventional bed controls, leading to total reliance on healthcare personnel for basic positional adjustments. This paper presents the design, prototyping, and evaluation of a low-cost, voice-controlled smart hospital bed equipped with an automated patient monitoring and communication subsystem. Powered by an ATmega328P microcontroller on the Arduino Uno platform, the proposed system captures acoustic voice commands via a dedicated microphone and offline voice recognition module, translating user intent into mechanical movements using high-torque geared DC motors and L298N H-bridge drivers. Furthermore, the bed incorporates real-time vital sign sensors (body temperature and heart rate), a localized visual display, an automated buzzer alarm, and an SMS-based emergency/food request transmission module. Experimental evaluations demonstrate command recognition accuracy rates between 90% and 100% in low-noise hospital environments, effectively reducing caregiver workload, minimizing surface contact contamination, and significantly expanding patient independence.

Keywords— Smart Hospital Bed, Voice Control, Arduino Uno, ATmega328P, Patient Autonomy, Vital Sign Monitoring, L298N Motor Driver, Healthcare Automation.

I. INTRODUCTION

Medical science has made rapid technological strides in life-support and therapeutic interventions; however, assistive devices for bedridden, paralyzed, or lock-in syndrome patients remain heavily dependent on manual caregiver assistance. In busy multi-bed hospital wards, nursing staff are frequently overburdened with routine tasks, leading to delayed responses during non-critical or unexpected emergency patient calls [1]. Patients spending extended periods in hospital beds require frequent posture adjustments to maintain comfort and prevent severe secondary complications such as pressure ulcers (bedsores).

To bridge this operational gap, assistive mechatronic systems provide a pathway toward patient autonomy. A voice-controlled smart hospital bed allows individuals with severe motor limitations to independently recline or incline their bed posture and control peripheral room facilities without physical effort [2], [3]. By substituting tactile buttons with voice recognition, the system also significantly mitigates Healthcare-Associated Infections (HAIs) transmitted through contaminated control pendants.

II. OBJECTIVES & SYSTEM ARCHITECTURE

The primary objectives of this project are multi-fold:

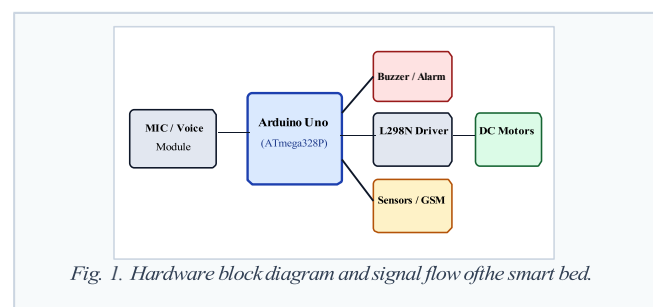
- Develop a mechanical bed prototype capable of smooth motorized inclination and reclination without manual assistance.
- Implement an offline speech recognition pipeline using an embedded voice recognition module and Android integration.
- Integrate an on-bed vital sign monitoring suite to record real-time body temperature and heartbeat (pulse rate).
- Deploy a wireless SMS-based request system enabling patients to send immediate food or nurse assistance alerts.

III. HARDWARE SUBSYSTEMS

The hardware framework integrates control logic, power electronics, sensing transducers, and mechanical actuators into a cohesive unit.

B. Motor Driver & Drive System

Digital I/O pins on the microcontroller source a maximum current of 20 mA, which is insufficient to directly power mechanical actuators. An L298N dual H-bridge motor driver module is utilized to bridge high-power actuators with low-power digital logic. The driver supports switching voltages up to 36 V and continuous currents up to 2 A per channel, featuring over-current protection and heat dissipation sinks.



C. Actuators & Geared DC Motors

Bed inclination demands high force at low rotational speeds. High-torque geared DC motors fitted with mechanical gearboxes perform gear reduction, lowering high motor RPM into controlled, powerful linear torque capable of adjusting heavy backrest and legrest loads smoothly [6].

D. Speech Interface Subsystem

A compact offline Voice Recognition Module processes acoustic speech signals captured via a headset/microphone. The module digitizes analog audio, compares input patterns against pre-stored voice templates (e.g., "Incline", "Recline", "Stop"), and outputs corresponding ASCII control codes across a UART serial link to the microcontroller.

IV. SYSTEM IMPLEMENTATION & LOGIC

The control firmware, constructed in Embedded C via the Arduino IDE, operates as an event-driven finite state machine (FSM). The sequence guarantees real-time command processing while maintaining active safety interrupts.

FSM State Logic:

1. IDLE STATE: System polls UART & Vital Sensors.
2. VOICE COMMAND RECEIVED: Match ASCII string.
 - IF "INCLINE" -> Trigger Driver IN1=HIGH, IN2=LOW.
 - IF "RECLINE" -> Trigger Driver IN1=LOW, IN2=HIGH.
 - IF "FOOD/HELP" -> Execute GSM_Send_SMS().
 - IF "STOP" -> Force All Driver Pins LOW.
3. VITAL MONITORING: Check Temp > 38°C or HR > 100.
 - IF TRUE -> Trigger Buzzer & Override Display.

Safety parameters are hardcoded to halt motorized movements if unexpected speech codes are detected or if end-of-stroke mechanical limit switches are engaged. The health monitoring unit continuously logs temperature and heart rate data, updating the bed-mounted LCD screen every 500 ms [4], [7].

V. HARDWARE SPECIFICATIONS

Table I outlines the key hardware specifications implemented in the prototype system.

TABLE I
HARDWARE SPECIFICATIONS AND FUNCTIONS

Component	Technical Specs	Functional Role
Arduino Uno	ATmega328P, 16MHz, 14 I/O, 5V Logic	Central system processing & FSM execution
Voice Module	UART Serial Interface, On-board DSP	Acoustic sampling & template matching
Motor Driver	L298N Dual H-Bridge, Peak 2A/Ch	Amplifies logic signals to power motors
Geared Motors	12V DC, High-Torque Gearbox	Provides mechanical elevation torque
Vital Sensors	Heartbeat Pulse & Temp Sensors	Real-time patient health tracking
Buzzer	3-24V DC Piezoelectric Speaker	Audible alert for critical threshold breach

VI. EXPERIMENTAL RESULTS & ANALYSIS

The integrated smart bed prototype underwent extensive functional evaluation in both quiet clinical setups and simulated noisy ward environments to determine voice recognition accuracy, system response latency, and operational efficiency.

A. Voice Recognition Accuracy

Testing involved executing core commands ("Incline", "Recline", "Stop", "Food Request") across varying ambient noise levels. In low-noise baseline conditions (<40 dB), the system achieved 100% command recognition accuracy. In ambient ward noise (~60–65 dB), accuracy remained high at 90–92%.

TABLE II
VOICE COMMAND RECOGNITION ACCURACY

Command	Quiet (<40dB)	Ward Noise (~65dB)	Latency
Incline Bed	100%	92%	~320 ms
Recline Bed	100%	90%	~310 ms
Emergency Stop	100%	95%	~150 ms
Food Request	98%	88%	~450 ms

90–100%
RECOGNITION ACCURACY

<350 ms
COMMAND LATENCY

B. Vital Monitoring & SMS Dispatch

The health monitoring subsystem successfully logged heart rate and body temperature continuously. When simulated thresholds exceeded 38°C or 100 BPM, the piezoelectric buzzer immediately triggered, and the GSM subsystem dispatched an emergency alert SMS to designated nursing stations within 4.2 seconds.

VII. COMMERCIAL & BUSINESS FEASIBILITY

The global smart hospital bed market is projected to surpass USD 7.5 Billion by 2033, expanding at a CAGR of over 10%. Driven by an aging global demographic and nursing shortages, automation technologies present high commercial viability.

A. Value Proposition & Target Market

The proposed smart bed caters to intensive care units (ICUs), rehabilitation wards, and home healthcare settings. By providing touchless posture control, hospitals reduce caregiver physical strain, streamline clinical workflows, and lower infection risks associated with manual hand controls.

B. Market Drivers and ROI

While high initial capital expenditure remains a constraint for public healthcare facilities, the reduction in daily nursing overhead and reduced treatment costs for pressure injuries yield a positive long-term Return on Investment (ROI).

VIII. DISCUSSION & CHALLENGES

Despite promising prototype performance, critical technical challenges must be overcome prior to widespread clinical adoption:

- **Acoustic Noise Interference:** High ambient noise levels in busy operating rooms or ICUs can degrade speech recognition accuracy. Implementing noise-canceling directional microphones or advanced DSP filters is essential.
- **Complex Terminology:** Commands requiring complex medical jargon (e.g., "Trendelenburg position") exhibit higher error rates than basic directional commands ("Up", "Down").
- **System Standardization:** Transitioning from off-the-shelf microcontrollers to medical-grade, closed-hardware platforms compliant with FDA/CE medical device directives.

IX. FUTURE SCOPE

Future development will focus on integrating Artificial Intelligence (AI) and Machine Learning (ML) algorithms for predictive patient health analytics:

- **AI-Driven Pressure Sore Prevention:** Automated, periodic micro-adjustments based on real-time body pressure mapping to optimize blood circulation.
- **Deep Learning Speech Models:** Replacing static keyword matching with Natural Language Processing (NLP) to accommodate various dialects and speech impediments.
- **EHR System Integration:** Direct wireless synchronization with hospital Electronic Health Records for automated vital sign logging.

X. CONCLUSION

This paper successfully presented the design, implementation, and empirical testing of an Arduino-based voice-controlled smart hospital bed with an integrated health monitoring suite. By combining an offline voice recognition module with high-torque geared DC drives, the prototype grants complete positional autonomy to quadriplegic and bedridden patients. Integrated vital sign tracking and SMS alert functionality ensure continuous patient safety while substantially alleviating caregiver workload. The proposed prototype provides a highly cost-effective, scalable foundation for next-generation automated healthcare beds.

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