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(54) CLOSED LOOP CONTROL SYSTEM INTERFACE AND METHODS

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(56) References Cited

U.S. PATENT DOCUMENTS

3,581,062 A	5/1971	Aston
3,926,760 A	12/1975	Allen et al.
3,949,388 A	4/1976	Fuller
4,036,749 A	7/1977	Anderson
4,055,175 A	10/1977	Clemens et al.
4,129,128 A	12/1978	McFarlane
4,245,634 A	1/1981	Albisser et al.
4,327,725 A	5/1982	Cortese et al.
4,344,438 A	8/1982	Schultz
	(Con	tinued)

FOREIGN PATENT DOCUMENTS

DE 4401400 7/1995 EP 0098592 1/1984 (Continued)

OTHER PUBLICATIONS

Armour, J. C., et al., "Application of Chronic Intravascular Blood Glucose Sensor in Dogs", *Diabetes*, vol. 39, 1990, pp. 1519-1526.

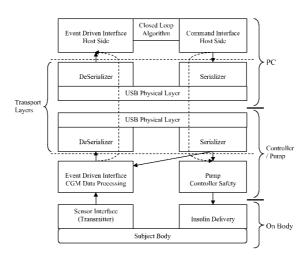
(Continued)

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(57) ABSTRACT

Method and apparatus including calling, retrieving and/or initiating a programmed function in conjunction with execution of one or more commands related to a closed loop control algorithm, receiving one or more data in response to the one or more commands over a data interface, and executing the one or more commands related to the closed loop control algorithm based on the received one or more data are provided.

7 Claims, 7 Drawing Sheets



(56)		Referen	ces Cited	5,665,222			Heller et al.
	HSI	PATENT	DOCUMENTS	5,711,001 5,711,861			Bussan et al. Ward et al.
	0.5.1	.7112111	DOCOMENTS	5,735,285			Albert et al.
4,349,72	8 A	9/1982	Phillips et al.	5,738,220			Geszler
4,425,92			Bourland et al.	5,772,586 5,791,344			Heinonen et al. Schulman et al.
4,441,96			Emmer et al.	5,797,940			Mawhirt et al.
4,478,97 4,494,95			Goertz et al. Fischell	5,814,020		9/1998	
4,509,53		4/1985		5,858,001			Tsals et al.
4,527,24	0 A		Kvitash	5,899,855		5/1999	
4,538,61		9/1985		5,925,021 5,931,814			Castellano et al. Alex et al.
4,619,79 4,671,28		10/1986 6/1987		5,942,979			Luppino
4,703,75			Gough et al.	5,957,854		9/1999	Besson et al.
4,731,72			Allen, III	5,961,451			Reber et al.
4,749,98			Corsberg	5,964,993 5,965,380			Blubaugh, Jr. et al. Heller et al.
4,757,02 4,777,95			Shults et al. Ash et al.	5,971,922			Arita et al.
4,779,61			Mund et al.	5,993,411	A	11/1999	Choi
4,854,32			Ash et al.	5,995,860			Sun et al.
4,890,62		1/1990		5,997,501 6,001,067			Gross et al. Shults et al.
4,925,26 4,953,55			Iyer et al. DeMarzo	6,024,699			Surwit et al.
4,986,27			Wilkins	6,049,727		4/2000	Crothall
4,995,40			Smith et al.	6,083,710			Heller et al.
5,000,18			Kuypers et al.	6,088,608 6,091,976			Schulman et al. Pfeiffer et al.
5,002,05 5,019,97			Ash et al. Beckers	6.093,172			Funderburk et al.
5,050,61			Matsumura	6,103,033		8/2000	Say et al.
5,055,17		10/1991		6,117,290		9/2000	Say et al.
5,082,55			Rishpon et al.	6,119,028			Schulman et al.
5,106,36			Hernandez	6,120,676 6,121,009			Heller et al. Heller et al.
5,122,92 5,165,40		6/1992	Wilson et al.	6,121,611			Lindsay et al.
5,246,86			Lakowicz et al.	6,122,351			Schlueter, Jr. et al.
5,262,03			Gregg et al.	6,134,461			Say et al.
5,262,30			Heller et al.	6,141,573 6,159,147			Kurnik et al. Lichter et al.
5,264,10 5,264,10			Gregg et al. Gregg et al.	6,162,611			Heller et al.
5,279,29			Anderson et al.	6,175,752	В1		Say et al.
5,284,42			Holtermann et al.	6,186,982			Gross et al.
5,285,79		2/1994	Sjoquist et al.	6,200,265 6,212,416			Walsh et al. Ward et al.
5,293,87 5,299,57			O'Hara et al. Mastrototaro	6,219,574			Cormier et al.
5,320,72				6,248,067	B1		Causey, III et al.
5,322,06	3 A	6/1994	Allen et al.	6,275,717			Gross et al.
5,340,72	2 A		Wolfbeis et al.	6,283,761 6,284,478		9/2001	Joao Heller et al.
5,342,78 5,356,78			Chick et al. Heller et al.	6,293,925			Safabash et al.
5,360,40			Novacek et al.	6,295,506			Heinonen et al.
5,372,42	7 A	12/1994	Padovani et al.	6,306,104		10/2001	Cunningham et al.
5,379,23		1/1995		6,309,884 6,322,801			Cooper et al. Lorenzi et al.
5,390,67 5,391,25	1 A 0 A		Lord et al. Cheney, II et al.	6,329,161	BI		Heller et al.
5,394,87			Orr et al.	6,331,244	В1	12/2001	Lewis et al.
5,402,78	0 A	4/1995	Faasse, Jr.	6,348,640			Navot et al.
5,408,99		4/1995	Singh et al.	6,359,444 6,360,888			Grimes McIvor et al.
5,411,64 5,431,16			Johnson et al. Wilkins	6,366,794			Moussy et al.
5,431,92			Thombre	6,377,828		4/2002	Chaiken et al.
5,462,64	5 A		Albery et al.	6,379,301			Worthington et al.
5,472,31			Field et al.	6,418,332 6,418,346			Mastrototaro et al. Nelson et al.
5,489,41 5,497,77			Schreiber et al. Schulman et al.	6,424,847			Mastrototaro et al.
5,507,28			Bocker et al.	6,427,088		7/2002	Bowman, IV et al.
5,509,41			Hill et al.	6,440,068			Brown et al.
5,514,71			Lewis et al.	6,445,374 6,478,736		11/2002	Albert et al.
5,515,39 5,531,87		5/1996 7/1996	Vadgama et al.	6,482,176		11/2002	
5,568,80			Cheney, II et al.	6,484,046			Say et al.
5,569,18	6 A	10/1996	Lord et al.	6,497,655			Linberg et al.
5,582,18			Erickson et al.	6,498,043			Schulman et al.
5,586,55 5,593,85			Halili et al. Heller et al.	6,514,718 6,522,927			Heller et al. Bishay et al.
5,601,43		2/1997	Quy	6,549,796			Sohrab
5,609,57			Larson et al.	6,551,494		4/2003	Heller et al.
5,628,31	0 A	5/1997	Rao et al.	6,554,798	B1	4/2003	Mann et al.
5,653,23	9 A	8/1997	Pompei et al.	6,558,320	В1	5/2003	Causey, III et al.

(56)			Referen	ces Cited	7,098,803			Mann et al.
	1	II S E	PATENIT	DOCUMENTS	7,108,778 7,110,803			Simpson et al. Shults et al.
	,	0.5.1	ALLIVI	DOCOMENTS	7,113,821			Sun et al.
	6,558,321	В1	5/2003	Burd et al.	7,118,667		10/2006	
	6,560,471			Heller et al.	7,125,382			Zhou et al. Brauker et al.
	6,561,978			Conn et al.	7,134,999 7,136,689			Shults et al.
	6,562,001 6,564,105			Lebel et al. Starkweather et al.	7,171,274			Starkweather et al.
	6,565,509	B1		Say et al.	7,190,988			Say et al.
	6,571,128	B2	5/2003	Lebel et al.	7,192,450			Brauker et al.
	6,572,542			Houben et al.	7,198,606 7,225,535			Boecker et al. Feldman et al.
	6,576,101 6,577,899			Heller et al. Lebel et al.	7,226,978			Tapsak et al.
	6,579,690			Bonnecaze et al.	7,267,665	B2	9/2007	Steil et al.
	6,585,644		7/2003	Lebel et al.	7,276,029			Goode, Jr. et al.
	6,591,125			Buse et al.	7,278,983 7,291,497			Ireland et al. Holmes et al.
	6,595,919 6,605,200			Berner et al. Mao et al.	7,299,082			Feldman et al.
	6,605,201			Mao et al.	7,310,544			Brister et al.
	6,607,509			Bobroff et al.	7,335,294			Heller et al.
	6,610,012		8/2003		7,354,420 7,364,592			Steil et al. Carr-Brendel et al.
	6,633,772 6,635,014			Ford et al. Starkweather et al.	7,366,556			Brister et al.
	6,641,533			Causey, III et al.	7,379,765	B2	5/2008	Petisce et al.
	6,648,821			Lebel et al.	7,384,397			Zhang et al.
	6,654,625			Say et al.	7,386,937 7,424,318			Bhullar et al. Brister et al.
	6,659,948 6,668,196			Lebel et al. Villegas et al.	7,460,898			Brister et al.
	6,687,546			Lebel et al.	7,467,003			Brister et al.
	6,689,056			Kilcoyne et al.	7,471,972			Rhodes et al.
	6,694,191			Starkweather et al.	7,494,465			Brister et al.
	6,695,860			Ward et al.	7,497,827 7,519,408			Brister et al. Rasdal et al.
	6,702,857 6,733,446			Brauker et al. Lebel et al.	7,565,197		7/2009	Haubrich et al.
	6,740,075			Lebel et al.	7,574,266			Dudding et al.
	6,741,877	В1		Shults et al.	7,583,990			Goode, Jr. et al.
	6,746,582			Heller et al.	7,591,801 7,599,726			Brauker et al. Goode, Jr. et al.
	6,758,810 6,770,030			Lebel et al. Schaupp et al.	7,602,310			Mann et al.
	6,789,195			Prihoda et al.	7,613,491			Boock et al.
	6,790,178			Mault et al.	7,615,007			Shults et al.
	6,804,558			Haller et al.	7,632,228 7,637,868			Brauker et al. Saint et al.
	6,809,653 6,810,290			Mann et al. Lebel et al.	7,640,048			Dobbles et al.
	6,811,533			Lebel et al.	7,651,596			Petisce et al.
	6,811,534	B2		Bowman, IV et al.	7,654,956			Brister et al.
	6,813,519			Lebel et al.	7,657,297 7,711,402			Simpson et al. Shults et al.
	6,862,465 6,873,268			Shults et al. Lebel et al.	7,713,574			Brister et al.
	6,878,112	B2	4/2005	Linberg et al.	7,715,893			Kamath et al.
	6,881,551	B2	4/2005	Heller et al.	7,778,795			Fukushima et al. Shah et al.
	6,892,085			McIvor et al. Silver	7,882,611 7,911,010		3/2011	
	6,895,265 6,931,327			Goode, Jr. et al.	7,954,385	B2	6/2011	Raisanen
	6,932,894			Mao et al.	2001/0031931		10/2001	Cunningham et al.
	6,936,006		8/2005		2001/0037060 2002/0019022			Thompson et al. Dunn et al.
	6,942,518 6,950,708			Liamos et al. Bowman IV et al.	2002/0019612			Watanabe et al.
	6,958,705			Lebel et al.	2002/0032374		3/2002	Holker et al.
	6,968,294			Gutta et al.	2002/0042090			Heller et al.
	6,971,274		12/2005		2002/0050250 2002/0052618			Peterson et al. Haar et al.
	6,974,437 6,990,366			Lebel et al. Say et al.	2002/0032018			Perez et al.
	6,997,907				2002/0106709			Potts et al.
	6,998,247			Monfre et al.	2002/0128594			Das et al.
	7,003,336			Holker et al.	2002/0161288 2002/0169439			Shin et al. Flaherty et al.
	7,003,340 7,003,341			Say et al. Say et al.	2002/0109439			Brauker et al.
	7,003,341			Lebel et al.	2003/0023461			Quintanilla et al.
	7,041,068	B2	5/2006	Freeman et al.	2003/0032867			Crothall et al.
	7,041,468			Drucker et al.	2003/0032874			Rhodes et al.
	7,052,483		5/2006 6/2006	Wojcik Douglas	2003/0042137 2003/0055380			Mao et al. Flaherty et al.
	7,056,302 7,058,453				2003/0035380			Lebel et al.
	7,060,031			Webb et al.	2003/0130616			Steil et al.
	7,073,246	B2	7/2006	Bhullar et al.	2003/0134347	A1	7/2003	Heller et al.
	7,074,307			Simpson et al.	2003/0163351		8/2003	
	7,081,195	B2	7/2006	Simpson et al.	2003/0167035	AI	9/2003	Flaherty et al.

(56)	References Cited	2006/0001538 A1		Kraft et al.
II.C	DATENIT DOCUMENTS	2006/0010098 A1 2006/0015020 A1		Goodnow et al. Neale et al.
0.8	. PATENT DOCUMENTS	2006/0015024 A1		Brister et al.
2003/0168338 A1	9/2003 Gao et al.	2006/0016700 A1		Brister et al.
2003/0176933 A1	9/2003 Gao et al. 9/2003 Lebel et al.	2006/0019327 A1		Brister et al.
2003/0187338 A1	10/2003 Say et al.	2006/0020186 A1		Brister et al.
2003/0199790 A1	10/2003 Boecker et al.	2006/0020187 A1		Brister et al.
2003/0212379 A1	11/2003 Bylund et al.	2006/0020188 A1		Kamath et al.
2003/0217966 A1	11/2003 Tapsak et al.	2006/0020189 A1 2006/0020190 A1		Brister et al. Kamath et al.
2003/0223906 A1	12/2003 McAllister et al.	2006/0020190 A1 2006/0020191 A1		Brister et al.
2003/0225361 A1 2004/0010207 A1	12/2003 Sabra 1/2004 Flaherty et al.	2006/0020192 A1		Brister et al.
2004/0010207 A1 2004/0011671 A1	1/2004 Finishty et al.	2006/0031094 A1		Cohen et al.
2004/0015131 A1	1/2004 Flaherty et al.	2006/0036139 A1		Brister et al.
2004/0040840 A1	3/2004 Mao et al.	2006/0036140 A1		Brister et al.
2004/0041749 A1	3/2004 Dixon	2006/0036141 A1		Kamath et al. Brister et al.
2004/0045879 A1	3/2004 Shults et al.	2006/0036142 A1 2006/0036143 A1		Brister et al.
2004/0054263 A1 2004/0060818 A1	3/2004 Moerman et al. 4/2004 Feldman et al.	2006/0036144 A1		Brister et al.
2004/0064068 A1	4/2004 Peldinan et al. 4/2004 DeNuzzio et al.	2006/0036145 A1		Brister et al.
2004/0064088 A1	4/2004 Gorman et al.	2006/0166629 A1	7/2006	Reggiardo
2004/0064096 A1	4/2004 Flaherty et al.	2006/0173444 A1		Choy et al.
2004/0106858 A1	6/2004 Say et al.	2006/0189863 A1		Peyser et al.
2004/0116847 A1	6/2004 Wall	2006/0222566 A1 2006/0226985 A1		Brauker et al. Goodnow et al.
2004/0116866 A1	6/2004 Gorman et al.	2006/0247508 A1	11/2006	
2004/0122353 A1 2004/0133164 A1	6/2004 Shahmirian et al. 7/2004 Funderburk et al.	2006/0247710 A1		Goetz et al.
2004/0135164 A1 2004/0135684 A1	7/2004 Steinthal et al.	2006/0253085 A1	11/2006	Geismar et al.
2004/0138588 A1	7/2004 Saikley et al.	2006/0253086 A1		Moberg et al.
2004/0147996 A1	7/2004 Miazga et al.	2006/0287691 A1	12/2006	Drew
2004/0152622 A1	8/2004 Keith et al.	2006/0293576 A1		Van Antwerp et al.
2004/0153032 A1	8/2004 Garribotto et al.	2007/0010950 A1 2007/0016381 A1		Abensour et al. Kamath et al.
2004/0167464 A1	8/2004 Ireland et al.	2007/0010381 A1 2007/0027381 A1		Stafford
2004/0167801 A1 2004/0171921 A1	8/2004 Say et al. 9/2004 Say et al.	2007/0060814 A1	3/2007	
2004/0171921 A1 2004/0176672 A1	9/2004 Silver et al.	2007/0073129 A1	3/2007	Shah et al.
2004/0186362 A1	9/2004 Brauker et al.	2007/0078320 A1		Stafford
2004/0186365 A1	9/2004 Jin et al.	2007/0078321 A1		Mazza et al.
2004/0193025 A1	9/2004 Steil et al.	2007/0078322 A1 2007/0078818 A1	4/2007	Stafford Zivitz et al.
2004/0193090 A1	9/2004 Lebel et al.	2007/0106135 A1	5/2007	
2004/0199059 A1 2004/0204687 A1	10/2004 Brauker et al. 10/2004 Mogensen et al.	2007/0149875 A1		Ouyang et al.
2004/0225338 A1	11/2004 Lebel et al.	2007/0163880 A1		Woo et al.
2004/0236200 A1	11/2004 Say et al.	2007/0173706 A1	7/2007	
2004/0249254 A1	12/2004 Racchini et al.	2007/0191701 A1		Feldman et al. Hoss et al.
2004/0254433 A1	12/2004 Bandis et al.	2007/0203407 A1 2007/0203966 A1		Brauker et al.
2004/0254434 A1 2004/0267300 A1	12/2004 Goodnow et al. 12/2004 Mace	2007/0233846 A1		Cosentino et al.
2004/0207300 A1 2005/0003470 A1	1/2004 Mace 1/2005 Nelson et al.	2007/0235331 A1		Simpson et al.
2005/0004494 A1	1/2005 Perez et al.	2007/0249922 A1		Peyser et al.
2005/0010269 A1	1/2005 Lebel et al.	2007/0255531 A1	11/2007	
2005/0021066 A1	1/2005 Kuhr et al.	2007/0258395 A1		Jollota et al.
2005/0027177 A1	2/2005 Shin et al.	2008/0004904 A1 2008/0009692 A1	1/2008	Stafford
2005/0031689 A1 2005/0038332 A1	2/2005 Shults et al. 2/2005 Saidara et al.	2008/0017522 A1		Heller et al.
2005/0038680 A1	2/2005 McMahon	2008/0021666 A1		Goode, Jr. et al.
2005/0043598 A1	2/2005 Goode, Jr. et al.	2008/0029391 A1		Mao et al.
2005/0090607 A1	4/2005 Tapsak et al.	2008/0033254 A1		Kamath et al.
2005/0096520 A1	5/2005 Maekawa et al.	2008/0039702 A1 2008/0045824 A1		Hayter et al. Tapsak et al.
2005/0112169 A1	5/2005 Brauker et al.	2008/0071156 A1		Brister et al.
2005/0114068 A1 2005/0121322 A1	5/2005 Chey et al. 6/2005 Say et al.	2008/0071328 A1		Haubrich et al.
2005/0131346 A1	6/2005 Douglas	2008/0077048 A1		Escutia et al.
2005/0143635 A1	6/2005 Kamath et al.	2008/0083617 A1		Simpson et al.
2005/0176136 A1	8/2005 Burd et al.	2008/0086042 A1		Brister et al.
2005/0182306 A1	8/2005 Sloan	2008/0086044 A1 2008/0086273 A1		Brister et al. Shults et al.
2005/0187720 A1	8/2005 Goode, Jr. et al.	2008/0108942 A1		Brister et al.
2005/0192557 A1 2005/0195930 A1	9/2005 Brauker et al. 9/2005 Spital et al.	2008/0119703 A1		Brister et al.
2005/0193930 A1 2005/0199494 A1	9/2005 Spital et al.	2008/0125636 A1		Ward et al.
2005/0203360 A1	9/2005 Brauker et al.	2008/0127052 A1		Rostoker
2005/0239154 A1	10/2005 Feldman et al.	2008/0183061 A1		Goode, Jr. et al.
2005/0239156 A1	10/2005 Drucker et al.	2008/0183399 A1		Goode, Jr. et al.
2005/0241957 A1	11/2005 Mao et al.	2008/0188731 A1		Brister et al.
2005/0245795 A1	11/2005 Goode, Jr. et al.	2008/0189051 A1		Goode, Jr. et al.
2005/0245799 A1 2005/0277164 A1	11/2005 Brauker et al. 12/2005 Drucker et al.	2008/0194935 A1 2008/0194936 A1		Brister et al. Goode, Jr. et al.
2005/027/164 A1 2005/0287620 A1	12/2005 Drucker et al. 12/2005 Heller et al.	2008/0194936 A1 2008/0194937 A1		Goode, Jr. et al.
2003/020/020 AI	12, 2005 Troner et al.	2000/01/4/3/ Al	5,2000	Coode, or, et al.

(56)		Deferen	ices Cited	2009/0240120	Δ1	9/2009	Mensinger et al.
(30)		Keleren	ices Citeu	2009/0240128		9/2009	Mensinger et al.
	U.S.	PATENT	DOCUMENTS	2009/0240193		9/2009	Mensinger et al.
	0.0.		DOCOMENTO	2009/0242399	A1	10/2009	Kamath et al.
2008/019493	88 A1	8/2008	Brister et al.	2009/0242425	A1	10/2009	Kamath et al.
2008/019523			Carr-Brendel et al	2009/0247855	A1	10/2009	Boock et al.
2008/019596			Goode, Jr. et al.	2009/0247856		10/2009	Boock et al.
2008/019702			Simpson et al.	2009/0287073		11/2009	Boock et al.
2008/020078	88 A1		Brister et al.	2009/0287074		11/2009	Shults et al.
2008/020078	39 A1	8/2008	Brister et al.	2009/0299155		12/2009	Yang et al.
2008/020079			Simpson et al.	2009/0299156		12/2009	Simpson et al.
2008/020802			Shults et al.	2009/0299162 2009/0299276		12/2009 12/2009	Brauker et al. Brauker et al.
2008/021491			Brister et al.	2010/0010324		1/2010	Brauker et al.
2008/021491			Brister et al.	2010/0010324		1/2010	
2008/022805			Shults et al.	2010/0010331		1/2010	Brauker et al.
2008/022805		9/2008	Shults et al.	2010/0016687			Brauker et al.
2008/022805 2008/024296			Brister et al.	2010/0016698	A1	1/2010	Rasdal et al.
2008/024290			Brister et al.	2010/0022855	A1	1/2010	Brauker et al.
2008/027531			Brister et al.	2010/0030038	A1	2/2010	Brauker et al.
2008/028776			Rasdal et al.	2010/0030053	A1	2/2010	Goode, Jr. et al.
2008/028776			Rasdal et al.	2010/0030484		2/2010	Brauker et al.
2008/028776	66 A1	11/2008	Rasdal et al.	2010/0030485		2/2010	Brauker et al.
2008/029615	55 A1	12/2008	Shults et al.	2010/0036215		2/2010	Goode, Jr. et al.
2008/030636			Goode, Jr. et al.	2010/0036216			Goode, Jr. et al.
2008/030643			Dobbles et al.	2010/0036222 2010/0036223		2/2010 2/2010	Goode, Jr. et al. Goode, Jr. et al.
2008/030643			Kamath et al.	2010/0036225			Goode, Jr. et al.
2008/030644			Brister et al.	2010/0041971		2/2010	Goode, Jr. et al.
2008/031251 2008/031284			Jina et al. Hayter et al.	2010/0045465		2/2010	Brauker et al.
2009/001237		1/2009	Jennewine et al.	2010/0049024		2/2010	Saint et al.
2009/001237			Goode, Jr. et al.	2010/0063373	A1	3/2010	Kamath et al.
2009/001842		1/2009		2010/0076283	A1	3/2010	Simpson et al.
2009/001842			Ouyang et al.	2010/0081908		4/2010	Dobbles et al.
2009/003029	94 A1		Petisce et al.	2010/0081910		4/2010	Brister et al.
2009/003675	8 A1	2/2009	Brauker et al.	2010/0087724			Brauker et al.
2009/003676			Brauker et al.	2010/0096259		4/2010	Zhang et al.
2009/004318			Brauker et al.	2010/0099970 2010/0099971		4/2010 4/2010	Shults et al. Shults et al.
2009/004318			Brauker et al.	2010/00999/1		5/2010	Tapsak et al.
2009/004352			Brauker et al.	2010/0121169			Petisce et al.
2009/004354 2009/004354			Brauker et al. Brauker et al.	2010/0145172		6/2010	Petisce et al.
2009/004505			Rhodes et al.	2010/0160760		6/2010	Shults et al.
2009/006263			Brauker et al.	2010/0161269	A1	6/2010	Kamath et al.
2009/006263			Brauker et al.	2010/0168540	A1	7/2010	Kamath et al.
2009/007635		3/2009	Simpson et al.	2010/0168541		7/2010	Kamath et al.
2009/007636	50 A1	3/2009	Brister et al.	2010/0168542			Kamath et al.
2009/007636			Kamath et al.	2010/0168543		7/2010	Kamath et al.
2009/008861		4/2009	Taub	2010/0168544		7/2010	Kamath et al.
2009/009943			Brister et al.	2010/0168545 2010/0168546		7/2010	Kamath et al. Kamath et al.
2009/010267			Mazza et al.	2010/0168657		7/2010	Kamath et al.
2009/010563 2009/012487		4/2009	Hayter et al. Goode, Jr. et al.	2010/0174157			Brister et al.
2009/012487			Goode, Jr. et al.	2010/0174158			Kamath et al.
2009/012487			Brister et al.	2010/0174163			Brister et al.
2009/012496			Leach et al.	2010/0174164			Brister et al.
2009/013176		5/2009		2010/0174165		7/2010	Brister et al.
2009/013176	59 A1	5/2009	Leach et al.	2010/0174166		7/2010	Brister et al.
2009/013177			Simpson et al.	2010/0174167	A1	7/2010	Kamath et al.
2009/013177		5/2009		2010/0174168	A1	7/2010	Goode et al.
2009/013788		5/2009		2010/0179399	A1	7/2010	Goode et al.
2009/013788			Shariati et al.	2010/0179400	A1	7/2010	Brauker et al.
2009/014365			Li et al. Brister et al.	2010/0179401	A1	7/2010	Rasdal et al.
2009/014366 2009/015691			Brister et al.	2010/0179402	A1	7/2010	Goode et al.
2009/015692		6/2009		2010/0179404	A1	7/2010	Kamath et al.
2009/016379			Brister et al.	2010/0179405	A1		Goode et al.
2009/016379			Brister et al.	2010/0179407			Goode et al.
2009/017845			Li et al.	2010/0179408			Kamath et al.
2009/018221			Li et al.	2010/0179409		7/2010	Kamath et al.
2009/019236			Mensinger et al.	2010/0185065			Goode et al.
2009/019238			Shariati et al.	2010/0185069			Brister et al.
2009/019272		7/2009		2010/0185070			Brister et al.
2009/019272			Brauker et al.	2010/0185071		7/2010	Simpson et al.
2009/019274			Kamath et al.	2010/0185072		7/2010	
2009/019275			Kamath et al.	2010/0185073			Goode et al.
2009/020398 2009/020434			Brauker et al. Brauker et al.	2010/0185074 2010/0185075		7/2010	Goode et al. Brister et al.
2009/020432			Brister et al.	2010/0183073			Brister et al.
Z009/021010	is Al	0/2009	Direct of al.	2010/0191082	A1	1/2010	District of al.

(56) References Cited

U.S. PATENT DOCUMENTS

2010/0198035 A1 8/2010 Kamath et al. 2010/0198036 A1 8/2010 Kamath et al. 2010/0230285 A1 9/2010 Hoss et al.

FOREIGN PATENT DOCUMENTS

EP	0127958	12/1984
EP	0320109	6/1989
EP	0353328	2/1990
EP	0390390	10/1990
EP	0396788	11/1990
EP	0286118	1/1995
EP	1048264	11/2000
WO	WO-96/25089	8/1996
WO	WO-96/35370	11/1996
WO	WO-98/35053	8/1998
WO	WO-99/56613	11/1999
WO	WO-00/49940	8/2000
WO	WO-00/59370	10/2000
WO	WO-00/78992	12/2000
WO	WO-00/70932 WO-01/52935	7/2001
WO	WO-01/52753 WO-01/54753	8/2001
WO	WO-02/16905	2/2002
WO	WO-02/39086	5/2002
wo	WO-02/058537	8/2002
WO	WO-03/006091	1/2003
WO	WO-03/090509	4/2003
WO	WO-03/053503	7/2003
WO	WO-03/071930	9/2003
WO	WO-03/076893	9/2003
WO	WO-03/082091	10/2003
WO	WO-03/085372	10/2003
WO	WO-03/103763	12/2003
WO	WO-2004/061420	7/2004
WO	WO-2005/041766	5/2005
WO	WO-2005/089103	9/2005
WO	WO-2005/119524	12/2005
WO	WO-2006/024671	3/2006
WO	WO-2006/079114	7/2006
WO	WO-2006/086423	8/2006
WO	WO-2006/118947	11/2006
WO	WO-2007/016399	2/2007
WO	WO-2007/027788	3/2007
WO	WO-2007/041069	4/2007
WO	WO-2007/041070	4/2007
WO	WO-2007/041248	4/2007
WO	WO-2007/056638	5/2007
WO	WO-2007/101223	9/2007
WO	WO-2007/120363	10/2007
WO	WO-2007/126444	11/2007
WO	WO-2007/053832	12/2007
WO	WO-2007/143225	12/2007

OTHER PUBLICATIONS

Bennion, N., et al., "Alternate Site Glucose Testing: A Crossover Design", *Diabetes Technology & Therapeutics*, vol. 4 No. 1, 2002, pp. 25-33.

Blank, T. B., et al., "Clinical Results From a Non-Invasive Blood Glucose Monitor", Optical Diagnostics and Sensing of Biological Fluids and Glucose and Cholesterol Monitoring II, Proceedings of SPIE, vol. 4624, 2002, pp. 1-10.

Brooks, S. L., et al., "Development of an On-Line Glucose Sensor for Fermentation Monitoring", *Biosensors*, vol. 3, 1987/88, pp. 45-56. Cass, A. E., et al., "Ferrocene-Medicated Enzyme Electrode for Amperometric Determination of Glucose", *Analytical Chemistry*, vol. 56 No. 4, 1984, 667-671.

Csoregi, E., et al., "Design and Optimization of a Selective Subcutaneously Implantable Glucose Electrode Based on 'Wired' Glucose Oxidase", *Analytical Chemistry*, vol. 67, No. 7, 1995, pp. 1240-1244. Feldman, B., et al., "A Continuous Glucose Sensor Based on Wired EnzymeTM Technology—Results from a 3-Day Trial in Patients with Type 1 Diabetes", *Diabetes Technology & Therapeutics*, vol. 5, No. 5, 2003, pp. 769-779.

Feldman, B., et al., "Correlation of Glucose Concentrations in Interstitial Fluid and Venous Blood During Periods of Rapid Glucose Change", Abbott Diabetes Care, Inc. Freestyle Navigator Continuous Glucose Monitor Pamphlet, 2004.

Isermann, R., "Supervision, Fault-Detection and Fault-Diagnosis Methods—An Introduction", *Control Engineering Practice*, vol. 5, No. 5, 1997, pp. 639-652.

Isermann, R., et al., "Trends in the Application of Model-Based Fault Detection and Diagnosis of Technical Processes", *Control Engineering Practice*, vol. 5, No. 5, 1997, pp. 709-719.

Johnson, P. C., "Peripheral Circulation", *John Wiley & Sons*, 1978, pp. 198.

Jungheim, K., et al., "How Rapid Does Glucose Concentration Change in Daily Life of Patients with Type 1 Diabetes?", 2002, pp. 250.

Jungheim, K., et al., "Risky Delay of Hypoglycemia Detection by Glucose Monitoring at the Arm", *Diabetes Care*, vol. 24, No. 7, 2001, pp. 1303-1304.

Kaplan, S. M., "Wiley Electrical and Electronics Engineering Dictionary", *IEEE Press*, 2004, pp. 141, 142, 548, 549.

Lortz, J., et al., "What is Bluetooth? We Explain the Newest Short-Range Connectivity Technology", *Smart Computing Learning Series, Wireless Computing*, vol. 8, Issue 5, 2002, pp 72-74.

Malin, S. F., et al., "Noninvasive Prediction of Glucose by Near-Infrared Diffuse Reflectance Spectoscopy", *Clinical Chemistry*, vol. 45, No. 9, 1999, pp. 1651-1658.

McGarraugh, G., et al., "Glucose Measurements Using Blood Extracted from the Forearm and the Finger", *TheraSense, Inc.*, 2001, 16 Pages.

McGarraugh, G., et al., "Physiological Influences on Off-Finger Glucose Testing", *Diabetes Technology & Therapeutics*, vol. 3, No. 3, 2001, pp. 367-376.

McKean, B. D., et al., "A Telemetry-Instrumentation System for Chronically Implanted Glucose and Oxygen Sensors", *IEEE Transactions on Biomedical Engineering*, vol. 35, No. 7, 1988, pp. 526-532.

Pickup, J., et al., "Implantable Glucose Sensors: Choosing the Appropriate Sensing Strategy", *Biosensors*, vol. 3, 1987/88, pp. 335-346. Pickup, J., et al., "In Vivo Molecular Sensing in Diabetes Mellitus: An Implantable Glucose Sensor with Direct Electron Transfer", *Diabetologia*, vol. 32, 1989, pp. 213-217.

Pishko, M. V., et al., "Amperometric Glucose Microelectrodes Prepared Through Immobilization of Glucose Oxidase in Redox Hydrogels", *Analytical Chemistry*, vol. 63, No. 20, 1991, pp. 2268-2272.

Quinn, C. P., et al., "Kinetics of Glucose Delivery to Subcutaneous Tissue in Rats Measured with 0.3-mm Amperometric Microsensors", *The American Physiological Society*, 1995, E155-E161.

Roe, J. N., et al., "Bloodless Glucose Measurements", *Critical Review in Therapeutic Drug Carrier Systems*, vol. 15, Issue 3, 1998, pp. 199-241.

Sakakida, M., et al., "Development of Ferrocene-Mediated Needle-Type Glucose Sensor as a Measure of True Subcutaneous Tissue Glucose Concentrations", *Artificial Organs Today*, vol. 2, No. 2, 1992, pp. 145-158.

Sakakida, M., et al., "Ferrocene-Mediated Needle-Type Glucose Sensor Covered with Newly Designed Biocompatible Membrane", *Sensors and Actuators B*, vol. 13-14, 1993, pp. 319-322.

Salehi, C., et al., "A Telemetry-Instrumentation System for Long-Term Implantable Glucose and Oxygen Sensors", *Analytical Letters*, vol. 29, No. 13, 1996, pp. 2289-2308.

Schmidtke, D. W., et al., "Measurement and Modeling of the Transient Difference Between Blood and Subcutaneous Glucose Concentrations in the Rat After Injection of Insulin", *Proceedings of the National Academy of Sciences*, vol. 95, 1998, pp. 294-299.

Shaw, G. W., et al., "In Vitro Testing of a Simply Constructed, Highly Stable Glucose Sensor Suitable for Implantation in Diabetic Patients", *Biosensors & Bioelectronics*, vol. 6, 1991, pp. 401-406. Shichiri, M., et al., "Glycaemic Control in Pancreatectomized Dogs with a Wearable Artificial Endocrine Pancreas", *Diabetologia*, vol.

24, 1983, pp. 179-184.

(56) References Cited

OTHER PUBLICATIONS

Shichiri, M., et al., "In Vivo Characteristics of Needle-Type Glucose Sensor—Measurements of Subcutaneous Glucose Concentrations in Human Volunteers", *Hormone and Metabolic Research Supplement Series*, vol. 20, 1988, pp. 17-20.

Shichiri, M., et al., "Membrane Design for Extending the Long-Life of an Implantable Glucose Sensor", *Diabetes Nutrition and Metabolism*, vol. 2, 1989, pp. 309-313.

Shichiri, M., et al., "Needle-type Glucose Sensor for Wearable Artificial Endocrine Pancreas", *Implantable Sensors for Closed-Loop Prosthetic Systems, Chapter 15*, 1985, pp. 197-210.

Shichiri, M., et al., "Telemetry Glucose Monitoring Device With Needle-Type Glucose Sensor: A Useful Tool for Blood Glucose Monitoring in Diabetic Individuals", *Diabetes Care*, vol. 9, No. 3, 1986, pp. 298-301.

Shichiri, M., et al., "Wearable Artificial Endocrine Pancreas With Needle-Type Glucose Sensor", *The Lancet*, 1982, pp. 1129-1131. Shults, M. C., et al., "A Telemetry-Instrumentation System for Monitoring Multiple Subcutaneously Implanted Glucose Sensors", *IEEE Transactions on Biomedical Engineering*, vol. 41, No. 10, 1994, pp. 937-942.

Sternberg, R., et al., "Study and Development of Multilayer Needle-Type Enzyme-Based Glucose Microsensors", *Biosensors*, vol. 4, 1988, pp. 27-40.

Thompson, M., et al., "In Vivo Probes: Problems and Perspectives", *Clinical Biochemistry*, vol. 19, 1986, pp. 255-261.

Turner, A., et al., "Diabetes Mellitus: Biosensors for Research and Management", *Biosensors*, vol. 1, 1985, pp. 85-115.

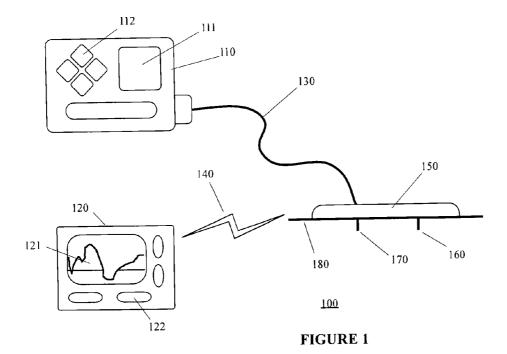
Updike, S. J., et al., "Principles of Long-Term Fully Implanted Sensors with Emphasis on Radiotelemetric Monitoring of Blood Glucose from Inside a Subcutaneous Foreign Body Capsule (FBC)", *Biosensors in the Body: Continuous in vivo Monitoring*, Chapter 4, 1997, pp. 117-137.

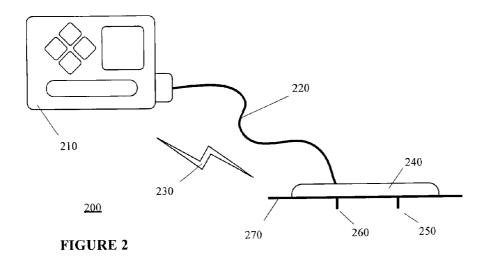
Velho, G., et al., "Strategies for Calibrating a Subcutaneous Glucose Sensor", *Biomedica Biochimica Acta*, vol. 48, 1989, pp. 957-964. Wilson, G. S., et al., "Progress Toward the Development of an Implantable Sensor for Glucose", *Clinical Chemistry*, vol. 38, No. 9, 1992, pp. 1613-1617.

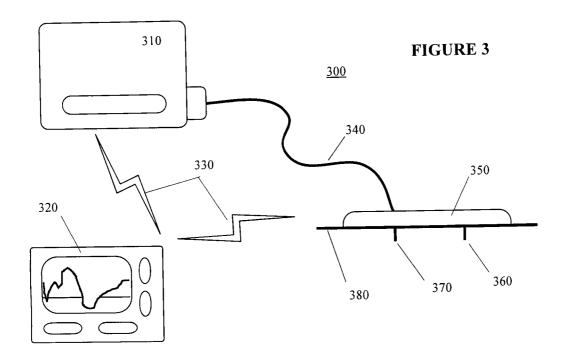
PCT Application No. PCT/US2009/050602, International Preliminary Report on Patentability mailed Jan. 27, 2011.

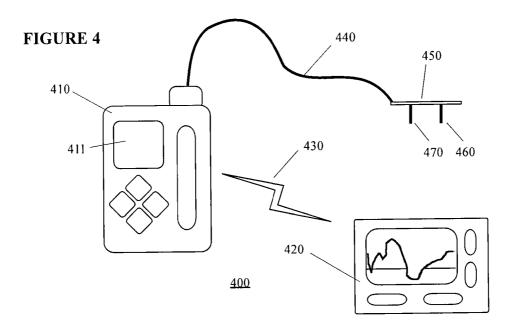
International Search Report and Written Opinion of the International Searching Authority for PCT Application No. PCT/US2009/050602, mailed Sep. 10, 2009.

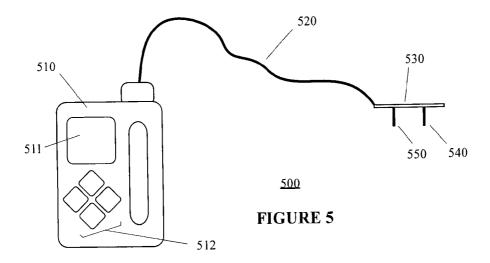
Jobst, G., et al., "Thin-Film Microbiosensors for Glucose-Lactate Monitoring", *Analytical Chemistry*, vol. 68, No. 18, 1996, pp. 3173-3179

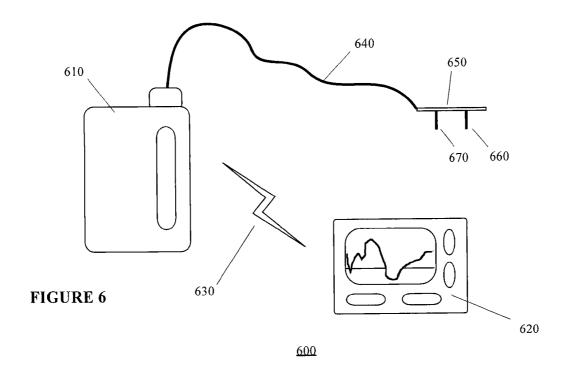












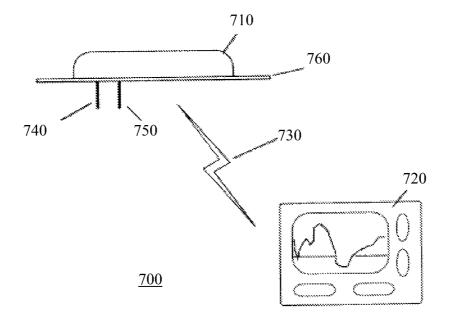


FIGURE 7A

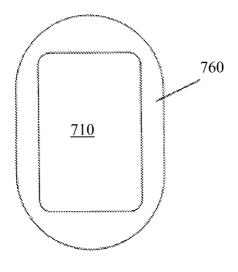


FIGURE 7B

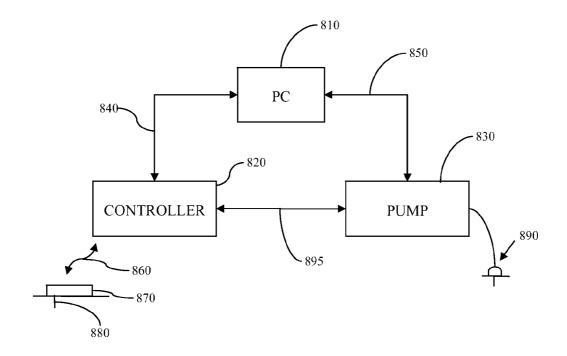


FIGURE 8

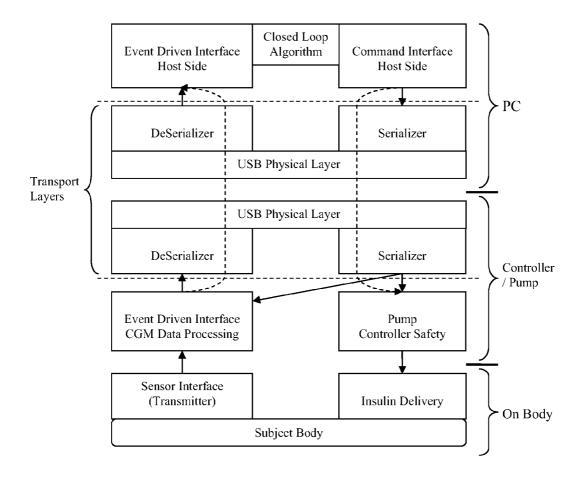


FIGURE 9

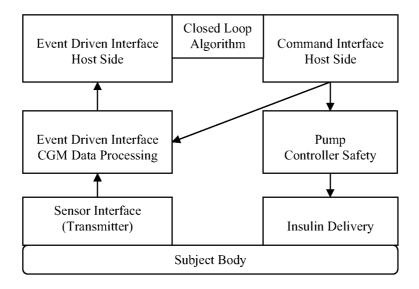


FIGURE 10

CLOSED LOOP CONTROL SYSTEM INTERFACE AND METHODS

RELATED APPLICATIONS

The present application claims priority under §35 U.S.C. 119(e) to U.S. provisional application No. 61/080,677 filed Jul. 14, 2008 entitled "Closed Loop Control System Interface and Methods", the disclosure of which is incorporated by reference for all purposes.

BACKGROUND

Commercial devices and systems for monitoring glucose levels in a patient are currently available. For example, FreeStyle Navigator® Continuous Glucose Monitoring System available from Abbott Diabetes Care Inc., provides diabetes management tools for monitoring glucose levels of a patient over an extended time period using a subcutaneous analyte sensor, for example, in contact with interstitial fluid of the patient. Such devices and systems provide real time glucose information to the patient to assist in improving glycemic control. Also available are infusion devices such as external insulin pumps which are programmable to deliver insulin 25 based on a programmed delivery profile to diabetic patients, for example. Typically, such pumps are programmed to deliver a predetermined basal delivery profile, and periodically administer user specified bolus dosage or temporary basal delivery.

In recent years, developments have been on going in closed loop therapy systems which automate the control of the insulin delivery based on real time feedback of the patient's glucose levels. There are known closed loop control algorithms that are intended to model artificial pancreas to provide a fully automated and integrated system of glucose monitoring and insulin delivery.

With the development of different algorithms for closed loop control as well as glucose monitoring systems and infusion devices, integration of such components to provide compatibility has become a challenge.

SUMMARY

In view of the foregoing, a closed loop system interface device and methods are provided in accordance with various embodiments of the present disclosure which provide compatibility with any developing closed loop algorithm, and integration with the analyte monitoring system.

In one aspect, method and apparatus for calling a programmed function in conjunction with execution of one or more commands related to a closed loop control algorithm, receiving one or more data in response to the one or more commands over a data interface, and executing the one or 55 more commands related to the closed loop control algorithm based on the received one or more data are provided.

These and other objects, features and advantages of the present disclosure will become more fully apparent from the following detailed description of the embodiments, the 60 appended claims and the accompanying drawings.

BRIEF DESCRIPTION OF THE FIGURES

FIG. 1 illustrates an integrated infusion device and analyte 65 monitoring system in accordance with one embodiment of the present disclosure;

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FIG. 2 illustrates an integrated infusion device and analyte monitoring system in accordance with another embodiment of the present disclosure;

FIG. 3 illustrates an integrated infusion device and analyte monitoring system in accordance with yet another embodiment of the present disclosure;

FIG. 4 illustrates an integrated infusion device and analyte monitoring system in accordance with still another embodiment of the present disclosure;

FIG. 5 illustrates an integrated infusion device and analyte monitoring system in accordance with still a further embodiment of the present disclosure;

FIG. 6 illustrates an integrated infusion device and monitoring system in accordance with yet still a further embodiment of the present disclosure;

FIG. 7A illustrates an integrated infusion device and analyte monitoring system with the infusion device and the monitoring system transmitter integrated into a single patch worn by the patient in accordance with one embodiment of the present disclosure and FIG. 7B illustrates a top view of the patch of FIG. 7A;

FIG. 8 illustrates a closed loop system interface for practicing one or more embodiments of the present disclosure;

FIG. 9 illustrates an architecture for providing interface to integrate the components of the closed loop system in one aspect; and

FIG. 10 illustrates an architecture for providing interface to integrate the components of the closed loop system in another aspect.

DETAILED DESCRIPTION

FIG. 1 illustrates an integrated infusion device and analyte monitoring system in accordance with one embodiment of the present disclosure. Referring to FIG. 1, the integrated infusion device and analyte monitoring system 100 in one embodiment of the present disclosure includes an infusion device 110 connected to an infusion tubing 130 for liquid transport or infusion, and which is further coupled to a cannula 170. As can be seen from FIG. 1, the cannula 170 is configured to be mountably coupled to a transmitter unit 150, where the transmitter unit 150 is also mountably coupled to an analyte sensor 160. Also provided is an analyte monitor unit 120 which is configured to wirelessly communicate with the transmitter unit 150 over a communication path 140.

Referring to FIG. 1, in one embodiment of the present disclosure, the transmitter unit 150 is configured for unidirectional wireless communication over the communication path 140 to the analyte monitor unit 120. In one embodiment, the analyte monitor unit 120 may be configured to include a transceiver unit (not shown) for bidirectional communication over the communication path 140. The transmitter unit 150 in one embodiment may be configured to periodically and/or intermittently transmit signals associated with analyte levels detected by the analyte sensor 160 to the analyte monitor unit 120. The analyte monitor unit 120 may be configured to receive the signals from the transmitter unit 150 and in one embodiment, is configured to perform data storage and processing based on one or more preprogrammed or predetermined processes.

For example, in one embodiment, the analyte monitor unit 120 is configured to store the received signals associated with analyte levels in a data storage unit (not shown). Alternatively, or in addition, the analyte monitor unit 120 may be configured to process the signals associated with the analyte levels to generate trend indication by, for example, visual display of a line chart or an angular icon based display for

output display on its display unit 121. Additional information may be output displayed on the display unit 121 of the analyte monitor unit 120 including, but not limited to, the substantially contemporaneous and real time analyte level of the patient received from the transmitter unit 150 as detected by the sensor 160. The real time analyte level may be displayed in a numeric format or in any other suitable format which provides the patient with the accurate measurement of the substantially real time analyte level detected by the sensor 160.

Additional analytes that may be monitored or determined by the sensor **160** include, for example, acetyl choline, amylase, bilirubin, cholesterol, chorionic gonadotropin, creatine kinase (e.g., CK-MB), creatine, DNA, fructosamine, glucose, glutamine, growth hormones, hormones, ketones, lactate, 15 peroxide, prostate-specific antigen, prothrombin, RNA, thyroid stimulating hormone, and troponin. The concentration of drugs, such as, for example, antibiotics (e.g., gentamicin, vancomycin, and the like), digitoxin, digoxin, drugs of abuse, theophylline, and warfarin, may also be determined.

Referring back to FIG. 1, the sensor 160 may include a short term (for example, 3 day, 5 day or 7 day use) analyte sensor which is replaced after its intended useful life. Moreover, in one embodiment, the sensor 160 is configured to be positioned subcutaneous to the skin of the patient such that at 25 least a portion of the analyte sensor is maintained in fluid contact with the patient's analyte such as, for example, interstitial fluid or blood. In addition, the cannula 170, which is configured to similarly be positioned under the patient's skin, is connected to the infusion tubing 130 of the infusion device 30 110 so as to deliver medication such as insulin to the patient. Moreover, in one embodiment, the cannula 170 is configured to be replaced with the replacement of the sensor 160.

In one aspect of the present disclosure, the cannula 170 and the sensor 160 may be configured to be subcutaneously posi- 35 tioned under the skin of the patient using an insertion mechanism (not shown) such as an insertion gun which may include, for example, a spring biased or loaded insertion mechanism to substantially accurately position the cannula 170 and the sensor 160 under the patient's skin. In this manner, the can-40 nula 170 and the sensor 160 may be subcutaneously positioned with substantially little or no perceived pain by the patient. Alternatively, the cannula 170 and/or the sensor 160 may be configured to be manually inserted by the patient through the patient's skin. After positioning the cannula 170 45 and the sensor 160, they may be substantially firmly retained in position by an adhesive layer 180 which is configured to adhere to the skin of the patient for the duration of the time period during which the sensor 160 and the cannula 170 are subcutaneously positioned.

Moreover, in one embodiment, the transmitter unit **150** may be mounted after the subcutaneous positioning of the sensor **160** and the cannula **150** so as to be in electrical contact with the sensor electrodes. Similarly, the infusion tubing **130** may be configured to operatively couple to the housing of the 55 transmitter unit **150** so as to be in accurately positioned for alignment with the cannula **170** and to provide a substantially water tight seal. Additional detailed description of the analyte monitoring system including the sensor **160**, transmitter unit **150** and the analyte monitor unit **120** is provided in U.S. Pat. No. 6,175,752, assigned to the assignee of the present disclosure, Abbott Diabetes Care Inc., the disclosure of which is incorporated by reference for all purposes.

Referring back to FIG. 1, the infusion device 110 may include capabilities to program basal profiles, calculation of 65 bolus doses including, but is not limited to, correction bolus, carbohydrate bolus, extended bolus, and dual bolus, which

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may be performed by the patient using the infusion device 110, and may be based on one or more factors including the patient's insulin sensitivity, insulin on board, intended carbohydrate intake (for example, for the carbohydrate bolus calculation prior to a meal), the patient's measured or detected glucose level, and the patient's glucose trend information. In a further embodiment, the bolus calculation capabilities may also be provided in the analyte monitor unit 120.

In one embodiment, the analyte monitor unit 120 is configured with a substantially compact housing that can be easily carried by the patient. In addition, the infusion device 110 similarly may be configured as a substantially compact device which can be easily and conveniently worn on the patient's clothing (for example, housed in a holster or a carrying device worn or clipped to the patient's belt or other parts of the clothing). Referring yet again to FIG. 1, the analyte monitor unit 120 and/or the infusion device 110 may include a user interface such as information input mechanism 112, 122 by the patient as well as data output including, for example, the display unit 121 on the analyte monitor unit 120, or similarly a display unit 111 on the infusion device 110.

One or more audio output devices such as, for example, speakers or buzzers may be integrated with the housing of the infusion device 110 and/or the analyte monitor unit 120 so as to output audible alerts or alarms based on the occurrence of one or more predetermined conditions associated with the infusion device 110 or the analyte monitor unit 120. For example, the infusion device 110 may be configured to output an audible alarm or alert to the patient upon detection of an occlusion in the infusion tubing 130 or the occurrence of a timed event such as a reminder to prime the infusion tubing upon replacement of the cannula 170, and the like. The analyte monitor unit 120 may similarly be configured to output an audible alarm or alert when a predetermined condition or a pre-programmed event occurs, such as, for example, a reminder to replace the sensor 160 after its useful life (of 3 days, 5 days or 7 days), or one or more alerts associated with the data received from the transmitter unit 150 corresponding to the patient's monitored analyte levels. Such alerts or alarms may include a warning alert to the patient that the detected analyte level is beyond a predetermined threshold level, or the trend of the detected analyte levels within a given time period is indicative of a significant condition such as potential hyperglycemia or hypoglycemia, which require attention or corrective action. It is to be noted that the examples of audible alarms and/or alerts are described above for illustrative purposes only, that within the scope of the present disclosure, other events or conditions may be programmed into the infusion device 110 or the analyte monitor unit 120 or both, so as to alert or notify the patient of the occurrence or the potential occurrence of such events or conditions.

In addition, within the scope of the present disclosure, audible alarms may be output alone, or in combination with one or more of a visual alert such as an output display on the display unit 111, 121 of the infusion device 110 or the analyte monitor unit 120, respectively, or vibratory alert which would provide a tactile indication to the patient of the associated alarm and/or alert.

Moreover, referring yet again to FIG. 1, while one analyte monitor unit 120 and one transmitter unit 150 are shown, within the scope of the present disclosure, additional analyte monitor units or transmitter units may be provided such that, for example, the transmitter unit 150 may be configured to transmit to multiple analyte monitor units substantially simultaneously. Alternatively, multiple transmitter units coupled to multiple sensors concurrently in fluid contact with the patient's analyte may be configured to transmit to the

analyte monitor unit 120, or to multiple analyte monitor units. For example, an additional transmitter unit coupled to an additional sensor may be provided in the integrated infusion device and analyte monitoring system 100 which does not include the cannula 170, and which may be used to perform 5 functions associated with the sensor 160 such as sensor calibration, sensor data verification, and the like.

In one embodiment, the transmitter unit 150 is configured to transmit the sampled data signals received from the sensor 160 without acknowledgement from the analyte monitor unit 10 120 that the transmitted sampled data signals have been received. For example, the transmitter unit 150 may be configured to transmit the encoded sampled data signals at a fixed rate (e.g., at one minute intervals) after the completion of the initial power on procedure. Likewise, the analyte monitor unit 150 may be configured to detect such transmitted encoded sampled data signals at predetermined time intervals. Alternatively, the transmitter unit 150 and the analyte monitor unit 120 may be configured for bi-directional communication over the communication path 140.

Additionally, in one aspect, the analyte monitor unit 120 may include two sections. The first section of the analyte monitor unit 120 may include an analog interface section that is configured to communicate with the transmitter unit 150 via the communication path 140. In one embodiment, the 25 analog interface section may include an RF receiver and an antenna for receiving and amplifying the data signals from the transmitter unit 150, which are thereafter, demodulated with a local oscillator and filtered through a band-pass filter. The second section of the analyte monitor unit 120 may include a 30 data processing section which is configured to process the data signals received from the transmitter unit 150 such as by performing data decoding, error detection and correction, data clock generation, and data bit recovery, for example.

In operation, upon completing the power-on procedure, the analyte monitor unit 120 is configured to detect the presence of the transmitter unit 150 within its range based on, for example, the strength of the detected data signals received from the transmitter unit 150 or a predetermined transmitter identification information. Upon successful synchronization with the transmitter unit 150, the analyte monitor unit 120 is configured to begin receiving from the transmitter unit 150 data signals corresponding to the patient's detected analyte, for example glucose, levels.

Referring again to FIG. 1, the analyte monitor unit 120 or the infusion device 110, or both may be configured to further communicate with a data processing terminal (not shown) which may include a desktop computer terminal, a data communication enabled kiosk, a laptop computer, a handheld computing device such as a personal digital assistant (PDAs), or a data communication enabled mobile telephone, and the like, each of which may be configured for data communication via a wired or a wireless connection. The data processing terminal for example may include physician's terminal and/ or a bedside terminal in a hospital environment, for example. 55

The communication path 140 for data communication between the transmitter unit 150 and the analyte monitor unit 120 of FIG. 1 may include an RF communication link, Bluetooth® communication link, infrared communication link, or any other type of suitable wireless communication connection between two or more electronic devices. The data communication link may also include a wired cable connection such as, for example, but not limited to, an RS232 connection, USB connection, or serial cable connection.

Referring yet again to FIG. 1, in a further aspect of the 65 present disclosure, the analyte monitor unit 120 or the infusion device 110 (or both) may also include a test strip port

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configured to receive a blood glucose test strip for discrete sampling of the patient's blood for glucose level determination. An example of the functionality of blood glucose test strip meter unit may be found in Freestyle Blood Glucose Meter available from the assignee of the present disclosure, Abbott Diabetes Care Inc.

In the manner described above, in one embodiment of the present disclosure, the cannula 170 for infusing insulin or other suitable medication is integrated with the adhesive patch 180 for the sensor 160 and the transmitter unit 150 of the analyte monitoring system. Accordingly, only one on-skin patch can be worn by the patient (for example, on the skin of the abdomen) rather than two separate patches for the infusion device cannula 170, and the analyte monitoring system sensor 160 (with the transmitter unit 150). Thus, the Type-1 diabetic patient may conveniently implement infusion therapy in conjunction with real time glucose monitoring while minimizing potential skin irritation on the adhesive patch 180 site on the patient's skin, and thus provide more insertion sites with less irritation.

In addition, the integrated infusion device and analyte monitoring system 100 as shown in FIG. 1 may be configured such that the infusion tubing 130 may be disconnected from the infusion device 110 as well as from the housing of the transmitter unit 150 (or the adhesive patch 180) such that, optionally, the patient may configure the system as continuous analyte monitoring system while disabling the infusion device 110 functionality.

Moreover, in accordance with one embodiment of the present disclosure, the patient may better manage the physiological conditions associated with diabetes by having substantially continuous real time glucose data, trend information based on the substantially continuous real time glucose data, and accordingly, modify or adjust the infusion levels delivered by the infusion device 110 from the pre-programmed basal profiles that the infusion device 110 is configured to implement.

FIG. 2 illustrates an integrated infusion device and analyte monitoring system in accordance with another embodiment of the present disclosure. Referring to FIG. 2, the integrated infusion device and analyte monitoring system 200 in one embodiment of the present disclosure includes an integrated infusion device and analyte monitor unit 210 which is coupled to an infusion tubing 220 connected to the cannula 260. Also shown in FIG. 2 is a transmitter unit 240 which is in electrical contact with an analyte sensor 250, where the cannula 260 and the analyte sensor 250 are subcutaneously positioned under the skin of the patient, and retained in position by an adhesive layer or patch 270.

Referring to FIG. 2, the integrated infusion device and analyte monitor unit 210 is configured to wirelessly communicate with the transmitter unit 240 over a communication path 230 such as an RF communication link. Compared with the embodiment shown in FIG. 1, it can be seen that in the embodiment shown in FIG. 2, the infusion device and the analyte monitor are integrated into a single housing 210. In this manner, the transmitter unit 240 may be configured to transmit signals corresponding to the detected analyte levels received from the analyte sensor 250 to the integrated infusion device and analyte monitor unit 210 for data analysis and processing.

Accordingly, the patient may conveniently receive real time glucose levels from the transmitter unit **240** and accordingly, determine whether to modify the existing basal profile (s) in accordance with which insulin is delivered to the patient. In this manner, the functionalities of the analyte monitor unit may be integrated within the compact housing of

the infusion device to provide additional convenience to the patient by, for example, providing the real time glucose data as well as other relevant information such as glucose trend data to the user interface of the infusion device, so that the patient may readily and easily determine any suitable modification to the infusion rate of the insulin pump.

In one embodiment, the configurations of each component shown in FIG. 2 including the cannula 260, the analyte sensor 250, the transmitter unit 240, the adhesive layer 270, the communication path 230, as well as the infusion tubing 220 and the functionalities of the infusion device and the analyte monitor are substantially similar to the corresponding respective component as described above in conjunction with FIG. 1.

Accordingly, in one embodiment of the present disclosure, the additional convenience may be provided to the patient in maintaining and enhancing diabetes management by, for example, having a single integrated device such as the integrated infusion device and analyte monitor unit 210 which 20 would allow the patient to easily manipulate and manage insulin therapy using a single user interface system of the integrated infusion device and analyte monitor unit 210. Indeed, by providing many of the information associated with the glucose levels and insulin infusion information in one 25 device, the patient may be provided with the additional convenience in managing diabetes and improving insulin therapy.

FIG. 3 illustrates an integrated infusion device and analyte monitoring system in accordance with yet another embodiment of the present disclosure. Referring to FIG. 3, the integrated infusion device and analyte monitoring system 300 in one embodiment of the present disclosure includes an infusion device 310 connected to an infusion tubing 340 coupled to a cannula 370. The cannula 370 is configured to be positioned subcutaneously under the patient's skin and substantially retained in position by an adhesive layer 380. Also retained in position, as discussed above and similar to the embodiments described in conjunction with FIGS. 1-2, is an 40 analyte sensor 360 also positioned subcutaneously under the patient's skin and maintained in fluid contact with the patient's analyte. A transmitter unit 350 is provided so as to be electrically coupled to the analyte sensor 360 electrodes. Also, as can be seen from FIG. 3, in one embodiment, the 45 infusion tubing 340 is connected to the housing of the transmitter unit 350 so as to connect to the cannula 370 disposed under the patient's skin.

Referring to FIG. 3, also provided is an analyte monitoring unit 320 configured to wirelessly communicate with the 50 transmitter unit 350 to receive data therefrom associated with the analyte levels of the patient detected by the analyte sensor 360. Referring to FIG. 3, in one embodiment, the infusion device 310 does not include a user interface such as a display unit and/or an input unit such as buttons or a jog dial. Instead, 55 the user interface and control mechanism is provided on the analyte monitoring unit 320 such that the analyte monitoring unit 320 is configured to wirelessly control the operation of the infusion device 310 and further, to suitably program the infusion device 310 to execute pre-programmed basal profile 60 (s), and to otherwise control the functionality of the infusion device 310.

More specifically, all of the programming and control mechanism for the infusion device 310 is provided in the analyte monitoring unit 320 such that when the patient is wearing the infusion device 310, it may be worn discreetly under clothing near the infusion site on the patient's skin

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(such as abdomen), while still providing convenient access to the patient for controlling the infusion device **310** through the analyte monitoring unit **320**.

In addition, in one embodiment, the configurations of each component shown in FIG. 3 including the cannula 370, the analyte sensor 360, the transmitter unit 350, the adhesive layer 380, the communication path 330, as well as the infusion tubing 340 and the functionalities of the infusion device and the analyte monitoring unit 320 are substantially similar to the corresponding respective component as described above in conjunction with FIG. 1. However, the infusion device 310 in the embodiment shown in FIG. 3 is configured with a transceiver or an equivalent communication mechanism to communicate with the analyte monitoring unit 320.

In this manner, in one embodiment of the present disclosure, configuration of the infusion device 310 without a user interface provides a smaller and lighter housing and configuration for the infusion device 310 which would enhance the comfort in wearing and/or carrying the infusion device 310 with the patient. Moreover, since the control and programming functions of the infusion device 310 is provided on the analyte monitoring unit 320, the patient may conveniently program and/or control the functions and operations of the infusion device 310 without being tethered to the infusion tubing 340 attached to the cannula 370 which is positioned under the patient's skin. In addition, since the programming and control of the infusion device 310 is remotely performed on the analyte monitoring unit 320, the infusion tubing 340 may be shorter and thus less cumbersome.

FIG. 4 illustrates an integrated infusion device and analyte monitoring system in accordance with still another embodiment of the present disclosure. Referring to FIG. 4, the integrated infusion device and analyte monitoring system 400 in one embodiment of the present disclosure includes an infusion device 410 configured to wirelessly communicate with an analyte monitoring unit 420 over a communication path 430 such as an RF (radio frequency) link. In addition, as can be further seen from FIG. 4, the infusion device 410 is connected to an infusion tubing 440 which has provided therein integral wires connected to the analyte sensor electrodes. As discussed in further detail below, the measured analyte levels of the patient is received by the infusion device 410 via the infusion tubing 440 and transmitted to the analyte monitoring unit 420 for further processing and analysis.

More specifically, referring to FIG. 4, the integrated infusion device and analyte monitoring system 400 includes a patch 450 provided with a cannula 470 and an analyte sensor 460. The cannula 470 is configured to deliver or infuse medication such as insulin from the infusion device 410 to the patient. That is, in one embodiment, the cannula 470 and the analyte sensor 460 are configured to be positioned subcutaneous to the patient's skin. The analyte sensor 460 is configured to be positioned in fluid contact with the patient's analyte.

In this manner, the analyte sensor 460 is electrically coupled to integral wires provided within the infusion tubing 440 so as to provide signals corresponding to the measured or detected analyte levels of the patient to the infusion device 410. In one embodiment, the infusion device 410 is configured to perform data analysis and storage, such that the infusion device 410 may be configured to display the real time measured glucose levels to the patient on display unit 411. In addition to or alternatively, the infusion device 410 is configured to wirelessly transmit the received signals from the analyte sensor 460 to the analyte monitoring unit 420 for data analysis, display, and/or storage and the analyte monitoring unit 420 may be configured to remotely control the functions

and features of the infusion device 410 providing additional user convenience and discreteness.

Referring back to FIG. 4, in one embodiment, the patch 450 may be configured to be substantially small without a transmitter unit mounted thereon, and provided with a relatively 5 small surface area to be attached to the patient's skin. In this manner, the patient may be provided with added comfort in having a substantially compact housing mounted on the skin (attached with an adhesive layer, for example), to infuse medication such as insulin, and for continuous analyte monitoring with the analyte sensor 460.

FIG. 5 illustrates an integrated infusion device and analyte monitoring system in accordance with still a further embodiment of the present disclosure. As compared with the embodiment shown in FIG. 4, the integrated infusion device and 15 analyte monitoring system 500 of FIG. 5 includes an integrated infusion device and analyte monitoring unit 510. Accordingly, one user interface is provided to the user including the display unit 511 and input buttons 512 provided on the housing of the integrated infusion device and analyte moni- 20 toring unit 510. Also shown in FIG. 5 are infusion tubing 520 with integral wires disposed therein and connected to an analyte sensor 540 with electrodes in fluid contact with the patient's analyte. Moreover, as can be seen from FIG. 5, an adhesive patch 530 is provided to retain the subcutaneous 25 position of a cannula 550 and the analyte sensor 540 in the desired positions under the patient's skin.

Optionally, the integrated infusion device and analyte monitoring unit **510** may be provided with wireless or wired communication capability so to communicate with a remote 30 terminal such as a physician's computer terminal over a wireless communication path such as RF communication link, or over a cable connection such as a USB connection, for example. Referring back to FIG. **5**, in one embodiment of the present disclosure, the diabetic patient using an infusion 35 therapy is provided with less components to handle or manipulate further simplifying insulin therapy and glucose level monitoring and management.

FIG. 6 illustrates an integrated infusion device and monitoring system in accordance with yet still a further embodi- 40 ment of the present disclosure. Referring to FIG. 6, the integrated infusion device and analyte monitoring system 600 is provided with an infusion device without a user interface, and configured to wirelessly communicate with an analyte monitoring unit 620 over a communication path 630 such as an RF 45 link. The infusion device 610 which may be provided in a compact housing since it does not incorporate the components associated with a user interface, is connected to an infusion tubing 640 having disposed therein integral wires correspondingly connected to the electrodes of analyte sensor 50 660 in fluid contact with the patient's analyte. In addition, the compact adhesive patch 650 in one embodiment is configured to retain cannula 670 and the analyte sensor 660 in the desired position under the skin of the patient.

Similar to the embodiment shown in FIG. 3, the analyte 55 monitoring unit 620 is configured to control and program the infusion device 610 over the communication link 630. In this manner, the control and programming functions of the infusion device 610 may be remotely performed by the analyte monitoring unit 620, providing convenience to the patient.

FIG. 7A illustrates an integrated infusion device and analyte monitoring system with the infusion device and the monitoring system transmitter integrated into a single patch worn by the patient in accordance with one embodiment of the present disclosure and FIG. 7B illustrates a top view of the 65 patch of FIG. 7A. Referring to FIGS. 7A and 7B, the integrated infusion device and analyte monitoring system 700

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includes an integrated patch pump and transmitter unit 710 provided on an adhesive layer 760, and which is configured to be placed on the skin of the patient, so as to securely position cannula 750 and analyte sensor 740 subcutaneously under the skin of the patient. The housing of the integrated infusion pump and transmitter unit 710 is configured in one embodiment to include the infusion mechanism to deliver medication such as insulin to the patient via the cannula 750.

In addition, the integrated patch pump and transmitter unit 710 is configured to transmit signals associated with the detected analyte levels measured by the analyte sensor 740, over a wireless communication path 730 such as an RF link. The signals are transmitted from the on body integrated patch pump and transmitter unit 710 to a controller unit 720 which is configured to control the operation of the integrated patch pump and transmitter unit 710, as well as to receive the transmitted signals from the integrated patch pump and transmitter unit 710 which correspond to the detected analyte levels of the patient.

Referring back to FIGS. 7A and 7B, in one embodiment, the infusion mechanism of the integrated patch pump and transmitter unit 710 may include the infusion device of the type described in U.S. Pat. No. 6,916,159 assigned to the assignee of the present disclosure, Abbott Diabetes Care Inc., the disclosure of which is incorporated by reference for all purposes. In addition, while a wireless communication over the communication path 730 is shown in FIG. 7A, the wireless communication path 730 may be replaced by a set of wires to provide a wired connection to the controller unit 720.

In this manner, in one embodiment of the present disclosure, the integrated infusion device and analyte monitoring system 700 does not use an infusion tubing which may provide additional comfort and convenience to the patient by providing additional freedom from having to wear a cumbersome tubing.

FIG. 8 illustrates a closed loop system interface for practicing one or more embodiments of the present disclosure. Referring to the Figure, in one aspect, the closed loop architecture includes a PC terminal 810, such as a computer terminal which includes the predefined closed loop algorithm, in communication with a controller 820 and a pump 830. The controller 820 in one aspect is configured to receive analyte data over a data connection 860 such as an RF link, from a data transmitter 870 which is connected to an analyte sensor 880. In one aspect, the controller 820 in combination with the transmitter 870 and the analyte sensor 880 comprise the analyte monitoring system described above.

Referring again to FIG. 8, the pump 830 is connected to an infusion set/tubing 890 for delivering medication such as insulin to a user. While not shown, the analyte sensor 880 and the cannula of the infusion set/tubing is transcutaneously positioned under the skin layer of the patient to monitor analyte levels and deliver medication, respectively. As can be seen, there are provided data interface 840, 850 between the controller 820 and PC terminal 810, and the pump 830 and the PC terminal 810. In one aspect, the data interfaces 840, 850 include USB data connection for data transfer between the various components described. In a further aspect, the closed loop algorithm may be provided in the controller 820 in which case, the PC terminal 810 shown in FIG. 8 may be an optional device, and the data interface 840, 850 may be similarly optional. In such configuration, the controller 820 in one aspect may be configured to communicate with the pump 830 via data interface 895 which may include, for example, one or more of an RF (radio frequency) communication interface/ link, a wired data interface such as a USB (universal serial bus) or serial data communication interface or any other suit-

able data interface for bi-directional data communication between the controller 820 and the pump 830.

As discussed in further detail below, in accordance with embodiments of the present disclosure, architecture to support integration of closed loop control algorithm (whether 5 developed and resident in the PC terminal 810), or integrated into controller 820 are provided. That is, by providing application programming interface (API) to the components of the closed loop system, integration with different control algorithm for implementation as well as testing may be easily 10 achieved with data compatibility and little or no modification to the closed loop control algorithm.

FIG. 9 illustrates an architecture for providing data/control interface to integrate the components of the closed loop control system in one aspect. Referring to FIG. 9, as can be seen, 15 there is provided transport layers between the controller/pump and the PC terminal. That is, in one embodiment, using the existing USB data ports, data communication may be achieved by serial communication with the PC terminal such that between the devices, an interface layer such as a serializer is provided which encapsulates, for example, the serial commands from the continuous glucose monitoring (CGM) controller to the closed loop algorithm resident in the PC terminal. In one aspect, the serializer may be configured to provide API to execute the necessary and/or desired commands for 25 monitoring and updating the status of the commands.

Referring to FIG. 9, the closed loop algorithm resident in the PC terminal as shown may be configured to call or retrieve for execution/implementation one or more desired functions based, for example, on its internal clock or timer (or pro- 30 grammed or pre-programmed), and in response, triggers or initiates the CGM (continuous glucose monitoring) data processing to serialize the responsive (based on the function call) data which is then provided to corresponding deserializer on the PC terminal via the USB connection. For example, the 35 function call may include a serial command requesting glucose data for the past 10 minutes. The closed loop algorithm may execute this function call to the controller, and in response thereto, the controller may be configured to retrieve the stored glucose data received from the CGM transmitter 40 and provide that information to the deserializer in the PC terminal as a data table, for example.

That is, in one aspect, the application programming interface (API) provided on the controller and the PC terminal are configured to communicate over the data connection (for 45 example, the USB connection) based on serial commands, and thereafter, provided to the closed loop control algorithm for appropriate processing related to control of one or more of the pump parameters or the controller (continuous glucose monitoring) parameters. More specifically, as shown in FIG. 50 9, the command interface resident in the PC terminal may be configured to generate the appropriate or suitable serial command to implement the desired closed loop control based on the data received from the controller, and thereafter, via the serializer provide the command to the pump and/or the con- 55 troller over the data connection, which, in one aspect, are configured to deserialize the command for execution and/or implementation.

In this manner, in one aspect, there is provided an interface module which is configured to integrate the closed loop control algorithm with the continuous glucose monitoring system and infusion device that do not require modification to the closed loop control algorithm to provide compatibility and functional integration. For example, in one aspect, serial commands in conjunction with application programming 65 interface (API) are provided to integrate the closed loop system components without changing the closed loop control

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algorithm. In one aspect, without modifying the interface communication or control, the patient may alter or replace the existing closed loop control algorithm to another algorithm that may be more suited to the patient.

Referring to FIG. 9, while the closed loop control algorithm is shown to reside in the PC terminal, within the scope of the present disclosure, the closed loop control algorithm may be provided in the controller, which, in turn, may be configured for data communication with the pump as well as the sensor interface (transmitter) coupled to an analyte sensor for analyte monitoring. That is, in a further aspect, the PC terminal may be provided as an optional data processing terminal and the closed loop control algorithm may be implemented using the controller device in conjunction with the analyte sensor interface and the pump. This embodiment is further described in detail below in conjunction with FIG. 10.

FIG. 10 illustrates an architecture for providing interface to integrate the components of the closed loop control system in another aspect. As shown, in one aspect, the closed loop control algorithm is integrated in the controller such that the use of the PC terminal with closed loop algorithm may be optional, and the serial commands used may not be necessary. For example, with the application programming interface (API) provided to the controller and the pump, in one aspect, the closed loop control algorithm may be executed based on the data received from the controller related to the real time monitored glucose levels, and in response thereto, provide or issue one or more function calls to command or control the pump and/or the controller to implement the determined command or control based on the executed closed loop control algorithm. As discussed, in accordance with the embodiments of the present disclosure, the defined APIs may be implemented with any closed loop control algorithm and integrated with compatibility.

Within the scope of the present disclosure, other compatible configurations are contemplated in conjunction with a closed loop control system for insulin therapy and diagnosis which are compatible with a variety of closed loop control algorithms without specific modifications to the control algorithms for implementation. In aspects of the present disclosure, the function calls or commands executed or implemented by the one or more APIs include data integrity verification, for example, by including a CRC (cyclic redundancy check) verification such that it may be necessary to verify the checksum of the API command before calling the associated function.

In a further aspect, the defined or programmable APIs may be associated with one or more functions related to the medication delivery profile (e.g., one or more basal delivery profiles, temporary basal profile, delivery rates, delivery duration), delivery profile modification (including, for example, conditions for start/stop of one or more predetermined delivery profiles, conditions defining switching between multiple delivery profiles), safety shut off routine, device (pump and/ or controller) operational status monitoring, data processing modes including, for example, batch mode, backup, upload, retrieval, time stamping, logging and the like. Moreover, other compatible APIs are contemplated within the scope of the present disclosure to provide compatibility with multiple closed loop control algorithms and which does not require modification to the algorithms in order to execute or call associated functions or parameters.

In still a further aspect, the defined or programmable APIs may be associated with one or more functions related to the analyte monitoring such as, but not limited to, frequency of analyte data logging, analyte sensor based events such as sensor calibration schedule, modification to the calibration

schedule, diagnosis of sensor operation, failure modes related to the analyte sensor, or analyte sensor replacement schedules. In further aspects of the present disclosure, the defined or programmable APIs may be associated with one or more data processing functions from the analyte sensor interface and/or the pump, including, for example, time corresponding the medication delivery profile with the monitored analyte levels, determination or processing of the rate of change information of the monitored analyte levels in conjunction with the medication delivery profile such as the basal profile, monitoring of the temperature (on-skin, body temperature, and the like), for example. In addition, alarm or alert conditions associated with the closed loop control algorithm may be implemented using one or more of the defined or program- $_{15}$ mable APIs including, for example, but not limited to, occlusion detection in the medication delivery path, rapid rise or decline in the monitored analyte levels, for example.

Accordingly, a method in one aspect includes initiating a programmed function in conjunction with execution of one or more commands related to a closed loop control algorithm, receiving one or more data in response to the one or more commands over a data interface, and executing the one or more commands related to the closed loop control algorithm based on the received one or more data.

The programmed function may be initiated based on an application programming interface function.

The closed loop control algorithm may include closed loop diabetes management algorithm.

In one aspect, the closed loop control algorithm may be $_{30}$ configured to modify a delivery profile of a medication.

The closed loop control algorithm may be configured to request a blood glucose value.

The one or more commands in one aspect may include one or more serial commands, where the received one or more data over the interface may be serialized or formatted for serial communication.

The one or more commands may include a command to retrieve one or more of the current or prior monitored analyte level, where the analyte level may include glucose level.

An apparatus in accordance with another embodiment includes a storage unit, and one or more processors coupled to the storage unit, the one or more processors configured to initiate a programmed function in conjunction with execution of one or more commands related to a closed loop control algorithm, to receive one or more data in response to the one or more commands over a data interface; and to execute the one or more commands related to the closed loop control algorithm based on the received one or more data.

A system in accordance with yet another embodiment includes a control unit including a memory unit having stored therein a closed loop control algorithm for execution, and an insulin delivery device in signal communication with the control unit for executing one or more medication delivery functions based on one or more signals received from the control unit, wherein the control unit may include a user interface for initiating one or more application programming interface function associated with one or more of the operation of the insulin delivery device, and further wherein the insulin delivery device may be configured to execute the one

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or more functions associated with the one or more of the initiated application programming interface functions.

The closed loop control algorithm stored in the memory device of the control unit may include a plurality of closed loop control algorithms.

Various other modifications and alternations in the structure and method of operation of this invention will be apparent to those skilled in the art without departing from the scope and spirit of the invention. Although the invention has been described in connection with specific preferred embodiments, it should be understood that the invention as claimed should not be unduly limited to such specific embodiments.

What is claimed is:

- 1. A system, comprising:
- a control unit including a memory unit having stored therein a closed loop control algorithm for execution; and
- an insulin delivery device in signal communication with the control unit for executing one or more medication delivery functions based on one or more signals received from the control unit;
 - wherein the control unit includes a user interface for initiating one or more application programming interface functions associated with one or more of the operations of the insulin delivery device;
 - wherein the one or more application programming interface functions are initialized at a serializer, and the closed loop control algorithm is integrated with the insulin delivery device and is compatible with both the control unit and the insulin delivery device without the closed loop control algorithm being modified; and
 - wherein the insulin delivery device is configured to execute the one or more medication delivery functions associated with the one or more of the initiated application programming interface functions.
- 2. The system of claim 1, wherein the closed loop control algorithm stored in the memory unit of the control unit includes a plurality of closed loop control algorithms.
- 3. The system of claim 1, wherein the control unit includes

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- 4. The system of claim 1, wherein the one or more application programming interface functions are related to one or more of analyte monitoring, a frequency of analyte data logging, a diagnosis of an analyte sensor operation, at least one failure mode related to an analyte sensor, and an analyte sensor replacement schedule.
- **5**. The system of claim **1**, wherein the one or more application programming interface functions are related to one or more of a medication delivery profile, a medication delivery modification, a safety shut off routine, operational status monitoring, and a data processing mode.
- **6**. The system of claim **1**, further comprising an analyte monitoring device in signal communication with the control unit.
- 7. The system of claim 1, wherein the serializer is configured such that the closed loop control algorithm can be replaced or modified without modifying the control unit or the insulin delivery device.

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