A NOVEL OXIGRAPHY SYSTEM BASED ON OXYGEN LUMINESCENCE QUENCHING

C. T. Flanagan M.S.

Department of Bioengineering, University of Utah, Salt Lake City, Utah

ABSTRACT

A system suitable for real-time measurement of oxygen partial pressure (pO_2) in respiratory gas (oxigraphy) that is based on oxygen's ability to quench the phosphorescence of a lumiphore is described. A description of currently used pO_2 technologies is provided followed by a description of the luminescence quenching pO_2 technology. A comparison of the technologies is made. The description of luminescence quenching pO_2 technology includes the operational theory and the advantages of the use of phosphorescence lifetime as opposed to phosphorescence intensity for pO_2 measurement. The clinical benefits of oxigraphy as well as a possible space-based application of luminescence quenching pO_2 technology are proposed

Key Words: pO₂, paramagnetism, susceptibility, polarographic, galvanic, zirconium oxide, mass spectrometry, Stern-Volmer, lumiphore, luminescence, photoexcitation, quenching, oxigraphy.

Introduction

In the medical field, the monitoring of respiratory oxygen may have applications not only in the monitoring and study of respiratory patterns, but in maintenance of correct gas mixtures during mechanical ventilation and anesthesia delivery, as well as in the treatment and diagnosis of cardiopulmonary disorders. A new oxygen partial pressure (pO2) technology, based on the measurement of phosphorescence lifetime has been developed and will be described herein. Currently available techniques of pO_2 measurement include electrochemical sensors including polarographic and galvanic cells, paramagnetic cells, zirconium oxide cells, and mass spectrometry. A review of these technologies follows.

Electrochemical pO2 Sensors

Electrochemical sensors, in which a chemical reaction takes place between a cathode and an anode, are commonly used in both gas phase and blood-gas analysis. The two commonly used sensors are polarographic (Clark) cells and fuel (galvanic) cells.

Polarographic Cells

In 1954, Leland Clark conceived of and built the first oxygen sensing electrode which consisted of an anode and cathode behind an oxygen permeable polyethylene membrane. The Clark or polarographic cell (Fig. 1.) can be used in both gas phase and blood-gas analysis. The electrode consists of four components, a platinum cathode, a silver anode, an electrolyte solution (e.g. KCl) and an oxygen permeable membrane. A negative voltage is applied to the silver anode and a positive voltage applied to the platinum cathode. Electrical contact is maintained between the anode and cathode via the electrolyte solution. Oxygen molecules pass through the membrane where they are electrolyzed at the platinum surface in accordance with the following reactions:

Cathode $O_2 + 2H_2O + 2e^- \rightarrow H_2O_2 + 2OH^-$ (1) Anode $H_2O_2 + 2e^- \rightarrow 2OH^-$ (2)

Oxygen reduction rate alters the conductivity of the electrolyte solution. The resulting current flow is proportional to the concentration of O_2 in the electrolyte solution.

Polarographic electrodes are typically slow with response times of 3 seconds and longer¹. Rapid response time polarographic electrodes have been reported^{2,3}, and are typically constructed by reducing the distance between the cathode and the membrane, thus reducing the diffusion pathlength for oxygen. Unfortunately, these electrodes suffer from a short lifespan (2-3 days³) and are vulnerable to electrolyte evaporation, gas bubbles in the electrolyte, pressure and temperature effects at the membrane⁴ and possible errors due to interaction with anesthetic agents such as halothane⁵ and nitrous oxide⁶.



Fig. 1. Details of Polarographic (Clark) cell. (Redrawn from Crampton Smith, A., and Hahn, C.E.W.: Electrodes for the measurement of oxygen and carbon dioxide tensions, Br. J. Anaesth. 41:732, 1969.

Fuel Cells

The fuel or galvanic cell (Fig. 2.) is an electrochemical cell which consists of two electrodes: a gold cathode and a lead anode. The



Fig. 2. Details of fuel cell. Redrawn from Merilainen PT. Sensors for oxygen analysis: paramagnetic, electrochemical, polarographic, and zirconium oxide technologies. Symposium, Nov. 1989.

gold cathode is exposed to oxygen through a polymer membrane. The electrolyte is typically a

solution of potassium hydroxide. Oxygen diffuses through the membrane and a thin electrolyte layer to the cathode where it is electrochemically reduced as follows:

Cathode
$$O_2 + 2H_2O + 4e^- \rightarrow 4OH^-$$
 (3)
Anode $Pb \rightarrow Pb^{2+} + 2e^-$ (4)

The electrical current from this reaction is proportional to pO_2 . This reaction proceeds spontaneously in the presence of oxygen, thus requiring no external power source.

Fuel cells are inexpensive and in wide clinical use, however they suffer from poor response times^{7,8} (T_{10} - T_{90} of 9 to 48 seconds for a 100-21% O₂ step change) and are subject to output errors in the presence of condensing water vapor^{7,1,9}.

Zirconium Oxide Cells

Zirconium oxide cells are solid electrolyte fuel cells (Fig. 3.). The cell consists of a zirconium oxide (ZrO₂) tube which is typically stabilized with yttria (Y_2O_3) . The internal and external surfaces of the ZrO₂ tube are coated with platinum film to form separate electrodes on either side of the tube. The cell is heated to approximately 700-1000°C. The sampled gas is drawn through the tube where it is ionized. The electrolyte acts as a semi-permeable membrane; permeable to the oxygen ions but impermeable to electrons. The outside of the tube is exposed to a reference gas of known pO_2 . The platinum electrode which is exposed to the higher pO_2 becomes the anode and the following reaction takes place:

Cathode	$O_2 + 4e^- \rightarrow 20^-$	(5)
Anode	$20^- \rightarrow O_2 + 4e^-$	(6)

The voltage generated across the cell follows the Nernst equation:

$$E = RT/nF^* \log(P_1/P_2)$$
(7)

Since the output voltage is a logarithmic function of the ratio of pO_2 on either side of the cell (approximately 50 mV per decade of oxygen concentration) the cell has a high dynamic range allowing determinations of a broad range of pO_2 differences. The zirconium oxide cell will combust many operating room gases at the temperature at which it operates. This renders the cell unusable for analysis of respiratory pO_2 in the OR. However, this cell may be used for metabolic monitoring in the absence of such combustible gases. Breath-to-breath analysis is possible due to the adequate response of the cell $(T_{10}-T_{90} \text{ of } 0.030 \text{ seconds for a } 12\% \text{ to } 21\%$ concentration change - Servomex Model 728). Unfortunately, the cell suffers from fragility¹⁰ and requires a warm-up period.



Fig. 3. Details of zirconium oxide fuel cell. Reproduced from Servomex product literature.

Paramagnetic Cell Background

In 1845, Faraday discovered that substances other than iron could be attracted by magnetic fields¹¹. In one experiment, he found that a glass sphere filled with oxygen and supported by silk fibers was displaced in the presence of a strong, non-uniform magnetic field. Faraday called this phenomenon paramagnetism. The paramagnetic nature of oxygen was later determined to be due to the presence of two unpaired electrons in the outer shell of the oxygen molecule. These unpaired electrons produce a magnetic moment which gives rise to oxygen's paramagnetism.

The strength of interaction of a material with a magnetic field is known as magnetic susceptibility¹². Materials with a positive susceptibility, such as oxygen, are termed paramagnetic and those with a negative susceptibility, such as nitrogen, are termed diamagnetic. The effects of oxygen paramagnetism can be described by a physical law which relates the force (F) on the molecule to susceptibility (K) and the magnitude and gradient of the magnetic field (H):

$$F = K^*H^*dH/dx$$
 (8)

The susceptibility of oxygen is greater than that of other operating room respiratory gases. Two types of technologies based on oxygen paramagnetism are commonly used for determination of pO_2 . The original technology developed in 1940 by Linus Pauling¹³ utilizes a mechanical device which takes advantage of the differential magnetic behavior of paramagnetic and diamagnetic gases in a static, non-uniform magnetic field. The second technology, originally presented by Heinz Hummel¹⁴ in 1968 uses a dynamic principle based on the differential behavior of paramagnetic and diamagnetic gases in an electrically switched magnetic field.

The Pauling Paramagnetic Cell

The paramagnetic cell developed by Pauling consisted of a sealed glass dumbbell containing a diamagnetic gas (usually nitrogen). The dumbbell is suspended between two wedge shaped permanent magnets (Fig. 4.), which by virtue of their shape provide a non-uniform magnetic field. When a paramagnetic gas such as oxygen enters the cell, it will be attracted to the area where the magnetic field is the strongest. By contrast, the diamagnetic gas in the glass spheres of the dumbbell will be attracted to the area in which the magnetic field is the weakest. This generates a torsional force on the dumbbell





roughly proportional to the pO_2 of the surrounding gas, thus rotating the dumbbell vertically about its horizontal axis. The degree of rotation is measured optically using a photosensor based on the reflection of a light beam off a mirror mounted to the dumbbell assembly. In the early cells, the degree of dumbbell rotation was taken as a measure of pO_2 . However, rotation of the dumbbell

2

produced a non-linearity due to the movement of the dumbbell spheres into areas of differing magnetic gradients. This non-linearity problem was later solved by C.W. Munday of Servomex Controls Limited. Munday introduced a feedback system which prevented the dumbbell from rotating by introducing current to coils surrounding the spheres. The current required to maintain the dumbbell in position is linearly related to pO_2 .

The drawbacks of this pO_2 technology include the inherent fragility of the mechanical device and its susceptibility to contamination by particulate matter. In addition, slow response times (T₁₀-T₉₀ of 0.5 seconds at 90 ml/min flow for the Servomex Model 1111) render the sensor useless for spirographic (breath-by-breath) recording.

The Hummel Paramagnetic Cell

Hummel constructed a paramagnetic cell based on an electromagnet. This cell mixed two gas streams (a reference gas stream and a sample gas stream) inside a homogenous magnetic field. By alternating this magnetic field it is possible to measure the pressure difference upstream of the sample inlets using a differential pressure transducer (Fig. 5.). The amplitude of the differential pressure signal is proportional to the difference in pO_2 of the sample and reference gases.



Fig. 5. Details of Hummel cell showing pneumatic path of sample and reference gases through the electromagnet gap and differential pressure measurement technique.

The major advantage of this configuration is the improved response time of the system $(T_{10}-T_{90})$ of 0.150 seconds at 100 ml/min flow for the Datex sensor) which allows for spirographic recording. In addition, the pO_2 of the sample gas can be altered allowing for accurate differential analysis of the sample and reference gases which is advantageous for measurement of metabolic oxygen consumption. The primary disadvantage of this configuration is the need for continuous reference gas which, when ambient air is used as a reference gas, results in a slow accumulation of nitrogen in closed-circuit anesthesia systems. In addition, water vapor partial pressure differences between the reference and sample gases as well as background acoustic noise can produce inaccuracies¹².

Mass Spectrometry

Mass spectrometry can be used for the analysis of respiratory gases such as oxygen. Mass spectrometry separates ionized gas molecules by their ionic mass/charge ratios. Gas is sampled into the system by means of an inlet system through the use of a vacuum pump. A portion of this gas is drawn into a high-vacuum source where it is ionized via bombardment with an electron beam. The ions are then passed through a magnetic field oriented normal to the direction of ion travel. As a result, ion streams follow separate circular trajectories based on their aforementioned ionic mass/charge ratios. The ion streams are captured by collector electrodes and the resulting current is amplified and displayed.

Mass spectrometry can be used for analysis of partial pressures of a variety of respiratory gases including oxygen. Response times $(T_{10}-T_{90})$ of 0.100 seconds for oxygen)⁴ are adequate for breath-to-breath analysis. Unfortunately, the technology is bulky and expensive.

Oxygen Luminescence Quenching

Phosphorescence (and fluorescence) results from photon emission of an excited-state lumiphore. Lumiphores, or aromatic molecules capable of photoexcitation, can be excited from a ground state to an excited state by photon absorption. The ground and excited energy states are illustrated graphically in the Joblinski Diagram (Fig. 6.). Photoexcitation (photon absorption) of a lumiphore in the ground state (S_0) will excite the molecule to a higher energy state (singlet state) such as S_1 or S_2 . The excited molecule will then relax to the lowest energy state of S_1 by means of loss of thermal energy known as vibrational relaxation. Since the energies associated with the lower energy singlet states S_2 and higher energy states of S_1 are similar, a change of singlet state from S_2 to S_1 is possible. This process is known as internal conversion. The vibrational relaxation and possible internal conversion of an excited molecule from a higher energy level of the S_1 or S_2 states to the lowest energy level of the S_1 state typically occurs in approximately 10^{-12} seconds¹⁵.





From the lowest energy level of S_1 , two events may transpire, first the molecule may relax to the S_0 ground state. This relaxation to the ground state can occur by internal conversion or by emission of a photon (fluorescence). The latter event is more likely as internal conversion is a relatively slow process owing to the large energy difference between the S_1 and S_0 states. The second event which may transpire from the lowest energy level of S_1 is intersystem crossing to the triplet state T_1 . A molecule in the T_1 state may then return to the S_0 state by a low probability vibrational relaxation or, finally, by emission of a photon (phosphorescence).

Phosphorescence

Photon emission from the T_1 state to the S_0 state involves a change in electron spin. This event has a low probability of occurrence and as a result, phosphorescence is a long lived phenomenon $(10^{-5} \text{ to } 10 \text{ seconds})^{15}$. Further, the lowest energy level of the T_1 state is lower than that of the S_1 state and as a result, the wavelength of photons emitted from the triplet state during phosphorescence are longer than those emitted from the singlet state during fluorescence. The long lifetime of phosphorescence renders the molecule vulnerable to outside influences such as the presence of oxygen. Oxygen, which has two unpaired electrons in different orbitals is a triplet state molecule. This makes the oxygen molecule reactive with other molecules in the triplet state and, thus a good quencher of such molecules. Quenching is the deactivation of an excited state lumiphore from the S_1 or T_1 state to the S₀ ground state. The drawback of using phosphorescence, as opposed to fluorescence for detection of pO_2 is that excited state triplet molecules are, in effect, di-radicals and therefore photolabile¹⁶. As a consequence, a progressive photo-bleaching of excited state triplet molecules leads to a reduction in phosphorescence with time. The advantage of using excited state triplet molecules for pO_2 measurement is the long lifetime of phosphorescent radiative decay which makes quenching phenomenon quantifiable with current low cost signal processing electronics.

The Modified Stern-Volmer Equation

The quenching of phosphorescence (and fluorescence) is described by a modified version of the Stern-Volmer equation as follows:

$$I_{o}/I = \tau_{o}/\tau = 1 + k_{o}\tau_{o}[O_{2}]$$
(9)

where the ratio of I_0/I represents the intensity in the presence and absence of oxygen, respectively, and τ_0/τ represents the lifetime of luminescence in the presence and absence of oxygen, respectively. The variable k_0 specifies the quenching rate constant and O_2 the oxygen concentration. Thus, this equation describes both the intensity drop and the lifetime change resulting from the presence of oxygen on a lumiphore.

Phosphorescence Lifetime vs. Intensity

As described above, both lifetime and intensity changes of a phosphorescent molecule in the presence of oxygen are affected equally ratiometrically. However, for measurement of pO_2 , the use of phosphorescent lifetime is preferred as intensity measurements may be affected by variations in excitation light source intensity, photobleaching, leaching of the lumiphore from its immobilized point of reference, and external factors such as the presence of water or sputum.

Oxygen Luminescence Quenching Sensor

A sensor has been developed which measures the phosphorescent lifetime of an oxygen quenched lumiphore. This lifetime provides an accurate measurement of pO_2 . This sensor is a mainstream respiratory pO_2 sensor. Main-stream pO_2 sensors are sensors which can obtain oxygen measurements directly from the patient breathing circuit without the need to sample or remove gas to an external device.

Table 1. Qualitative comparison of oxygen sensing technologies.

			Č	LIG.				A CONTRACTOR		
Dxygen Sensing Technology Polarigraphic Cell	x	6 ^{69.}	je j	y y x	y X	y X	<u>y</u> X	y X	× X	A DATE TO A DATE
Fuel Cell	X	x	X		X	х		х	х	1
Zirconium Oxide Cell	X	x		x		-	х		Х	1
Paramagnetic Cell - Pauling	Tx	x	x	x	X				х]
Paramagnetic Cell - Hummel	x			x	X		x		Х	
		1	Γv	v	Y		Y			
Mass Spectrometer	1	1.8	ı۸	1	1	1	122			1

The luminescence quenching pO_2 sensor is comprised entirely of solid-state components. The lumiphore is immobilized on a temperature controlled polymer film which is encapsulated in a disposable cuvette placed in the patient circuit. The lumiphore used is non-toxic to the patient and provides clinically acceptable operational and shelf life. A non-disposable light emitter/detector module snaps onto the cuvette provides for photoexcitation and and phosphorescent lifetime detection. The detector is optically filtered to reduce external lighting effects on sensor performance. The light emitter/detector also contains a proportionalintegral-derivative (PID) controlled temperature control circuit to provide for thermostating of the cuvette's lumiphore/polymer assembly thus reducing temperature induced measurement inaccuracies resulting from the temperature sensitive nature of oxygen diffusivity. The sensor is lightweight and rugged and may combined with other mainstream respiratory gas analysis devices such as infrared based capnography systems. Finally, the sensor provides for response times adequate to allow for breath-to-breath analysis of respiration. Table 1. outlines the advantages of this sensor over previously described pO_2 technologies.

Oxigraphy

The use of oxygen sensors for graphical display of breath-to-breath respiratory traces is known as oxigraphy. Oxigraphy may have important clinical benefits. Oxigraphy allows for detection of interruption of respiration (apnea) well before such events are detectable by blood oximetry. Oxigraphy may prove helpful in tracking the preoxygenation of patients prior to cessation of ventilation for the induction of anesthesia^{17,18}. Oxigraphy may provide an indicator of cardiac output during cardiopulmonary resuscitation. Mainstream oxigraphy may be helpful in identifying patient circuit leaks during mechanical ventilation which could result in lower than intended F_1O_2 levels delivered to the patient. Finally, oxigraphy is an important component of indirect calorimetry systems.

Indirect Calorimetry

Indirect calorimetry is a technique for measuring patient energy expenditure. This technique determines the quantity of oxygen being consumed (VO₂) and the quantity of carbon dioxide being produced (VCO₂) by patient metabolic processes. Using these values, the respiratory quotient ($RQ = VCO_2/VO_2$) which is an important indicator of a patients metabolic state may be obtained and used to alter the patients nutritional support regimen. The respiratory quotient can easily be converted to an estimation of daily energy expenditure (EE) in kcal/day using a number of formulas including the Weir formula:

 $EE = 1.44*(3.796*VO_2 + 1.214*VCO_2) \quad (10)$

These indices are good measures of the nutritional state of critically isll patients. Malnutrition is associated with a poor outcome^{19,20,21} and thus, indirect calorimetry is an important preventative clinical tool.

The potential integration of the oxygen quenching oxigraphy technology into an existing mainstream capnography/spirometry system such as the Novametrix Cosmo+, may provide for real-time main-stream indirect calorimetry which would be a valuable tool in the ICU.

Space Oxigraphy Applications

A lightweight metabolic monitor could be constructed using an IR capnography/spirometry system. This may be of value in providing a small and lightweight means of monitoring/trending exercise physiology of astronauts during space missions.

Acknowledgements

I wish to acknowledge Les Mace and Dr. Perry Blazewicz of Novametrix Medical Systems as well as Dr. Joe Orr and Dr. Dwayne Westenskow of the Department of Anesthesia at the University of Utah for their support of the continued development of oxigraphy and indirect calorimetry respiratory care systems.

References

- Ilsley AH, Runciman WB: An evaluation of fourteen oxygen analyzers for use in patient breathing circuits. Anaesth Intens Care. 1986; 14:431-6..
- 2. Vogel HR, Harth O, Thews G: Continuous recording of pO_2 in respiratory air by a rapid platinum electrode. Progr Resp Res. 1969; 3:42-46.
- Friesen WO, McIlroy MB: Rapidly responding oxygen electrode for respiratory gas sampling. J Appl Physiol. 1970; 29:258-259.
- Wilson RS, Laver MB: Oxygen analysis, advances in methodology. Anesth. 1972; 37:112-126.
- Severinghaus JW, Weiskopf MN, Nishimura M, Bradley AF: Oxygen electrode errors due to polarographic reduction of halothane. J of Appl Physiol. 1971; 31(4): 640-642.
- Orchard CH, Sykes MK: Errors in oxygen concentration analysis: sensitvity of the IMI analyser to nitrous oxide. Anesthesia. 1980; 35: 1100-3.
- Roe PG, Tyler KG, Tennant R, Barnes PK. Oxygen analysers: an evaluation of five fuel cell models. Anaesthesia 1987; 42:175-181.
- Cole AG: Small Oxygen analyzers. Br J Hosp Med. 1983; 29(5): 469-71.
- Westenskow DR, Jordan WS, Jordan R, Gillmore T: Evaluation of oxygen monitors for use during anesthesia. Anesth Analg 1981; 60(1): 53-56.
- Merilainen PT: Sensors for oxygen analysis: paramagnetic, electrochemical, polarographic, and zirconium oxide technologies. Symposium, Nov. 1989.
- Ellis RF, Nunn JF: The measurement of gaseous oxygen tension utilizing paramagnetism: An evaluation of the "Servomex" OA.150 analyzer. Brit J Anaesth. 1968; 40: 569-78.
- Merilainen PT: A differential paramagnetic sensor for breath-by-breath oximetry. J Clin Monit. 1990; 6: 65-73.

- Pauling L, Wood RE, Sturdivant JH: An instrument for determining the partial pressure of oxygen in gas. J Am Chem Soc. 1946; 68: 795-8.
- Hummel H: Ein neuer paramagnetischer Sauerstoff-Messer mit sehr kurzer Einstellzeit und hoher Selektivitat. Chemie-Ing-Technol. 1968; 40: 947-51.
- 15. Gewehr PM, Delpy DT: Optical oxygen sensor based on phosphorescence lifetime quenching and employing a polymer immobilized metalloporphyrin probe. Part 1 theory and instrumentation. Med & Biol. Eng. & Comput. 1993; 31:2-10.
- Charlesworth JM: Optical sensing of oxygen using phosphorescence quenching. Sensors & Actuators. 1994; B22:1-5.
- Berry CB, Myles PS: Preoxigenation in healthy volunteers: a graph of oxygen "washin" using end-tidal oxygraphy. Br J Anaesth. 1994; 72:116-118.
- Butler PJ, Munro, Kenny MB: Preoxygenation in children using expired oxygraphy. Br J Aneasth. 1996; 77(3):333-4.
- Cunningham KF, Laurel AE, Wiggs BR, Phang PT: Appropriate interpretation of indirect calorimetry for determining energy expenditure of patients in intensive care units. Am J Surg. 1994; 167:547-9.
- Bartlett RH, Dechert RE, Mault JR, Ferguson SK, Kaiser AM, Erlandson EE: Measurement of metabolism in multiple organ failure. Surgery. 1982; 92: 771-9.
- 21. Askanazi J, Rosenbaum S, Hyman A, Silverberg PA, Milic-Emili J, Kinney JM: Respiratory changes induced by the large glucose loads of total parenteral nutrition. JAMA. 1980; 243:1444-7.