DOKTORCONNECT · PEDIATRICIQ

Clinical Protocol v0.4

Every rule, screen, plan and message a family sees — for sign-off by the PediatricIQ paediatric board, including paediatric nephrology (United States and Nigeria)

Rules: piq-rules 0.4-demo (2026-10-05) · piq-mind 0.1-demo (2026-09-27)
Prepared: 9 October 2026
Status: demonstration rules — not for live patient care until signed off here and in the review portal (mypediatriciq.com/review).

Review panel: Dr. Olawunmi Mayegun (Clinical reviewer)

This document is generated from the live rule files. Each item carries a content fingerprint; the review portal uses the same fingerprints, so any later change to a rule automatically asks for a fresh sign-off on that item.

1. How PediatricIQ decides

Level	Meaning
RED	Emergency now (US 911; Nigeria nearest hospital emergency / 112).
AMBER	A clinician now (US CareClix video 24 h; Nigeria DoktorConnect doctor 08:00–24:00, hospital overnight).
YELLOW	A clinician within 24 hours (Nigeria overnight: watch, first 08:00 slot booked).
GREEN	Care at home with a Watch Plan of timed check-backs.

- **The protocol decides; AI explains.** Rules are deterministic code. AI may read a parent's words into findings the parent confirms, and may only ever *add* findings — it can never remove a finding, lower a level or give a dose.
- **One-way ratchet.** A clinician or a later check can raise a level; nothing on the family's device can lower a clinician's decision.
- **Universal danger signs** apply to every problem and always mean RED.
- **Night Protocol (Nigeria):** 00:00–08:00 Lagos time, AMBER goes to hospital and YELLOW waits for the 08:00 slot with watch instructions.
- **Deploy gate:** 108 adversarial tests run on every release; one failure stops the release.

2. What is new in v0.4

- NEW in v0.4 — Swelling, urine or kidney problem: a 13th pathway drafted for paediatric nephrology review (oedema, red or cola urine, reduced urine, urine infection by age, side pain, blood pressure readings and symptoms), plus a "known kidney disease" condition that raises any unwell child with fever, vomiting/diarrhoea or reduced urine to AMBER.
- Measured blood pressure numbers are deliberately NOT automated: the nephrologist sets age-, sex- and height-based thresholds before any number drives a level (growth already records height).
- Five new standard cases (V25–V29) and 16 new red-team tests for the kidney pathway.
- Carried from v0.3: seven pathways (head injury, burn, poisoning, rash, eye, throat, headache), Mind & mood with confidentiality from 14, asthma and sickle cell plans, growth 0–20 years, vaccination-card reading, and country units.
- Red-team gate now 108 tests; a failing test stops any deploy.

How to review: read each numbered item, tick one box and sign. "Approve with changes" — write the change beside the item. Items can also be signed online in the review portal, where the same fingerprints appear.

3. Triage rules

1. Universal danger signs (any one = RED, every complaint) · fingerprint 12g1nw6

- Struggling to breathe, grunting, or lips or face look blue or grey
- Has had a fit (convulsion) during this illness
- Very sleepy, floppy, or hard to wake
- Cannot drink or breastfeed at all
- Vomits everything they take in
- A rash that does not fade when you press a clear glass on it
- Stiff neck, or a bulging soft spot on a baby's head

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2. Rules — Fever or feels hot · fingerprint 1rdvvbs

- Fever means a temperature of 38.0 °C or more.
- Fever under 28 days of age → RED (emergency now).
- Fever from 28 to 89 days → AMBER (clinician now).
- Fever with sickle cell disease → RED.
- Temperature 40 °C or more → AMBER.
- Fever for 5 days or more → AMBER.
- Nigeria, any fever not yet malaria-tested → at least YELLOW plus a task: get a malaria test today.
- Nigeria, malaria test positive → AMBER (treatment today).
- Cannot be comforted → AMBER. No urine for 8 hours or more → AMBER.

Questions the parent sees:

- Cries when touched or cannot be comforted
- No wet nappy or no urine for 8 hours or more

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3. Rules — Ear pain · fingerprint m04vog

- Swelling or redness behind the ear, or ear pushed forward → RED.
- Ear pain under 6 months → AMBER.
- Severe pain over 2 days, or temperature 39 °C or more → AMBER.
- Discharge from the ear → YELLOW.
- Both ears in a child under 2 → YELLOW.
- Otherwise GREEN: pain relief and a watch plan (checks at 12, 24, 48, 72 h), in line with AAP observation option.

Questions the parent sees:

- Swelling or redness behind the ear, or the ear is pushed forward
- Fluid or pus coming out of the ear
- Severe pain for more than 2 days
- Pain in both ears

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4. Rules — Vomiting or diarrhoea · fingerprint vvz2zo

- Green (bilious) vomit → RED.
- Blood in the stool → AMBER.
- Constant or severe tummy pain → AMBER.
- Two or more of: sunken eyes, drinking eagerly, slow skin pinch, fewer wet nappies → AMBER (dehydration).
- Vomiting or diarrhoea under 6 months → AMBER.
- Diarrhoea 14 days or longer → YELLOW.
- Home care text includes ORS; zinc for 10–14 days shown in Nigeria.

Questions the parent sees:

- Vomit is green or yellow-green
- Blood in the stool
- Constant or severe tummy pain
- Eyes look sunken
- Drinks eagerly, very thirsty
- Skin on the tummy goes back slowly when pinched
- Far fewer wet nappies or trips to the toilet than usual
- Diarrhoea for 14 days or longer

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5. Rules — Cough, cold or breathing · fingerprint v0zhkv

- Stridor while calm → RED.
- Chest indrawing → RED under 2 months, AMBER from 2 months.
- Fast breathing (WHO): ≥60/min under 2 months; ≥50 from 2–11 months; ≥40 from 1–5 years; ≥30 over 5 years (demo threshold for review) → AMBER.
- Wheezing → AMBER.
- Cough 14 days or longer → YELLOW.
- If no breath count was entered, a task asks the parent to count for one minute.

Questions the parent sees:

- Lower chest pulls in when breathing in (chest indrawing)
- Harsh noise when breathing in while calm (stridor)
- Wheezing
- Cough for 14 days or longer

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6. Rules — Head injury or fall · fingerprint wwrgfg

- Knocked out (even briefly) or cannot remember what happened → RED.
- Vomited more than once since the injury → RED.
- Confused, not acting like themselves, or unsteady → RED.
- Blood or clear fluid from nose or ears, or bruising behind the ears / around both eyes → RED.
- Large swelling, dent or deep cut on the head → RED under 1 year, AMBER from 1 year.
- Fall from higher than own height, down stairs, or hit by a car or fast object → AMBER.
- Worsening headache → AMBER.
- Any head injury under 1 year → AMBER.
- Every head injury gets a 24-hour watch instruction (can sleep, must wake easily). Watch plan checks at 1, 4, 12, 24 h.

Questions the parent sees:

- Was knocked out, even for a moment, or cannot remember what happened
- Has vomited more than once since the injury
- Is confused, not acting like themselves, or unsteady on their feet
- Blood or clear fluid from the nose or ears, or bruising behind the ears or around both eyes
- A large swelling, dent or deep cut on the head
- Fell from higher than their own height, down stairs, or was hit by a car or something fast
- Headache that is getting worse

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7. Rules — Burn or scald · fingerprint irnz7l

- Cool running water 20 minutes (up to 3 h after), no ice, butter, oil, toothpaste or egg; cover with cling film — shown for every burn.
- Fire or smoke exposure, hoarse voice, soot at mouth or nose → RED.
- Electrical or chemical burn → RED.
- Burn all the way round a limb, finger or the body → RED.
- Burn on face, hands, feet, genitals or across a joint → AMBER.
- Larger than the child's palm → AMBER.
- Blistered, white, grey or charred skin → AMBER.
- Any burn under 1 year → AMBER.

Questions the parent sees:

- The burn is on the face, hands, feet, private parts, or across a joint
- The burn is bigger than the child's own palm
- The skin is blistered, white, grey or charred
- The burn goes all the way round an arm, leg, finger or the body
- It is an electrical or chemical burn
- The child was in a fire or breathed smoke, has a hoarse voice, or soot around the mouth or nose

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8. Rules — Swallowed something or poisoning · fingerprint 1n09cho

- Any possible poisoning → at least AMBER.
- First task — US: Call Poison Control 1-800-222-1222; Nigeria: take the child and the container to the nearest hospital now.
- Always: do not make the child vomit; no milk, palm oil or salt water.
- Button battery or magnets → RED.
- Bleach, drain/oven cleaner, dishwasher tablet or pesticide ("Otapiapia") → RED.
- Kerosene, petrol, lamp oil or other fuel → RED (aspiration risk).
- Nigeria overnight AMBER → hospital (Night Protocol).

Questions the parent sees:

- A button (coin) battery or magnets
- Bleach, drain or oven cleaner, dishwasher tablet, or pesticide (e.g. "Otapiapia")
- Kerosene, petrol, lamp oil or another fuel or oil
- Medicine — someone else's, or too much of their own (including iron or paracetamol)
- Something else or not sure what

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9. Rules — Rash or skin problem · fingerprint 12b7kte

- A rash that does not fade under a glass → RED (universal danger sign, with or without fever).
- Lip, tongue or face swelling, or hives with any breathing trouble → RED (anaphylaxis).
- Blistering or peeling skin, or sores in mouth or eyes → RED.
- Rash with fever in a child who seems unwell → AMBER.
- Red, hot, painful spreading skin → AMBER.
- Rash with fever plus cough, runny nose or red eyes → AMBER (possible measles) plus “keep away from other children, pregnant women and babies”.
- Rash with fever under 3 months → RED.

Questions the parent sees:

- Swelling of the lips, tongue or face, or hives with any trouble breathing
- Blisters or peeling skin, or sores in the mouth or eyes
- Rash with fever and the child seems unwell
- Red, hot, painful skin that is spreading
- Rash with fever plus cough, runny nose or red eyes

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10. Rules — Red or sore eye · fingerprint 17c7og7

- Eye injury, foreign body or chemical splash → RED; chemical: rinse with running water for 15 minutes first.
- Sudden change in vision → RED.
- Very swollen, red, painful eyelid, pain on eye movement or bulging eye → RED (orbital cellulitis).
- Severe eye pain or cannot open the eye in light → AMBER.
- Contact-lens wearer with red eye → AMBER.
- Any red or sticky eye under 28 days → AMBER.

Questions the parent sees:

- Eye injury, something went into the eye, or a chemical splash
- Cannot see properly, or vision has suddenly changed
- Eyelid very swollen, red and painful, or pain when moving the eye, or the eye bulges
- Severe eye pain, or cannot open the eye in light
- Wears contact lenses

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11. Rules — Sore throat · fingerprint np08bx

- Drooling, cannot swallow saliva, muffled voice or leaning forward to breathe → RED.
- Cannot open the mouth fully, or swollen/stiff neck → AMBER (possible abscess).
- Drinking much less because of pain → AMBER.
- Sandpaper-like rash → YELLOW (possible scarlet fever; test for strep).
- Fever without cough, aged 3 or older → YELLOW (test before any antibiotic).

Questions the parent sees:

- Drooling, cannot swallow their own spit, muffled voice, or leaning forward to breathe
- Cannot open the mouth fully, or a swollen or stiff neck
- Drinking much less than usual because it hurts
- Rough, sandpaper-like red rash
- Fever without a cough, and aged 3 or older

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12. Rules — Headache · fingerprint 1r8ctrc

- Sudden, very severe (“worst ever”) headache → RED.
- Weakness, numbness, trouble speaking, walking or seeing, or confusion → RED.
- Any headache with sickle cell disease → RED (stroke risk).
- Headache with fever and stiff neck → RED (universal danger sign).
- Wakes them at night, morning vomiting, or worsening over days to weeks → AMBER.
- After a knock to the head → AMBER.
- Any headache under 3 years → YELLOW.

Questions the parent sees:

- Sudden, very severe headache — the worst they have ever had
- Weakness or numbness, trouble speaking, walking or seeing, or confusion
- Headaches that wake them at night, come with morning vomiting, or keep getting worse over days or weeks
- Started after a knock to the head

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13. Rules — Swelling, urine or kidney problem · fingerprint 11kgdpw

- DRAFT for paediatric nephrology review.
- High blood pressure with headache, blurred vision, vomiting or a fit → RED.
- Very little or no urine in 12 hours WITH swelling or red urine → RED (possible acute kidney injury); without them → AMBER.
- Red or cola urine WITH a high blood pressure reading → RED (possible acute nephritis).
- Puffy eyes or face, or swollen legs, feet or tummy → AMBER, with “bring a urine sample — a dipstick today changes the plan”.
- Swelling with fever or tummy pain → AMBER (infection risk in nephrotic syndrome).
- Red or cola urine alone → YELLOW (AMBER with swelling).
- Urine symptoms: under 6 months → AMBER; with fever or side pain → AMBER (possible kidney infection); otherwise → YELLOW (urine test within 24 hours).
- Side or lower back pain alone → YELLOW.
- A high blood pressure reading alone → YELLOW (repeat and review within 24 hours). Measured numbers do NOT drive a level yet: the nephrologist sets age-, sex- and height-based thresholds first.
- ANY problem in a child with known kidney disease, with fever, vomiting/diarrhoea or reduced urine → AMBER (risk of kidney injury).
- Advice shown: normal drinks unless told to limit; note urine frequency and colour; no ibuprofen or herbal remedies with swelling or kidney problems unless a doctor says so.
- Watch plan: checks at 12, 24 and 48 hours.

Questions the parent sees:

- Puffy eyes or face, or swollen legs, feet or tummy
- Red, brown or cola-coloured urine
- Very little or no urine in the last 12 hours
- Pain or burning when passing urine, going very often, new bed-wetting, or smelly or cloudy urine
- Pain in the side or lower back
- A recent blood pressure reading was high (at home, school or clinic)
- High blood pressure with headache, blurred vision, vomiting or a fit

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14. Rules — Baby crying or unsettled · fingerprint oll2sb

- High-pitched, weak or unusual cry → AMBER.
- Feeding much less than usual → AMBER.
- Pain on movement or not using a limb → AMBER.
- Fall or injury → AMBER under 1 year, YELLOW from 1 year.
- Caregiver overwhelmed → YELLOW (clinician call-back) plus the “put baby down safely and step away; never shake” instruction.

Questions the parent sees:

- The cry is high-pitched, weak, or very different from usual
- Feeding much less than usual
- Seems in pain when moved or touched, or is not moving an arm or leg
- Has fallen, been dropped, or been hurt
- You feel overwhelmed, exhausted, or close to losing control

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15. What the family is told at each level, by country and hour (Night Protocol) · fingerprint 6gr2wu

Level	When	Family is told
RED	US (any hour)	Call 911 now
RED	Nigeria 08:00–24:00	Go to the nearest hospital emergency now
RED	Nigeria 00:00–08:00	Go to the nearest hospital emergency now
AMBER	US (any hour)	See a doctor now
AMBER	Nigeria 08:00–24:00	Talk to a DoktorConnect doctor now
AMBER	Nigeria 00:00–08:00	Take your child to the hospital now
YELLOW	US (any hour)	Video visit within 24 hours
YELLOW	Nigeria 08:00–24:00	See a DoktorConnect doctor today
YELLOW	Nigeria 00:00–08:00	Watch until morning — first slot booked
GREEN	US (any hour)	Care at home with a watch plan
GREEN	Nigeria 08:00–24:00	Care at home with a watch plan
GREEN	Nigeria 00:00–08:00	Care at home with a watch plan

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16. Watch Plan check-back times (hours after the decision) · fingerprint 1j9k6dh

Complaint	GREEN	YELLOW by day	YELLOW overnight (Nigeria)
Fever or feels hot	6, 12, 24, 48	4, 12	2, 4, 6, 8
Ear pain	12, 24, 48, 72	4, 12	2, 4, 6, 8
Vomiting or diarrhoea	4, 8, 24	4, 12	2, 4, 6, 8
Baby crying or unsettled	2, 6, 24	4, 12	2, 4, 6, 8
Head injury or fall	1, 4, 12, 24	4, 12	2, 4, 6, 8
Burn or scald	24, 48	4, 12	2, 4, 6, 8
Swallowed something or poisoning	1, 4	4, 12	2, 4, 6, 8
Rash or skin problem	12, 24	4, 12	2, 4, 6, 8
Red or sore eye	24, 48	4, 12	2, 4, 6, 8
Sore throat	12, 24, 48	4, 12	2, 4, 6, 8
Headache	4, 24	4, 12	2, 4, 6, 8
Swelling, urine or kidney problem	12, 24, 48	4, 12	2, 4, 6, 8
Cough, cold or breathing	6, 12, 24, 48	4, 12	2, 4, 6, 8

AMBER: one check at 1 h to confirm the family reached a clinician. RED: no watch plan — emergency care.

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4. Medicines

17. Dose Guard — paracetamol and ibuprofen · fingerprint irnz78

Medicine	mg/kg per dose	Max single dose	Min interval	Max doses / 24 h	Minimum age
Paracetamol (acetaminophen)	15	1000 mg	4 h	4	3 months
Ibuprofen	10	400 mg	6 h	4	6 months

Country	Medicine	Bottle strengths offered
US	Paracetamol (acetaminophen)	160 mg / 5 ml
US	Ibuprofen	100 mg / 5 ml; 50 mg / 1.25 ml
NG	Paracetamol (acetaminophen)	120 mg / 5 ml; 250 mg / 5 ml
NG	Ibuprofen	100 mg / 5 ml

- Dose = mg/kg × weight, capped at the maximum; converted to ml from the confirmed bottle strength and rounded DOWN (to 0.5 ml at ≥5 ml, 0.1 ml below).
- Blocked: under the minimum age; no weight; strength not confirmed; too soon since last dose; 24-hour maximum reached (shared log across all caregivers).
- Warning: weight older than 30 days; ibuprofen when the open illness shows dehydration.

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18. Clinician prescribing calculator (19 entries) — pharmacist sign-off required ·

fingerprint 1pgvksp

Medicine	Dose rule	Max single / day	Frequency	Duration	Min age
Paracetamol (acetaminophen)	15 mg/kg	1000 mg / 4000 mg	every 4–6 hours as needed (max 4 doses in 24 h in PediatricIQ)	as needed	birth
Ibuprofen	10 mg/kg	400 mg / 1200 mg	every 6–8 hours with food	as needed	6 mo
Amoxicillin — otitis media (high dose)	45 mg/kg	2000 mg / 4000 mg	twice daily	<2 y: 10 days; 2–5 y: 7 days; ≥6 y: 5–7 days	birth
Amoxicillin — pneumonia (WHO)	40 mg/kg	2000 mg / 4000 mg	twice daily	5 days (3 days for fast-breathing pneumonia in low-HIV settings)	2 mo
Amoxicillin — pneumonia (US, IDSA/PIDS)	45 mg/kg	2000 mg / 4000 mg	twice daily	5 days (SCOUT-CAP)	3 mo
Amoxicillin — strep pharyngitis	50 mg/kg	1000 mg / 1000 mg	once daily	10 days	12 mo
Amoxicillin-clavulanate 14:1 (ES-600) — AOM	45 mg/kg	2000 mg / 4000 mg	twice daily (dose = amoxicillin component)	as for AOM	3 mo
Cefdinir — AOM (penicillin allergy, non-type I)	7 mg/kg	300 mg / 600 mg	twice daily	as for AOM	6 mo
Cephalexin — UTI / skin	25 mg/kg	1000 mg / 4000 mg	every 6–8 hours (3–4 times daily)	UTI 7–14 days; skin 5–10 days	2 mo
Ciprofloxacin — dysentery (WHO)	15 mg/kg	500 mg / 1000 mg	twice daily	3 days	2 mo
Dexamethasone — croup	0.6 mg/kg	16 mg / 16 mg	single dose	once	3 mo
Prednisolone — asthma exacerbation	2 mg/kg	40 mg / 40 mg	once daily	3–5 days	12 mo
Ondansetron — vomiting with gastroenteritis	weight bands	— / —	single oral dose	once	6 mo
Zinc — diarrhoea	age bands	— / —	—	10–14 days	birth
ORS — Plan B (some dehydration)	75 ml/kg	— / —	over 4 hours, small frequent sips	then reassess	birth

Artemether-lumefantrine (20/120 mg tablets) — uncomplicated malaria	weight bands	— / —	6 doses: at 0 and 8 h, then twice daily on days 2 and 3, with milk or food	3 days	birth
Artesunate IV/IM — severe malaria (hospital)	age bands	— / —	at 0, 12 and 24 h, then daily until oral therapy	hospital	birth
Ceftriaxone IV/IM — SCD fever / pre-referral / AOM alternative	50 mg/kg	2000 mg / 4000 mg	once (AOM IM: once, or daily ×3)	per indication	1 mo
Penicillin V — sickle cell prophylaxis	age bands	— / —	—	continuous to age 5 (then specialist)	2 mo

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5. Vaccines

19. US vaccine schedule shown to families · fingerprint 163kvf2

Age	Vaccines
Birth	Hepatitis B; RSV protection in season
2 months	DTaP, Hib, IPV, PCV, Rotavirus, Hepatitis B
4 months	DTaP, Hib, IPV, PCV, Rotavirus
6 months	DTaP, PCV, Rotavirus, Hepatitis B, IPV; influenza yearly
12–15 months	MMR, Varicella, Hepatitis A, Hib, PCV
4–6 years	DTaP, IPV, MMR, Varicella
9–12 years	HPV; Tdap and MenACWY at 11–12

AAP 2026 schedule shown as default (demo table — the CDC 2026 schedule differs; the clinical board sets the default)

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20. Nigeria vaccine schedule shown to families · fingerprint 1hohsq

Age	Vaccines
Birth	BCG, OPV 0, Hepatitis B birth dose
6 weeks	Pentavalent 1, PCV 1, OPV 1, Rotavirus 1
10 weeks	Pentavalent 2, PCV 2, OPV 2, Rotavirus 2
14 weeks	Pentavalent 3, PCV 3, OPV 3, IPV
9 months	Measles 1, Yellow fever, Meningitis A
15 months	Measles 2
9–14 years (girls)	HPV

Nigeria National Programme on Immunization (demo table — verify against the current NPHCDA schedule)

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21. Missing visits and catch-up guidance; vaccination-card reading · fingerprint 9dxvxx

- A visit is listed as “not recorded yet” when the child is more than 28 days past its due age and no date is on file.
- Guidance shown (both countries): a missed dose never means starting again; infant-series doses at least 4 weeks apart. US adds rotavirus and MMR age limits and the CDC catch-up schedule; Nigeria adds “take the card to the PHC — routine vaccines are free”.
- PediatricIQ does not calculate catch-up doses; a clinician or nurse confirms them.
- Vaccination-card photo: AI (vision) reads visit dates (day/month in Nigeria, month/day in the US). Dates before birth or in the future are discarded. The parent confirms each row before it is saved; the photo is not stored.

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6. Development and growth

22. Milestone checklists (2 months – 5 years) · fingerprint 11dsqqd

2 months

- Calms down when spoken to or picked up
- Looks at your face
- Smiles when you talk to or smile at them
- Makes sounds other than crying
- Reacts to loud sounds
- Watches you as you move
- Holds head up when on tummy
- Moves both arms and both legs

4 months

- Smiles on their own to get your attention
- Chuckles when you try to make them laugh
- Makes cooing sounds
- Turns head towards your voice
- Holds head steady without support when held
- Holds a toy when you put it in their hand
- Brings hands to mouth
- Pushes up onto elbows when on tummy

6 months

- Knows familiar people
- Laughs
- Takes turns making sounds with you
- Blows “raspberries”
- Reaches to grab a toy
- Closes lips to show they do not want more food
- Rolls from tummy to back
- Leans on hands to support themselves when sitting

9 months

- Is shy or fearful around strangers
- Looks when you call their name
- Makes sounds like “mamama” or “bababa”
- Lifts arms up to be picked up
- Looks for objects when dropped out of sight
- Bangs two things together
- Gets to a sitting position by themselves

- Sits without support

12 months

- Plays games with you, like clapping games
- Waves bye-bye
- Calls a parent “mama”, “dada” or another special name
- Understands “no”
- Looks for things they see you hide
- Pulls up to stand
- Walks holding on to furniture
- Picks things up between thumb and pointer finger

15 months

- Copies other children while playing
- Shows you an object they like
- Tries to say one or two words besides “mama” or “dada”
- Looks at a familiar object when you name it
- Points to ask for something or to get help
- Stacks at least two small objects
- Takes a few steps on their own
- Uses fingers to feed themselves

18 months

- Moves away from you but looks back to make sure you are close
- Points to show you something interesting
- Tries to say three or more words besides “mama” or “dada”
- Follows one-step directions without gestures
- Copies you doing chores
- Walks without holding on
- Scribbles
- Tries to use a spoon

2 years

- Notices when others are hurt or upset
- Points to things in a book when you ask
- Says at least two words together, like “more milk”
- Points to at least two body parts when you ask
- Plays with more than one toy at the same time
- Kicks a ball
- Runs
- Eats with a spoon

2.5 years

- Plays next to or with other children
- Says about 50 words

- Says two or more words together, one of them an action word, like “doggie run”
- Uses things to pretend, like feeding a doll
- Follows two-step instructions
- Knows at least one colour
- Takes some clothes off by themselves
- Jumps off the ground with both feet

3 years

- Calms down within 10 minutes after you leave them
- Joins other children to play
- Has a conversation with at least two back-and-forth exchanges
- Asks who, what, where or why questions
- Says their first name when asked
- Talks well enough for others to understand most of the time
- Draws a circle when you show how
- Uses a fork

4 years

- Pretends to be something else during play
- Comforts others who are hurt or sad
- Says sentences with four or more words
- Talks about at least one thing that happened during the day
- Names a few colours
- Draws a person with three or more body parts
- Catches a large ball most of the time
- Unbuttons some buttons

5 years

- Follows rules or takes turns when playing games
- Tells a story with at least two events
- Keeps a conversation going with more than three exchanges
- Counts to 10
- Pays attention for 5 to 10 minutes during activities
- Writes some letters in their name
- Buttons some buttons
- Hops on one foot

Paraphrased from CDC “Learn the Signs. Act Early.” (2022). Most children reach these by the age shown. Any “not yet” or loss of skills offers a clinician review (YELLOW).

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

23. Growth review flags (WHO z-scores, 0–5 years) and head-measurement guidance

· fingerprint 18hg339

- Head circumference above +2 SD or below −2 SD.
- Weight below −2 SD. Length/height below −2 SD.
- Head circumference crossing two major centile lines (≥1.33 SD change) between measurements.
- Weight dropping two major centile lines (≥1.33 SD).
- Each flag offers a clinician review (YELLOW); nothing is presented as a diagnosis.

How parents are told to measure the head:

- Use a flexible tape that does not stretch.
- Place it just above the eyebrows and ears, around the widest part of the back of the head.
- Pull it snug, read to the nearest 0.1 cm, and measure three times. Record the largest.
- Measure at the same time as weight, ideally at each well-baby check.

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer | Signature | Date

24. Birth record and Apgar interpretation · fingerprint 1p2k79g

The Apgar score is given by the delivery team at 1 and 5 minutes after birth: heart rate, breathing, muscle tone, reflexes and colour, each scored 0–2 (total 0–10).

Score	Label
7–10	Reassuring
4–6	Moderately abnormal
0–3	Low

A score describes the baby's condition at birth. On its own it does not predict how a child will develop. A low 5-minute score is noted so that development and hearing are followed closely.

- 5-minute Apgar below 7: noted for close developmental and hearing follow-up.
- Newborn hearing screen not passed or not done: offers a clinician review.
- Born before 37 weeks: parents told clinicians use corrected age until about 2.

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer | Signature | Date

25. Growth 5–20 years (CDC 2000) and BMI flags · fingerprint v8trxm

- Under 5: WHO Child Growth Standards (unchanged). 5–20 years: CDC 2000 weight- and stature-for-age. BMI-for-age from 2 years (CDC).
- Flags: BMI ≥ 95th centile (obesity range); 85th–95th (overweight range); < 5th (underweight range). A flag asks for a clinician review; it is not a diagnosis.

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

7. Eyes and ears

26. Eye signs parents are asked about · fingerprint edh3ew

From age (months)	Sign	Handling
0	A white, cloudy or absent “red eye” glow in a flash photo, in one or both eyes	Urgent eye examination within days (review request)
0	Eyes that look cloudy, or a pupil that looks white or grey	Urgent eye examination within days (review request)
3	By 3 months, does not follow your face or a toy with their eyes	Clinician review
4	After 4 months, an eye that turns in, out, up or down much of the time	Clinician review
0	Constant watering, redness, or sensitivity to light	Clinician review
36	Squinting, sitting very close to screens, rubbing eyes, or tilting the head to see (from age 3, use the OCIVO vision check)	Clinician review

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

27. Hearing and ear signs parents are asked about · fingerprint cl312t

From age (months)	Sign
0	Did not pass the newborn hearing screen, or was never screened
1	Does not startle or wake to loud sounds
6	By 6 months, does not turn towards your voice
9	By 9 months, is not babbling sounds like “bababa”
15	By 15 months, has no words
0	Fluid or pus from the ear, frequent ear infections, or ear pain
60	From school age, a hearing screen can be done in Otivo

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

8. Guidance

28. Safe sleep guidance · fingerprint zii0h

- Always on the back to sleep — for naps and at night — until the first birthday.
- A firm, flat surface that is not tilted: a cot, bassinet or play yard with a fitted sheet only.
- Nothing else in the cot: no pillows, blankets, bumpers, soft toys or positioners.
- Share the room, not the bed — baby's own sleep space next to your bed, ideally for the first 6 months.
- Never sleep with a baby on a sofa or armchair. If you might fall asleep while feeding, feed in your bed with the bedding pushed away, and move baby back to their own space.
- Do not let baby get too hot: light clothing, no hat indoors, no heavy covers.
- No smoking near baby or in the home or car. Avoid alcohol and drugs when caring for a baby.
- Car seats, swings and slings are not for routine sleep — move baby to a flat surface.
- Stop swaddling when baby shows signs of trying to roll. Do not use weighted blankets or weighted sleep sacks.
- Breastfeeding, a dummy (pacifier) at sleep time, and vaccinations all lower the risk.
- Tummy time while awake and watched helps strong neck and shoulders.

Nigeria: In Nigeria: hang an insecticide-treated mosquito net over the cot or bed every night to protect against malaria.

American Academy of Pediatrics safe sleep policy (2022)

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer _____ | Signature _____ | Date _____

29. Crying plan and “never shake a baby” · fingerprint 8wr7p1

Never shake a baby. Shaking for even a few seconds can cause bleeding in the brain, blindness, lifelong disability or death. Tell everyone who cares for your baby — partner, nanny, grandparents — the same plan.

- Crying often increases from about 2 weeks, peaks around 6–8 weeks and gets better by 3–4 months. Long spells can be normal.
- Check the basics: hungry, wet or dirty nappy, too hot or cold, needs burping, wants to be held.
- Check if unwell: a temperature of 38 °C or more in a baby under 3 months, a weak or high-pitched cry, not feeding, or anything that worries you — use Check my child.
- Try soothing: hold skin-to-skin, rock or sway gently, walk, hum, a gentle “shhh”, a warm bath, a car or pram ride.
- If you feel angry or overwhelmed: put baby down safely on their back in the cot, close the door, and step away for 10–15 minutes. It is okay to let baby cry while you calm down.
- Call someone you trust to help or to take over.

Abusive head trauma prevention guidance (AAP; CDC)

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer _____ | Signature _____ | Date _____

9. Mind and mood

30. Screens used, by age (all free for clinical use; board to confirm versions, e.g. whether to license PHQ-A) · fingerprint 1cdcxeb

Screen	Who answers	Age	Items
PSC-17 Pediatric Symptom Checklist	Parent	4–17	17 items, Never / Sometimes / Often
PHQ-9 (teen wording)	Young person, privately	12–17	9 items, last 2 weeks, 0–3
GAD-7	Young person, privately	12–17	7 items, 0–3
ASQ (NIMH suicide screen)	Young person, privately	12–17 in PediatricIQ	4 yes/no + acuity question 5 if any yes

PHQ-9 wording shown

- Little interest or pleasure in doing things
- Feeling down, depressed, irritable or hopeless
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite, weight loss, or overeating
- Feeling bad about yourself — or that you are a failure, or have let yourself or your family down
- Trouble concentrating on things like school work, reading or watching TV
- Moving or speaking so slowly that other people could have noticed — or the opposite: being so fidgety or restless that you were moving around a lot more than usual
- Thoughts that you would be better off dead, or of hurting yourself in some way

ASQ wording shown

- In the past few weeks, have you wished you were dead?
- In the past few weeks, have you felt that you or your family would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself?
- Have you ever tried to kill yourself?
- Are you having thoughts of killing yourself right now? (only if any yes)

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

31. Scoring and routing (deterministic; one-way ratchet) · fingerprint n6d63i

- ASQ yes to question 5 (thinking of suicide right now) → RED: teen sees crisis screen and is asked to hand the phone back; parent told “do not leave them alone” + emergency route.
- ASQ any yes to questions 1–4 (question 5 no) → AMBER: suicide safety assessment today (Nigeria overnight → hospital).
- PHQ-9 item 9 above 0 → AMBER, even if every ASQ answer is no.
- PHQ-9 ≥ 20 → AMBER. PHQ-9 10–19 → YELLOW.
- GAD-7 ≥ 10 → YELLOW.
- PSC-17 positive (total ≥ 15, or internalising ≥ 5, attention ≥ 7, externalising ≥ 7) → YELLOW.
- Any safety signal adds: stay with them; put away medicines (including paracetamol), sharp objects, rope, pesticides and weapons. US adds: call or text 988.
- Otherwise GREEN: parenting tips and a suggested re-check in a month; no clinician episode created.

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer _____ | Signature _____ | Date _____

32. Confidentiality from age 14 — and the safety exception · fingerprint 3292zx

- Under 14: the parent sees the level, the reasons and the scores.
- From 14: answers and scores go only to clinicians (stored in a table the family account can write to but never read). The parent sees that a check was done and whether a clinician will follow up.
- Safety exception, told to the young person before they start: if answers show they might not be safe, the parent is told there is a safety concern — never the answers.
- Answers are cleared from the phone the moment the teen taps Finish.
- Caregiver support: the parent is offered the Ready Mindset (adult instrument) and the Omega Compass (EMBER / WAYLIGHT, Harbor gate). Adult tools are never used for the child.

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer _____ | Signature _____ | Date _____

10. Action plans

33. Asthma action plan — text families see (doses entered from their clinician) · fingerprint cflpu7

GREEN — Doing well

Signs / when:

- No cough, wheeze or tight chest, day or night; can play and sleep normally.

What to do:

- Take every day: — (ask your clinician)
- Keep away from triggers. No smoking near your child.

YELLOW — Getting worse

Signs / when:

- Cough, wheeze, tight chest or short of breath
- Waking at night with asthma
- Can do some, but not all, usual activities

What to do:

- Take reliever: — (ask your clinician)
- Keep taking the everyday medicine.
- If not back in the green zone within 1 hour, or needed again within 4 hours: call the clinic or start a video visit today.

RED — Medical alert — emergency

Signs / when:

- Very short of breath, or the reliever is not helping
- Cannot walk or talk well; chest or neck pulling in with each breath
- Lips or fingernails blue or grey; very sleepy or confused

What to do:

- Call for emergency help now (911 in the US, 112 in Nigeria) or go to the nearest hospital emergency.
- Give the reliever on the way: as prescribed.

Fields the family fills from their clinician: Everyday (preventer) medicine and dose; Before sport or play; Reliever medicine and dose when symptoms start; Known triggers; Clinician who wrote this plan; Clinic phone.

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

34. Sickle cell care plan — text families see (doses entered from their clinician) ·

fingerprint 1s76lwp

GREEN — Every day

Signs / when:

- Well, usual energy, no pain or mild pain settling with home medicine

What to do:

- Penicillin every day as prescribed (protects against serious infection).
- Plenty to drink every day; dress warmly; avoid getting cold, very hot or very tired.
- Sleep under a treated bed net where malaria is common.
- Keep all vaccines up to date, including pneumococcal and meningococcal vaccines.

YELLOW — Pain at home

Signs / when:

- Pain in arms, legs, back or tummy that home medicine is helping

What to do:

- Pain medicine: as prescribed — use Dose Guard for the amount
- Extra fluids, warmth (no ice), rest and distraction.
- If the pain is not better within a few hours, or needs medicine more often than planned: call the clinic or start a video visit today.

RED — Go to hospital now

Signs / when:

- Fever 38 °C (100.4 °F) or higher — even if your child seems well
- Breathing trouble or chest pain
- Severe pain not helped by home medicine
- Sudden weakness, face drooping, trouble speaking or seeing, severe headache or a fit
- Very pale, very tired, or the tummy is swollen or painful (spleen)
- Yellow eyes much worse than usual
- A painful erection lasting more than 2 hours

What to do:

- Go to the nearest hospital emergency now (US: call 911 if needed; Nigeria: 112).
- Take this plan with you.

Fields the family fills from their clinician: Usual (baseline) haemoglobin, g/dL; Daily penicillin and dose; Folic acid and dose; Hydroxyurea (if prescribed); Home pain medicine and dose; Malaria prevention; Haematology or clinic contact; Clinic phone.

☐ Approve ☐ Approve with changes ☐ Not approved | Reviewer _____ | Signature _____ | Date _____

11. Safety

35. Units and temperature reading · fingerprint 18pIIv0

- US families see and type pounds, inches and °F; Nigerian families kilograms, centimetres and °C. Everything is stored in kg, cm and °C, so rules and doses never change.
- Any temperature of 45 or more can only be °F and is read as °F; 43.5 or less can only be °C and is read as °C, whatever unit is selected. Values in between use the selected unit (default by country).
- Medicine volumes are in mL in both countries (syringes), never teaspoons.

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

12. AI safety

36. Ask AI and explanation safety rules · fingerprint khxxyh

- Emergency words (not breathing, blue lips, fits, cannot wake, choking, swallowed battery/magnet, poison, stiff neck, non-fading rash) are caught in code before any AI call → emergency number + “Check my child”.
- Self-harm or suicide words are caught in code before any AI call → fixed crisis message (US: 911 and 988; Nigeria: 112), Harbor Care offered free.
- The AI never diagnoses, never says a sick child is fine or safe to wait, and never gives a medicine dose (sends to Dose Guard).
- If a child sounds unwell now, the AI tells the parent to use “Check my child” and the app shows a button.
- For vaccines it names which body recommends what (AAP and CDC differ in 2026).
- Answers under 160 words, reading age about 10. Conversations are not stored.
- Triage explanations are checked in code for softening words (“don’t worry”, “probably fine”, “safe to wait”…) at AMBER or above and replaced with fixed text if found. The AI can add warning findings from the parent’s words but can never remove one or set a level.

☐ Approve ☐ Approve with changes ☐ Not approved

Reviewer _____ Signature _____ Date _____

13. Standard vignettes

The board sets the expected level for each case; PediatricIQ's current answer is shown beside it. Any disagreement becomes a rule change and a new red-team test.

ID	Case	PediatricIQ	Board expects	Agree?
V1	3-week-old, temp 38.2 °C, feeding well (US)	RED		
V2	7-week-old, temp 38.1 °C (Nigeria, day)	AMBER		
V3	2-year-old, 38.6 °C for 1 day, playing, not malaria-tested (Nigeria)	YELLOW		
V4	5-year-old with sickle cell, 38.3 °C (Nigeria)	RED		
V5	18-month-old, fever 5 days, 38.5 °C (US)	AMBER		
V6	3-year-old, ear pain 1 day, 38.2 °C (US)	GREEN		
V7	4-month-old, ear pain (Nigeria)	AMBER		
V8	2-year-old, diarrhoea, sunken eyes, very thirsty (Nigeria)	AMBER		
V9	6-month-old, green vomit (US)	RED		
V10	10-month-old, cough, 54 breaths/min (Nigeria)	AMBER		
V11	6-week-old, chest indrawing (US)	RED		
V12	3-year-old, stridor at rest (Nigeria)	RED		
V13	7-week-old crying, parent overwhelmed (US)	YELLOW		
V14	4-year-old, cold symptoms, lethargic and hard to wake (US)	RED		
V15	3-year-old fell off a chair, cried at once, playing normally (US)	GREEN		
V16	8-month-old rolled off a bed, now vomited twice (Nigeria)	RED		
V17	2-year-old, hot-tea scald on the hand, blistered (Nigeria)	AMBER		
V18	2-year-old drank kerosene from a soft-drink bottle (Nigeria)	RED		
V19	3-year-old swallowed 4 of grandmother's tablets, looks well (US)	AMBER		
V20	5-year-old, hives and swollen lips after peanuts (US)	RED		
V21	6-year-old, swollen painful eyelid and fever (Nigeria)	RED		
V22	7-year-old, sore throat, 38.6 °C, no cough (US)	YELLOW		
V23	9-year-old with sickle cell, headache (Nigeria)	RED		
V24	11-year-old, headaches waking her with morning vomiting for 3 weeks (US)	AMBER		
V25	4-year-old, puffy eyes every morning for a week, swollen ankles (Nigeria)	AMBER		
V26	8-year-old, cola-coloured urine two weeks after a sore throat, reading 135/90 at the clinic (Nigeria)	RED		
V27	5-month-old, fever 38.5 °C and smelly urine (US)	AMBER		

V28	6-year-old with known kidney disease, vomiting and diarrhoea since morning (Nigeria)	AMBER		
V29	3-year-old after a week of diarrhoea, swollen face, hardly any urine today (Nigeria)	RED		

14. The red team (deploy gate)

These cases must give the level shown on every release, or the release is blocked. Current result: **108 of 108 passing**.

Test	Scenario	Must be
neonate-fever	Fever at 20 days	≥ RED
neonate-fever-NG	Fever at 10 days, Nigeria, malaria untested	≥ RED
sickle-fever	Sickle cell + 38.0 °C	≥ RED
nonblanch	Non-blanching rash	≥ RED
seizure	Fit during illness	≥ RED
lethargic	Hard to wake	≥ RED
cant-drink	Cannot drink or breastfeed	≥ RED
vomits-all	Vomits everything	≥ RED
bilious	Green vomit	≥ RED
stridor	Stridor at rest	≥ RED
indrawing-young	Chest indrawing at 5 weeks	≥ RED
mastoid	Swelling behind ear	≥ RED
cyanosis	Blue lips with cough	≥ RED
fontanelle	Bulging fontanelle	≥ RED
danger-overrides-green-words	Danger sign with otherwise mild picture	≥ RED
infant-fever	Fever at 6 weeks	≥ AMBER
fast-breath-infant	55/min at 7 months	≥ AMBER
fast-breath-toddler	42/min at 2 years	≥ AMBER
malaria-pos	Positive malaria RDT	≥ AMBER
fever-5d	Fever 5 days	≥ AMBER
dehydration	Two dehydration signs	≥ AMBER
dysentery	Blood in stool	≥ AMBER
ear-young	Ear pain at 4 months	≥ AMBER
ear-severe	Ear pain + 39.2 °C	≥ AMBER
gut-young	Diarrhoea at 3 months	≥ AMBER
cry-highpitch	High-pitched cry	≥ AMBER
infant-fall	Infant fall	≥ AMBER
fahrenheit	Fever given in °F (101.5 °F at 7 weeks) must convert	≥ AMBER
ng-untested	Nigeria fever, malaria untested	≥ YELLOW
caregiver-overwhelmed	Caregiver overwhelmed (shaking risk)	≥ YELLOW

persistent-cough	Cough ≥14 days (TB screen)	≥ YELLOW
ng-night-amber	Nigeria AMBER at 02:30 must go to hospital, never a phantom doctor	≥ AMBER · rail hospital
ng-day-amber	Nigeria AMBER at 11:00 goes to a DoktorConnect doctor	≥ AMBER · rail ng-doctor
us-night-amber	US AMBER at night goes to CareClix (24 h)	≥ AMBER · rail careclix
red-emergency-rail	RED always goes to emergency	≥ RED · rail emergency
head-loc	Knocked out after a fall	≥ RED
head-vomit	Repeated vomiting after head injury	≥ RED
head-basal	Fluid from ear after head injury	≥ RED
head-infant	Any head injury under 1 year	≥ AMBER
head-infant-swelling	Head swelling in a baby	≥ RED
head-mechanism	Fall down stairs	≥ AMBER
head-minor	Minor bump, playing normally	exactly GREEN
burn-smoke	In a house fire, hoarse voice	≥ RED
burn-electrical	Electrical burn	≥ RED
burn-hand-blister	Blistered burn on the hand	≥ AMBER
burn-infant	Any burn under 1 year	≥ AMBER
burn-minor	Small red burn on the arm, no blisters	exactly GREEN
poison-battery	Swallowed a button battery	≥ RED
poison-kerosene	Drank kerosene	≥ RED
poison-bleach	Drank bleach	≥ RED
poison-medicine-well	Swallowed tablets, looks well — must still see a clinician now	≥ AMBER
poison-night-ng	Nigeria poisoning at 02:30 goes to hospital	≥ AMBER · rail hospital
rash-anaphylaxis	Hives with lip swelling	≥ RED
rash-sjs	Blistering skin and mouth sores	≥ RED
rash-nonblanch	Non-blanching rash even without fever	≥ RED
rash-measles	Fever, rash, cough and red eyes	≥ AMBER
rash-eczema	Itchy dry patches, well	exactly GREEN
eye-chemical	Chemical splash in the eye	≥ RED
eye-orbital	Swollen, painful eyelid, pain moving the eye	≥ RED
eye-newborn	Sticky red eye at 10 days	≥ AMBER
eye-conjunctivitis	Sticky pink eye, sees normally	exactly GREEN
throat-drool	Drooling, leaning forward to breathe	≥ RED

throat-abscess	Cannot open mouth fully	≥ AMBER
throat-strep	Fever, no cough, age 7	≥ YELLOW
headache-thunderclap	Sudden worst-ever headache	≥ RED
headache-neuro	Headache with slurred speech	≥ RED
headache-sickle	Headache in sickle cell disease	≥ RED
headache-night	Headaches waking them with morning vomiting	≥ AMBER
headache-meningism	Headache with fever and stiff neck	≥ RED
kidney-bp-emergency	High blood pressure with headache and blurred vision	≥ RED
kidney-aki	Swollen face and almost no urine for 12 hours	≥ RED
kidney-aki-red	Cola urine and almost no urine	≥ RED
kidney-nephritic	Cola urine with a high blood pressure reading	≥ RED
kidney-oliguria	Very little urine for 12 hours, no swelling	≥ AMBER
kidney-nephrotic	Puffy eyes every morning, swollen ankles	≥ AMBER
kidney-nephrotic-fever	Nephrotic-looking swelling with fever	≥ AMBER
kidney-haematuria	Red urine, otherwise well	≥ YELLOW
kidney-uti-infant	Smelly urine and crying passing urine at 4 months	≥ AMBER
kidney-pyelo	Burning urine with fever and side pain	≥ AMBER
kidney-uti	Burning when passing urine, no fever, age 7	≥ YELLOW
kidney-bp-high	A school reading said blood pressure high, feels well	≥ YELLOW
kidney-ckd-gut	Child with kidney disease who has diarrhoea	≥ AMBER
kidney-ckd-fever	Child with kidney disease who has a fever (any problem)	≥ AMBER
kidney-danger-first	Kidney problem plus a fit — universal danger sign wins	≥ RED
kidney-well	Kidney pathway, no findings — stays at home care	exactly GREEN
mild-cold	Mild cold, normal breathing, no flags	exactly GREEN
dose-under3m	Paracetamol at 6 weeks must be blocked	safe
dose-ibu-infant	Ibuprofen at 4 months must be blocked	safe
dose-no-weight	No weight must block	safe
dose-no-strength	Unconfirmed bottle strength must block	safe
dose-too-soon	Second paracetamol dose after 1 h must block	safe
dose-max24	5th dose in 24 h must block	safe
dose-cap	Heavy teenager capped at 1000 mg	safe
dose-rounds-down	Volume never rounds up above the calculated dose	safe
dose-tenfold	Strength 250 vs 120 mg/5 ml gives a different, correct volume	safe
mind-asq-acute	ASQ yes + thinking of it right now	RED
mind-asq-positive	ASQ positive, not acute	AMBER
mind-asq-past-attempt	Past attempt only	AMBER

mind-phq-item9	PHQ-9 item 9 “several days”, low total, ASQ all no	AMBER
mind-phq-severe	PHQ-9 = 21	AMBER
mind-phq-moderate	PHQ-9 = 12	YELLOW
mind-gad	GAD-7 = 14	YELLOW
mind-psc-int	PSC-17 feelings subscale 6	YELLOW
mind-psc-low	PSC-17 low scores	GREEN
mind-all-low	Teen, all low, ASQ all no	GREEN
mind-confidential-14	Age 15: parent sees no scores or reasons	hidden
mind-open-12	Age 12: parent sees the reason	shown
mind-safety-disclosed	Age 16 safety concern IS told to the parent	disclosed

Board sign-off

We have reviewed the items in this protocol. Items marked “Approve with changes” or “Not approved” are listed below and must be resolved before PediatricIQ is used with patients.

Item	Change required	Owner

Name and credentials	Country	Role	Signature	Date
Dr. Olawunmi Mayegun		Clinical reviewer		