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# MOFNet Clinical v3.0.0 - User Manual (Ultra-Full Reference)

**Project:** MOFNet - Multi-Organ Failure Network-Based Early Warning System
**Version:** 3.0.0
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**License:** MIT

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1. Introduction

MOFNet v3.0 is a **network-based early warning system** to detect multi-organ failure (MOF) in ICU patients using 8 physiological parameters. It integrates:

- Real-time monitoring
- Network medicine approach
- Machine learning (ML) for early warning prediction

Objectives:

- Predict organ vulnerability
- Generate ePRI (enhanced Physiological Resilience Index)
- Support timely ICU interventions

2. System Requirements

Component	Requirement
OS	Windows 10+, Linux, Android 5+, PWA compatible browsers
RAM	≥1 GB
Storage	≥20 MB
Network	Optional (API access / cloud updates)
Python	3.9+ (for CLI/API)

```
## 3. Installation & Setup

### Options:

1. **PWA (Web App) - [MOFNet Dashboard] (https://mofnet.netlify.app/)
   - Offline support, auto-update

2. **Android APK**
   - Compatible with Android 5.0+, 1 GB RAM

3. **Python Package**
   ````bash
 pip install mofnet==3.0.0
 python interactive_cli_extended.py
```

## Configuration:

- Default configuration files are located in `/config/`
  - JSON or YAML format supported for ICU profiles
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## 4. Dashboard & User Interface

### Sections:

1. **Patient Overview** – ID, demographics, ICU location
2. **Vitals Panel** – HR, BP, RR, SpO<sub>2</sub>, Temp, GCS, Urine Output
3. **Organ Network Visualization** – 8 nodes color-coded: stable, watch, failure
4. **ePRI Meter** – dynamic 0–1 scale
5. **Trend Analysis Graphs** – hourly/daily plots
6. **Alerts & Notifications** – on-screen, email, SMS

### Color Codes:

Status	Color
Stable	Green

Stable Green

Watch	Yellow
	W

Failure	Red
	R

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## 5. Clinical Protocols & ePRI

### ePRI Score:

- **Stable:**  $\geq 0.80$
- **Watch:**  $0.60\text{--}0.79$
- **Failure:**  $<0.60$

### Intervention Triggers:

Trigger	Action
GCS drop $>2$ pts	Neurology consult
Urine output $<30$ ml/hr over 2h	Assess renal support
$\text{SpO}_2 <92\%$	Oxygen therapy escalation
BP drop $>20\%$	Hemodynamic support

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## 6. Data Inputs & Parameter Definitions

Parameter	Normal Range	Units	Notes
HR	60–100	bpm	Optimal: 72
SBP	90–140	mmHg	Systolic
DBP	60–90	mmHg	Diastolic
RR	12–20	breaths/min	Optimal: 16
$\text{SpO}_2$	$\geq 95$	%	Pulse oximetry
GCS	3–15	score	Neurological status
Urine	$\geq 30$	ml/hr	Target $\geq 50$ ml/hr

Parameter	Normal Range	Units	Notes
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Output

Temp	36.5–37.5	°C	Core body
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#### Input Methods:

- Manual
  - CSV / Excel upload
  - HL7/FHIR interface
  - API integration
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## 7. Network Construction & Algorithms

#### Steps:

1. Preprocessing – normalize & filter data
2. Construct organ network (8 nodes: HR, BP, RR, SpO<sub>2</sub>, GCS, UO, Temp, Composite)
3. Edge weight calculation – correlation & transfer entropy
4. Compute Node Vulnerability Index (NVI)
5. Compute ePRI

#### Python Example:

```
from mofnet.extended import build_network, compute_epri

network = build_network(patient_data)
epri_score = compute_epri(network)
print(f"ePRI: {epri_score}")
```

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## 8. Node Vulnerability Index (NVI)

- Measures risk per organ node (0–1)
- Formula (simplified):

$$\text{NVI} = (\text{HR\_risk} + \text{BP\_risk} + \text{RR\_risk} + \text{SpO}_2\text{\_risk} + \text{GCS\_risk} + \text{UO\_risk} + \text{Temp\_risk}) / 7$$

- Output used for **color-coded visualization** in dashboard

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## 9. ePRI Calculation & Risk Levels

- **ePRI = avg(normalized physiological scores)**
- Risk Classification:

ePRI	Risk Level	Action
≥0.80	Stable	Routine monitoring
0.60–0.79	Watch	Increase observation, review trends
<0.60	Failure	Escalate care, intervention required

- Early Warning Lead: ~15 hrs before MOF onset
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## 10. API Integration & Python Examples

### REST API:

```
curl -X POST https://api.mofnet.app/v3/predict \
-H "Authorization: Bearer YOUR_TOKEN" \
-H "Content-Type: application/json" \
-d '{"patient_id": "ICU-001", "vitals": {...}}'
```

### Python API Example:

```
from mofnet.extended import calculate_epri

epri = calculate_epri(
 hr=80,
 sbp=120,
 dbp=80,
 rr=16,
 spo2=98,
 gcs=15,
 urine_output=50,
 temperature=37
)
print(f"ePRI: {epri}")
```

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## 11. Alerts, Notifications & Trend Analysis

- **Alert System:** threshold-based, color-coded
  - **Notifications:** SMS, email, dashboard pop-ups
  - **Trends:** hourly, daily, cumulative graphs
  - **Export:** CSV / PDF / HL7
- 

## 12. Security, Compliance & Logging

- **Encryption:** TLS 1.3, AES-256
  - **Access Control:** MFA, RBAC
  - **Session Timeout:** 30 min
  - **Audit Logs:** Full, HIPAA/GDPR compliant
  - **Regulations:** HIPAA, GDPR, HITECH, ISO 27001, 21 CFR Part 11
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## 13. Troubleshooting & FAQ

Issue	Resolution
Installation fails	Check Python version $\geq 3.9$
GCS input error	Must be 3–15 numeric
Urine output miscalculated	Check units (ml/hr)
Slow dashboard	Close background apps, ensure $\geq 1\text{GB}$ RAM
Network graph missing	Ensure valid vitals & no missing data

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## 14. Updates, Migration & Versioning

- v2 → v3 migration: automatic, preserves previous ePRI
  - Default values for new parameters: GCS=15, UO=50, Temp=37
  - Backward compatible: 5-parameter PRI models
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## 15. Roadmap & Future Development

- **v3.1:** iOS support, sepsis detection, multi-language UI
  - **v3.2:** Pediatric ePRI, 10-parameter model
  - **v4.0:** FDA submission, AR/VR interface, federated learning, AI clinical decision support
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## 16. License & Disclaimers

- **License:** MIT
  - **Disclaimer:** For research/clinical support only; not a substitute for professional judgment
  - **Clinical Validation Required:** ePRI scores should be verified by clinicians before interventions
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## 17. Acknowledgments

- **Author:** Samir Baladi, MD – AI & Critical Care
- **Contributors:** ICU clinicians, developers, beta testers
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