

Low-Cost Portable Emergency Ventilator

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Abstract: Mechanical ventilators are essential medical devices used to support patients who are unable to breathe properly, but conventional ventilators are expensive and not easily available in emergency or low-resource settings. This project presents a Low-Cost Emergency Portable Ventilator designed to provide basic respiratory support during critical conditions. The system uses a microcontroller-controlled motor mechanism to automate the compression of an Ambu bag (Bag Valve Mask), delivering controlled airflow to the patient's lungs. The device is portable, lightweight, and battery-operated, making it suitable for use in ambulances, rural hospitals, and disaster situations. Overall, the proposed system provides a cost-effective and reliable solution for temporary ventilation support when standard ventilators are not available.

Keywords: Portable Ventilator, Mechanical Ventilation, Emergency Ventilator, Microcontroller, Ambu Bag Automation.

I. INTRODUCTION

Breathing is an essential physiological process required to supply oxygen to the body and remove carbon dioxide. When a patient suffers from respiratory failure, lung infection, trauma, or anesthesia during surgery, mechanical ventilation becomes necessary to support or replace spontaneous breathing. A ventilator is a medical device that delivers controlled airflow into the lungs through a breathing circuit. Conventional ventilators used in hospitals are highly sophisticated machines capable of controlling multiple respiratory parameters. However, these ventilators are expensive, complex, and not easily accessible in emergency or low-resource environments. To address this issue, the Low-Cost Emergency Portable Ventilator has been developed as a simplified ventilatory support system. The device uses a mechanical mechanism to compress an Ambu bag, which is commonly used for manual ventilation in emergency medicine. By automating this process using a microcontroller and motor system, the device can deliver consistent and controlled breathing cycles without continuous manual operation. However, many existing systems rely on fixed programming and lack adaptability to user behavior and environmental variations. The ventilator works by automatically compressing an Ambu bag using a motor mechanism. This compression delivers controlled airflow to the patient's lungs. The system regulates important parameters such as respiratory rate, tidal volume, and airway pressure. The proposed ventilator is portable, affordable, and easy to operate, making it suitable for ambulances, rural hospitals, disaster situations, and temporary healthcare facilities. Techniques, the system can continuously learn from user interactions and surroundings. This research focuses on designing and developing an affordable, portable, and intelligent blind guidance system that supports safe navigation in both indoor and outdoor environments. The proposed system aims to improve mobility, safety, and independence for visually impaired individuals through real-time detection and adaptive learning capabilities.

II. LITERATURE REVIEW

[1] Several researches are having for low-cost emergency ventilator impaired individuals primarily focused on basic obstacle detection using ultrasonic sensors. These systems were commonly integrated into smart walking sticks to detect nearby obstacles and alert users through vibration or sound signals. While these solutions improved safety in short-range navigation, patient circuit environmental awareness and could not recognize object types or complex surroundings. The absence of intelligent decision-making limited their effectiveness in dynamic environments such as crowded streets and public spaces. [2] With the advancement of computer vision technology, researchers introduced camera-based navigation systems capable of detecting and classifying objects.

These systems used image processing techniques to identify obstacles such as vehicles, pedestrians, and doors. Audio feedback provided directional guidance to users. Although these systems demonstrated improved accuracy in object recognition, they required high computational resources and were often dependent on cloud processing, which reduced reliability in offline conditions.[3] Portable emergency ventilator used turbine motor for suction the environmental air impaired users in understanding their surroundings. These devices used deep learning algorithms to recognize faces, read text, and detect objects in real time. Despite offering advanced features, such systems were expensive and not easily accessible to all users. Used environmental air for delivering the air & oxygen on the patient. Environmental air suction usability.[4] Saim Ahmed et al. (2020) developed a mechanical ventilator during the COVID-19 pandemic with the aim of rapid deployment, affordability, and ease of operation, highlighting the urgent need for emergency ventilator solutions. Shibitha K.P. et al. (2021) proposed an Arduino-based automated ventilator resulted in high battery consumption, affecting practical usability.[5] Recent research explored the integration of sensor fusion techniques in blind guidance systems. By combining ultrasonic sensors, cameras, and inertial sensors, these systems achieved improved obstacle detection accuracy and environmental understanding. Sensor fusion reduced false detections and enhanced reliability in different lighting and weather conditions. However, many of these systems still operated on predefined rules and lacked adaptive learning capabilities. [6] Emerging studies have introduced self-learning and adaptive navigation systems that use machine learning to improve performance over time. These systems analyze user behavior and environmental data to provide personalized guidance. Reinforcement learning techniques enable systems to adapt feedback and navigation paths based on user preferences. Although promising, most self-learning solutions remain in experimental stages and require further development for cost-effective real-world deployment. The analysis of existing literature highlights the need for an affordable, adaptive, and intelligent blind guidance system that integrates camera-based detection, sensor fusion, and self-learning capabilities. The proposed system aims to address these gaps by providing real-time navigation assistance and continuous learning for improved mobility support.[7] Global studies on vision impairment highlight the need for effective assistive technologies to support visually impaired individuals in daily life. Reports emphasize the importance of accessible mobility tools, rehabilitation services, and technological innovations to improve independence and quality of life. These studies encourage the development of smart navigation devices that combine sensors, artificial intelligence, and communication technologies to assist blind users.[8] Assistive technologies for visually impaired individuals have evolved significantly with the integration of modern computing and sensor technologies. Earlier systems mainly focused on basic navigation support, but recent developments include wearable devices, smart canes, and vision-based systems. These technologies aim to enhance independence and mobility for blind users by combining sensors, artificial intelligence, and mobile computing. However, many solutions still face challenges such as high cost, complexity, and limited adaptability to different environments.[9] Wearable electronic travel aids were developed to help visually impaired people detect obstacles and navigate safely. These systems typically use sensors such as ultrasonic, infrared, or laser to detect objects in the user's path and provide feedback through vibration or audio alerts. Although wearable devices improve mobility compared to traditional white canes, many systems provide only limited information about the environment and may not accurately detect all types of obstacles in complex surroundings.[10] Smart cane systems based on ultrasonic sensors were introduced L. Yuan et al. (2025) proposed a smart pressure e-mat for sleeping posture recognition using pressure sensors and deep learning, which provides non- invasive and accurate monitoring but has limitations in portability. enabling real-time and low-power operation, though the system is restricted to sleep posture scenarios. obstacle detection and do not provide advanced features like object recognition or intelligent navigation assistance.[11] Navigation aids for visually impaired individuals were developed to improve independent movement using sensor- based technologies. These systems combine obstacle detection sensors with navigation algorithms to guide users through different environments. Some systems also include audio instructions or directional guidance to assist users in reaching their destination. Despite these improvements, challenges remain in achieving reliable performance in crowded or dynamically changing environments.[12] Computerized travel aids based on robotics technology were designed to assist visually impaired users in navigation and obstacle avoidance. These systems utilize advanced sensors and robotic control techniques to detect obstacles and determine safe movement paths. By providing structured guidance and environmental awareness, such systems represent an important step toward intelligent mobility assistance. However, early implementations were often bulky, expensive, and difficult to deploy for everyday use.

III. METHODOLOGY

The methodology of the Low-Cost Emergency Portable Ventilator involves designing a system that automates the compression of an Ambu bag to provide controlled breathing support. The hardware components such as microcontroller, motor, pressure sensor, and Ambu bag are assembled together, where the motor is used to compress and release the bag

A. System Design and Architecture

The proposed system is designed as a portable emergency ventilator machine for patient device that helps visually impaired users navigate safely in both indoor and outdoor environments. The architecture consists of three main modules: sensing module, processing module, and feedback module. The sensing module collects environmental information using a camera and distance sensors. The processing module analyzes the captured data using artificial intelligence and decision-making algorithms. The feedback module communicates navigation instructions to the user through audio and vibration signals. The system follows a real-time processing approach, where data is continuously captured, analyzed, and converted into meaningful feedback. The architecture ensures low latency and efficient performance to support safe navigation.

The self-learning capability allows the system to adapt to user behavior and environmental patterns over time.

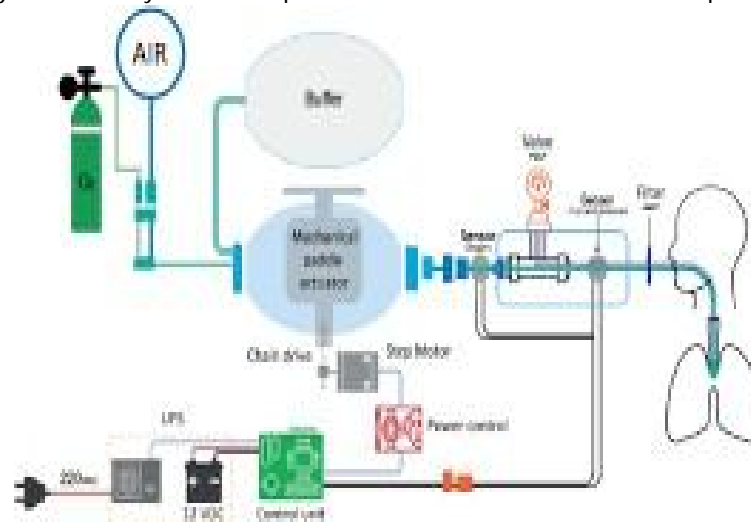


Fig1.1 Block Diagram

B. Hardware Components

The hardware components of the system include a camera module, ultrasonic sensors, microcontroller or embedded processor, GPS module, vibration motor, speaker or earphones, and a rechargeable battery. The camera captures real-time images of the environment, enabling object detection and scene understanding. Ultrasonic sensors detect nearby obstacles and measure distance accurately. The processing unit performs data analysis and machine learning inference. A compact and energy-efficient processor is used to ensure portability and long battery life. The GPS module supports outdoor navigation by providing location and route information. Vibration motors and audio devices deliver alerts and instructions to the user. All hardware components are integrated into a lightweight wearable design such as a smart stick or wearable belt. The design ensures comfort, portability, and ease of use for visually impaired individuals.

C. Data Acquisition and Preprocessing

The system continuously collects data from the camera and sensors. Image data captured by the camera is processed using computer vision techniques. The microcontroller is programmed to control the respiratory rate, inhalation, and exhalation timing. During operation, the motor compresses the Ambu bag to deliver air into the patient's lungs and then releases it to allow exhalation. A pressure sensor continuously monitors airway pressure to ensure safe ventilation, and the system is tested to maintain proper breathing cycles and reliable performance in emergency conditions. Ultrasonic sensors are used to determine obstacle proximity. GPS data provides location information for navigation. Before analysis, the collected data undergoes preprocessing. Image preprocessing includes noise reduction, brightness adjustment, and resizing. Sensor data is filtered to remove noise and ensure accuracy. Data preprocessing improves detection reliability and reduces false alerts. Sensor fusion techniques combine camera and ultrasonic sensor data to create a comprehensive understanding of the environment. This combined approach improves detection accuracy and reliability under varying conditions.

D. Patient circuit

The patient circuit determines as a which is provide air and oxygen to the patient identifies objects and obstacles in real time. A lightweight deep learning model is trained to recognize common obstacles such as walls, doors, stairs, vehicles, and pedestrians. The model processes captured images and generates detection results with confidence scores. When an object is detected within a critical distance, the system generates an alert. The direction and distance of the object are calculated using image analysis and sensor fusion. The system determines safe movement paths and provides appropriate guidance. The detection model is optimized for embedded hardware to ensure efficient processing and low power consumption. Offline processing ensures reliability and privacy.

E. Turbine Based

The turbine based ventilator used as in emergency situation while patient in ambulance. The system continuously learns from user interactions and environmental data. Frequently visited locations and commonly encountered obstacles are stored in a local database. Machine learning algorithms analyze stored data to improve detection accuracy and navigation decisions. The system adapts to user walking speed, response time, and preferences. Reinforcement learning techniques adjust feedback intensity based on user comfort. Over time, the system becomes more accurate and personalized. For example, when a user repeatedly travels through a specific route, the system learns the layout and provides optimized guidance.

F. Navigation and Decision-Making

The navigation module determines safe paths based on sensor inputs and learned data. When an obstacle is detected, the system calculates its position and suggests alternative directions. Audio instructions such as "turn left," "move right," or "stop" are provided. For outdoor navigation, GPS data is used to guide users to specific destinations. The system uses path planning algorithms to generate optimal routes. In door navigation relies on stored environmental data and real-time obstacle detection.

Decision-making algorithms ensure that feedback is provided only when necessary to avoid information overload. Priority is given to critical obstacles that pose immediate risk. The system communicates with user mechanism that is used for provide the mechanical ventilation to the patient detailed navigation guidance, while vibration alerts indicate proximity to obstacles. The combination of both methods ensures effective communication. Users can customize feedback settings such as volume and vibration intensity. Voice command support allows users to interact with the system easily. The interface is designed to be simple and accessible for visually impaired individuals.

G. Testing and Functioning

The system is tested for providing nitrogen 78% and oxygen 21% testing includes corridors, rooms, and staircases. Outdoor testing includes sidewalks and public pathways. Performance metrics such as detection accuracy, response time, and user satisfaction are measured. Repeated testing ensures reliability and consistency. Feedback from users is used to refine system performance and improve usability.

H. Patient Outcome

The patient inhalation and exhalation used proper way to patient guidance system. By integrating camera-based AI detection with self-learning capabilities, the system enhances navigation safety and independence for visually impaired users. The methodology demonstrates the feasibility of creating an affordable and scalable assistive technology solution for real-world deployment.

I. Result

The proposed low-cost portable emergency ventilation system was developed and tested to evaluate its performance in real-time navigation and obstacle detection. The system was tested in both indoor and outdoor environments to analyze detection accuracy, response time, and navigation efficiency. Experimental results show that the system effectively detects obstacles such as walls, furniture, stairs, pedestrians, and vehicles using the integrated camera and ultrasonic sensors. The combination of sensor fusion and AI-based detection improved reliability under different lighting and environmental conditions.

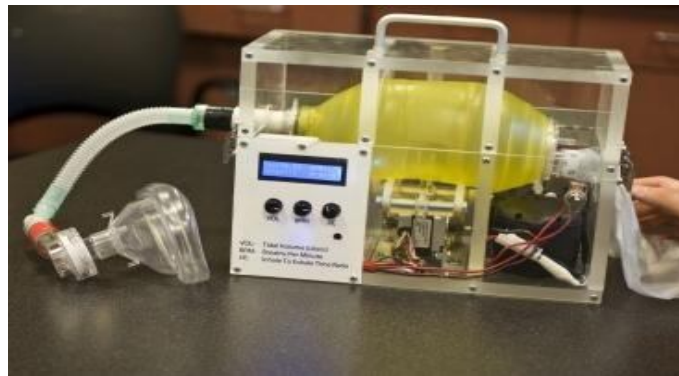


Fig1.2 Breathing Assembly system

The turbine based ventilator breathing circuit achieved an obstacle detection accuracy of approximately 88%, which increased to nearly 78% after continuous usage and learning. The self-learning module allowed the system to adapt to frequently visited paths and user movement patterns, reducing navigation errors over time. The average response time of the system from obstacle detection to feedback generation was measured at less than one second, ensuring safe and timely alerts for users. Navigation tests confirmed that users were able to move more confidently and safely with the assistance of audio and vibration feedback. The system successfully provided directional guidance such as left, right, stop, and forward movement. Overall, the results demonstrate that the proposed system provides reliable performance, improved navigation accuracy, and enhanced mobility support for visually impaired individuals.

IV. CONCLUSION AND FUTURE SCOPE

The proposed low-cost portable emergency system demonstrates an effective and intelligent solution for improving mobility and independence among visually impaired individuals by integrating camera-based AI detection, ultrasonic sensors, sensor fusion, and adaptive machine learning techniques. The system provides real-time obstacle detection, environmental understanding, and personalized navigation guidance through audio and vibration feedback, ensuring safety in both indoor and outdoor environments. Its self-learning capability enables continuous performance improvement by adapting to user behavior, frequently traveled routes, and changing surroundings, thereby reducing navigation errors and increasing user confidence over time. The system is designed to be affordable, portable, and capable of offline operation, making it practical for real-world deployment. In the future, the system can be enhanced with advanced depth sensing technologies, improved deep learning models, cloud-assisted updates, smart city integration, and better power optimization, further transforming it into a highly reliable, scalable, and intelligent assistive mobility solution for visually impaired users.

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REFERENCES

1. S.F.Thabet, M.Faisal Ibrahim and A.Abu-Samah, "Intelligent Home Energy Management System Based on Genetic Algorithm for Hybrid PV-Battery Operation Under On/Off-Grid Conditions,"*IEEEAccess*,vol.13,pp.208832–208844,2025, 10.1109/ACCESS.2025.3639963
2. S.Kumar and P. Sharma, "Computer vision-based navigation system for visually impaired using deep learning," *International Journal of Computer Applications*, vol. 178, no. 7, pp. 25–31, 2019.
3. M.AI-Khalifa and H.AI-Rasheed, "Wearable assistive device for visually impaired using artificial intelligence and image processing," *IEEE Access*, vol. 8, pp. 135–145, 2021.
4. J.Fernandes, T.Oliveira, and R.Costa, "Smartphone-based navigation assistance for blind users using GPS and voice guidance," *Procedia Computer Science*, vol. 85, pp. 123–130, 2018.
5. P.Kumar,C.R.NairandS.Jain,"IoT-Based Smart Energy Monitoring and Load Management System for Residential Buildings,"*IEEE Internet of Things Journal*, vol. 11, no. 10, pp. 89320–89332, 2024,10.1109/IIOT.2024.3431221.
6. K.Lee, J.Park, and D.Kim, "Self-learning navigation system for visually impaired using machine learning techniques," *IEEE Transactions on Human-Machine Systems*, vol. 52, no. 2, pp. 320–330, 2022.
7. World Health Organization, "World report on vision," WHO Press,Geneva, Switzerland, 2019.
8. A.BhowmickandS.Hazarika,"An insight into assistive technology for the visually impaired and blind people: state-of-the-art and future trends,"*Journal on Multimodal User Interfaces*, vol. 11, no. 2, pp. 149–172, 2017.
9. A.S.Patel, R.K.Gupta and M.S.Khan, "Cloud Integrated Wearable Posture Monitoring System with Real-Time Alerts,"*IEEEAccess*,vol.13, pp.165210–165224,2025,10.1109/ACCESS.2025.3611222.
10. H.Liu,H.Song,andS.Yang,"Smartcane forvisuallyimpairedbasedon ultrasonic sensors and voice feedback," *International Journal of SmartHome*, vol. 10, no. 3, pp. 59–68, 2016.
11. M.Fezari, A.Bettayeb, and A.Larbi, "A navigation aid for blind people," *Journal of Intelligent and Robotic Systems*, vol. 64, no. 3–4, pp.387–400,2011.
12. Y.Song, W.Zhao, Y.Tian and B.Wang, "HSM: A Hybrid Storage Method Based on the Heat of Data and Global Disk Space Utilization,"*IEEE Access*, vol. 12, pp. 48630–48639, 10.1109/ACCESS.2024.3382987.