

SELF-MEDICINE ASSESSMENT

R.Ganesh Babu¹, G.Vishnu Sankar², P.Kavitha³

¹*Student, Computer Science and Engineering, New Prince ShriBhavani College of Engineering and Technology, Tamil Nadu, India.*

²*Student, Computer Science and Engineering, New Prince ShriBhavani College of Engineering and Technology, Tamil Nadu, India.*

³*Assistant Professor, Compute Science and Engineering, New PrinceShriBhavani College of Engineering and Technology, Tamil Nadu, India.*

ABSTRACT

In this paper we propose a system that is used to focuses on supporting patients (persons with tender hemophilia) to self-regulate wounds in occasions of minor scenes. In our concept patients to self-manage injuries in cases of minor incidents. If patients have any query about the minor health problem , they will send the query and get the information about how to manage the injuries. This involves bi-directional exchanges of the Electronic Health Record (EHR) amongst patients and the care facility. In any case, mobile phones rely on wireless communication channels (e.g., Wi-Fi, 3.5/4G, et cetera.) to transmit data and these channels can experience sporadic disconnections due to bandwidth fluctuations and user mobility. This work took advantage of the ubiquitous nature of mobile cloud computing and proposes a middleware, which facilitates efficient process of medical data synchronization, and with minimal latency. The work details state-of-the-art architecture of the cloud-based middleware that is built and tested for real-world use following four methodologies namely: reflective, tuple space, context-awareness, and event-based.

Keyword: *patient, Electronic health record, mobile phone.*

1. INTRODUCTION

Generally referred to as mHealth, mobile devices are used in conjunction with other information and communication technology facilities to deliver care. A promise of mHealth is its capacity to facilitate the consumption of Electronic Health Record (EHR) data using mobile devices, which is central to promoting remote healthcare delivery. Through mobile technology, physicians are facilitated to interact with patients in a more efficient manner. Example is the SOPHRA project, which has researched on how mobile techniques can be employed to facilitate healthcare professionals in the Ger-iatrics Ward at the City Hospital in Saskatoon, Canada, to support their aged patients. Thus, mHealth fosters strong relationship between patients and healthcare practitioners since feedback is exchanged frequently [2]. Also, since mHealth employs mobile technology, remote healthcare delivery can be facilitated through patient monitoring, patient data collection, out of health facility patient care, and cost management

2. EXISTING SYSTEM

In existing concept patients directly went to the hospital or call to the hospital for the information.

2.1 Existing Algorithm

- Manual Care

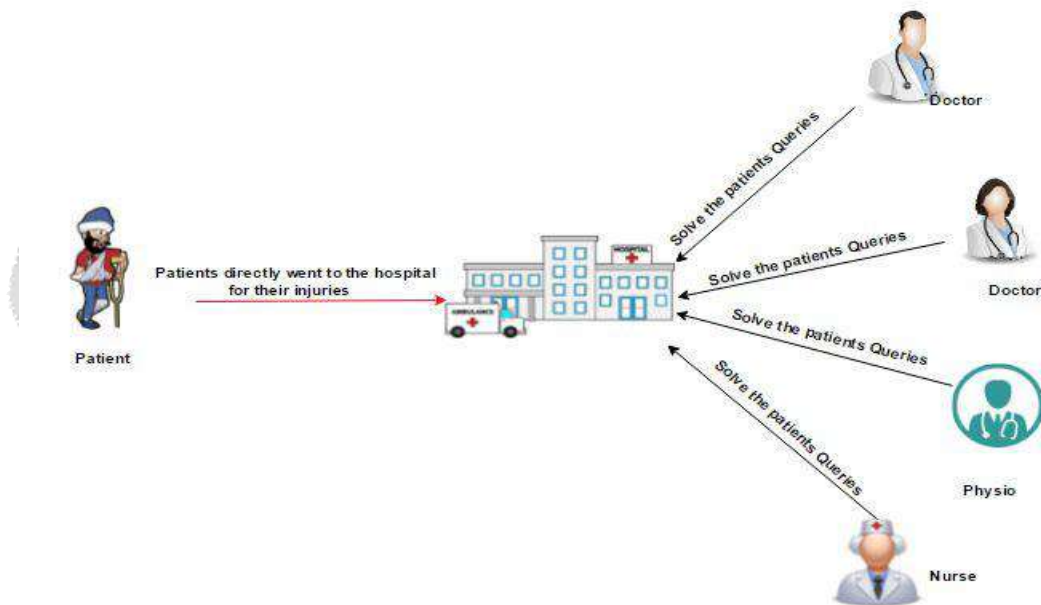
2.2 Algorithm Definition

The patients go to the hospital and meet the doctor for their problem and will get the solution about that.

2.3 Drawbacks

- It will take more time.
- Not Safe.

2.4 Over All Diagrams



3. PROPOSED SYSTEM

In our concept patients to self-manage injuries in cases of minor incidents. If patients have any query about the minor health problem, they will send the query and get the information about how to manage the injuries.

3.1 Proposed Algorithm

- Search Algorithm

3.2 Algorithm Definition

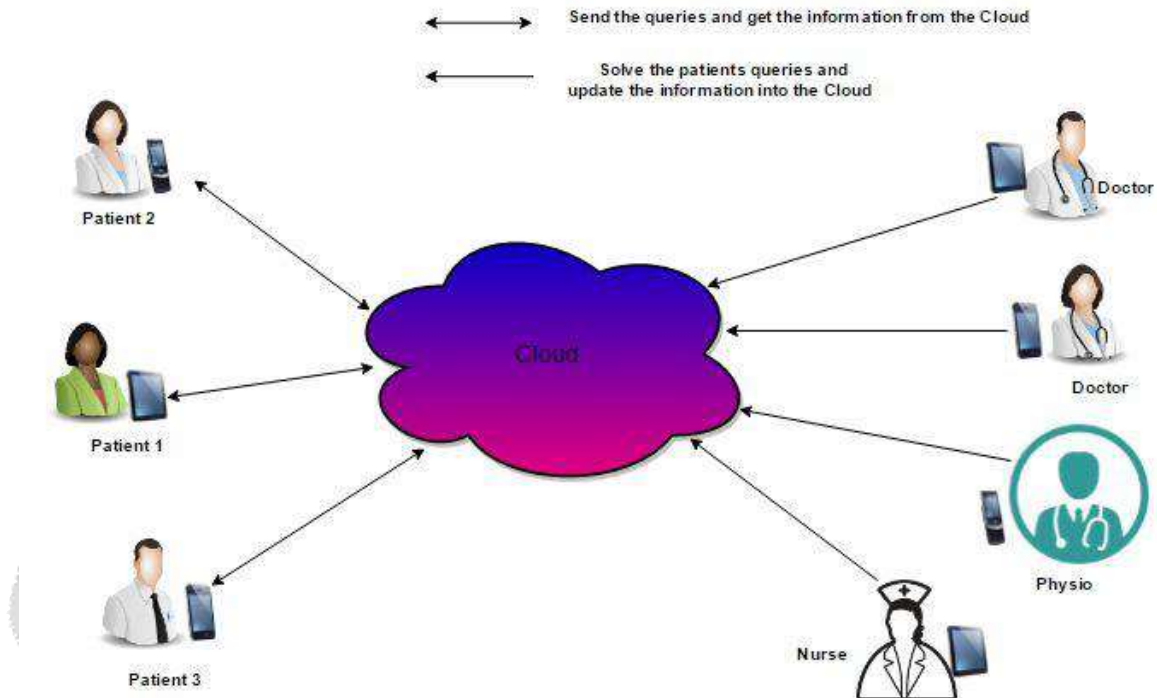
In computer science, a search algorithm is an algorithm that retrieves information stored within some data structure. Data structures can include linked lists, arrays, search trees, hash tables, or various other storage methods. The appropriate search algorithm often depends on the data structure being

searched. Searching also encompasses algorithms that query the data structure, such as the SQL SELECT command.

3.3 Advantage

- Simple and Time save.
- Has the fastest clinical transaction processing on the middleware.

3.4 Over All Diagrams



4. FUTURE ENHANCEMENT

In future it will have more feature like Online chatting, video calling and these are used to get the details with in the minute.

4.1 Future Technique

- Human segmentation Algorithm

4.2 Technique Definition

Human region segmentation algorithm for real-time video-call applications. Unlike conventional methods, the segmentation process is automatically initialized and the motion of cameras is not restricted. To be precise, our method is initialized by face detection results and human/background regions are modeled with spatial color Gaussian mixture models (SCGMMs)

4.3 Extravagance

- User Friendly.
- It will take less time to get more effective details.

5. CONCLUSION

Hemophilia, a medical condition mostly in men that causes bleeds not to cease during injury, is a concern for health services globally. In Canada and the USA, the condition is significant thus has been the focus of most clinical re-searchers.

The clinical challenge is how to enable young men with mild hemophilia self-manage their injury. This necessitated the formation of the research partnership between the mobile computing group and the Canadian Hemophilia Society. Our work, the **Hemophilia Injury Recognition Tool (HIRT?)** is the first real-world application on self-injury management in the hemophilia domain. This evidence-based self-management mobile tool helps young men with mild hemophilia assess an injury and decide when to seek medical attention. It supports a person with mild hemophilia to make decisions based on his own assessment of physical signs and symptoms. It also suggests signs that indicate that the injury is getting worse and that he should contact the hemophilia treatment center (HTC) to prevent long-term problems.

6. REFERENCES

- [1] Lomotey, R. K., Jamal, S., and Deters, R. SOPHRA: A Mobile Web Services Hosting Infrastructure in mHealth. 2012 IEEE First International Conference on Mobile Services (MS), pp.88-95, 24-29 June 2012
- [2] R-G. Jahns, "mHealth apps: 8 reasons why it matters for Pharma", last access date: 30 October 2015, <http://www.research2guidance.com/mhealth-apps-8-reasons-why-it-matters-for-pharma/>
- [3] Lomotey, R. K., Mulder, K., Nilson, J., Schachter, C., Wittmeier, K., Deters, R. 2014. Mobile self-management guide for young men with mild hemophilia in cases of minor injuries. International Journal of Network Modeling Analysis in Health Informatics and Bioinformatics, Volume 3, Issue 1 (NetMAHIB), P 1-12, July 2014,
- [4] Canadian Hemophilia Assessment and Resource Management Information System (CHARMS), Report date May 4, 2012.
- [5] T. Scheffer, C. Decomain, and S. Wrobel, "Mining the Web with active hidden Markov models," IEEE International Conference on Data Mining, pp.645-646, 2001
- [6] Kumar, R, Stain, AM, Hilliard P, Carcao M. Consequences of delayed therapy for sports-related bleeds in patient with mild-to-moderate haemophilia and type3 von Willebrand's disease not on prophylaxis. Haemophilia (2013), 19, e256-e269.
- [7] A new self-assessment pathway tool for young men with mild hemophilia A and B who experience musculoskeletal bleeds. Nilson J, Mulder K. Poster; WFH Congress, Paris, France, July 2012.
- [8] WFH Guidelines for the Management of Hemophilia, Available from <http://www.wfh.org/en/resources/wfh-treatment-guidelines>
- [9] AbdulbasetGaddah and Thomas Kunz, A Survey of Middleware Paradigms for Mobile Computing, Carleton University Systems and Computing Engineering Technical Report, SCE-03-16, July 2003.
- [10] Erlang DETS, <http://www.erlang.org/doc/man/dets.html>, last accessed date: September 20 2015.