

AI INTERACTIVE WORKSHOP

Zachary A. Vesoulis, MD MSCI

Co-Director, NeuroNICU Program, St. Louis Children's Hospital

Associate Professor of Pediatrics

Department of Pediatrics, Division of Newborn Medicine

Washington University School of Medicine

Disclosures

I have the following financial disclosures:

Edwards LifeSciences (research support, ended April 2024)

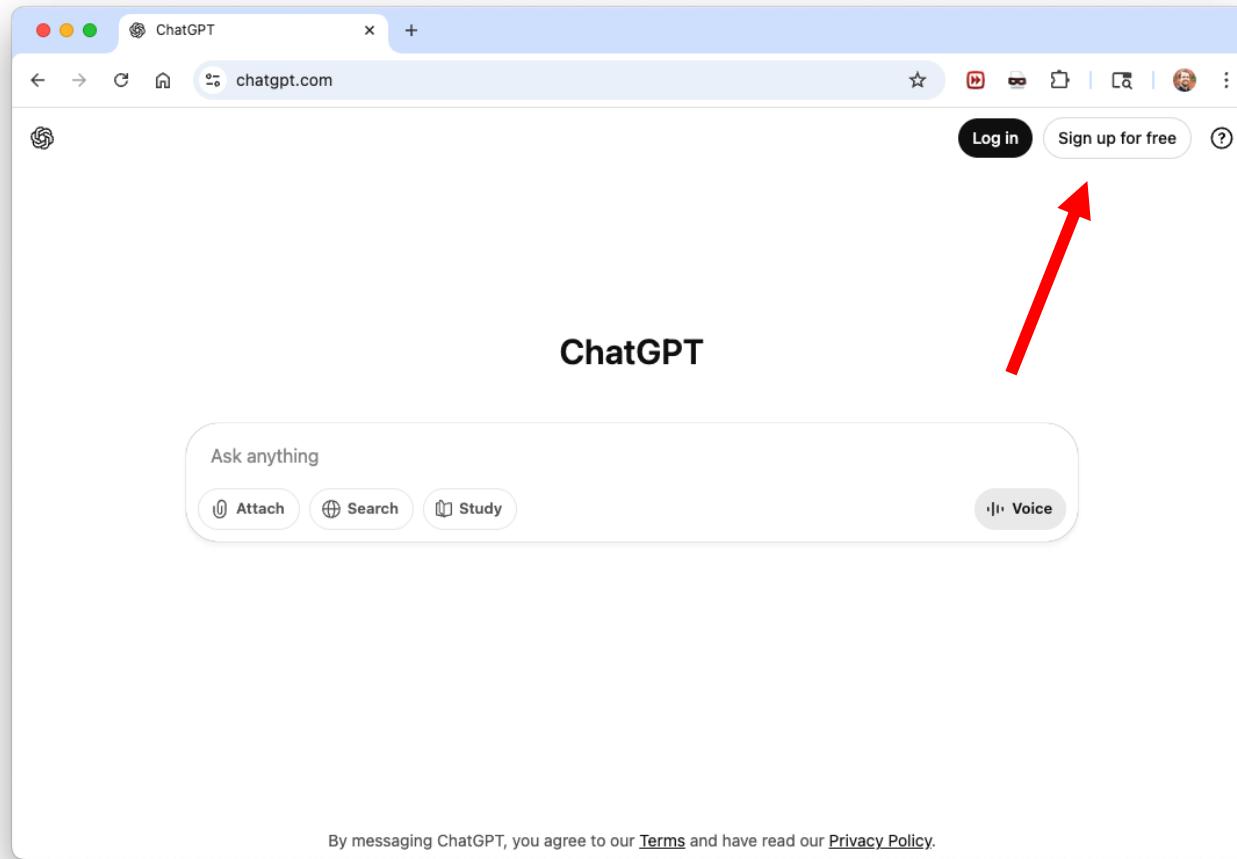
Medtronic (consulting, research support)

ReAlta Life Sciences (research support)

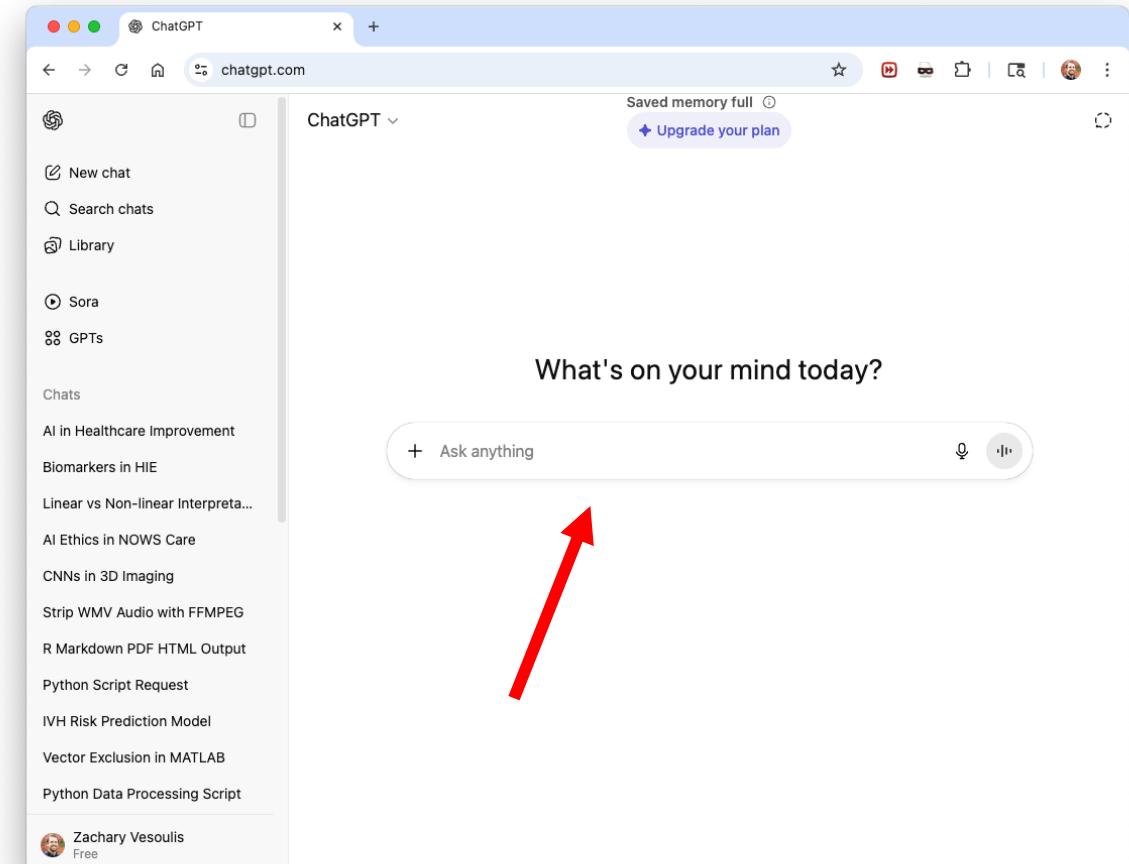
Objectives

- Examine the functionality of AI and Big Data tools through live demonstration
- Practice skills through structured activities in the handbook
 - LLM practice
 - OpenEvidence and “deep research” search
 - Epic SlicerDicer
 - Bonus: NeoMIND-AI tools
 - Extra Bonus: Big Data analytics in R Studio
 - Super Extra Bonus: Advanced Big Data analytics in Octave/MATLAB

ChatGPT sign up screen

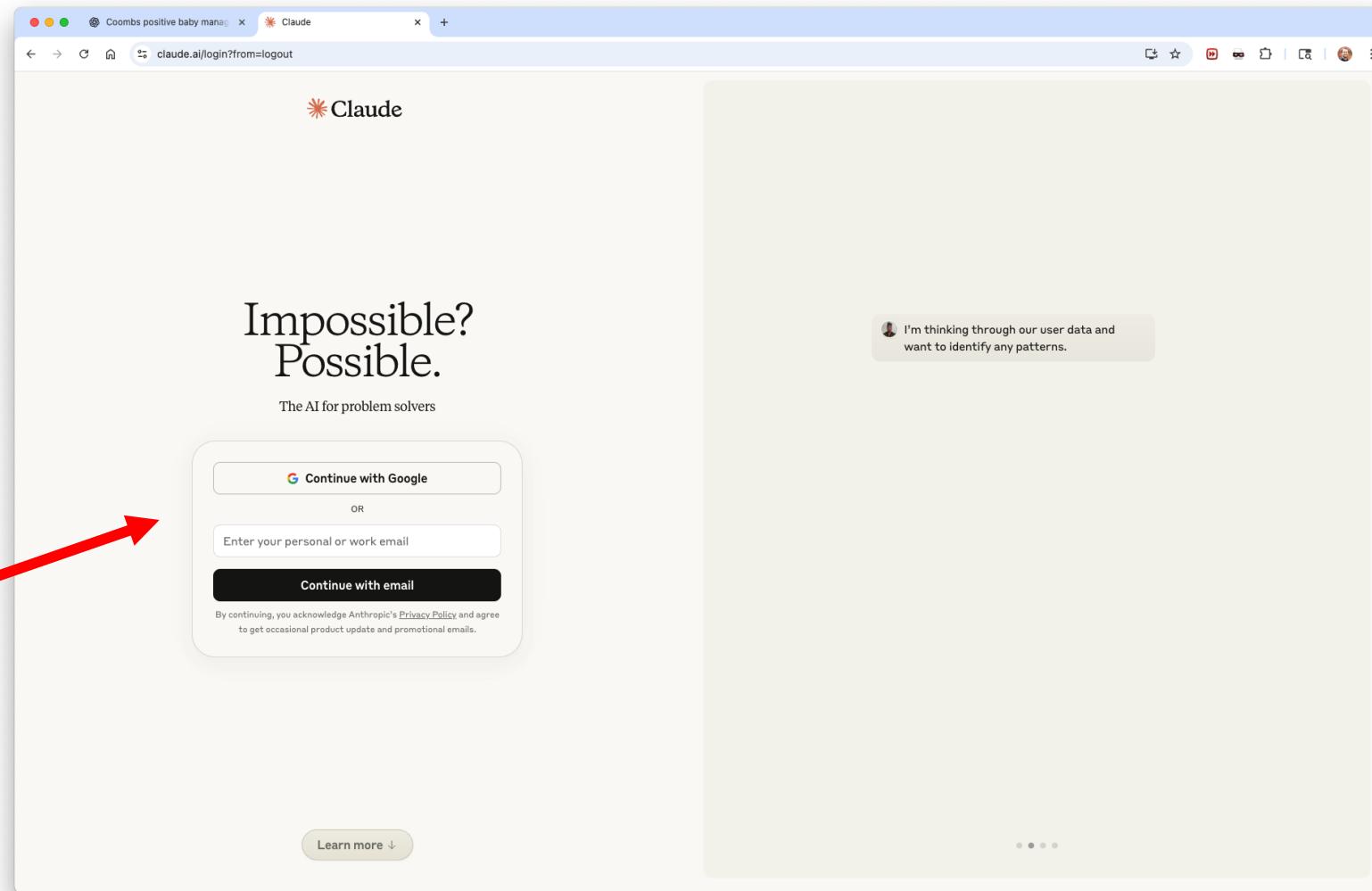


<https://chatgpt.com>



Claude sign up screen

<https://claude.ai>



Example 1: Make a diagram of how to manage a Coombs positive baby in the NICU

ChatGPT

Saved memory full ⓘ

Share ...

3. Make a diagram of how to manage a coombs positive baby in the NICU.

MANAGING A COOMBS POSITIVE BABY IN THE NICU

```
graph TD; A[Coombs positive baby] --> B[Evaluate neonatal jaundice]; B --> C[Assess hemoglobin levels]; C --> D[Treat hyperbilirubine]; C --> E[Consider exchange transfusion]; D --> F[Monitor bilirubin levels]; E --> G[Provide supportive care]; F --> G;
```

Like Dislike Share

Ask anything

ChatGPT can make mistakes. Check important info.

Coomb positive baby manag Coombs Positive Baby NICU

claud.e.ai/chat/cc3e75e5-4576-4ccf-a46e-7d27b469c7a4

Coombs Positive Baby NICU Management

zv 1. Make a diagram of how to manage a coombs positive baby in the NICU.

I'll create a comprehensive flowchart diagram for managing a Coombs positive baby in the NICU. This will include assessment, monitoring, and treatment pathways.

Coombs Positive Baby Management in NICU Diagram

This flowchart provides a comprehensive approach to managing Coombs positive babies in the NICU. Here are the key components:

Initial Assessment & Risk Stratification:

- Baseline laboratory studies including bilirubin levels, blood typing, and hemolysis markers
- Risk stratification based on cord blood bilirubin ($\geq 4.5 \text{ mg/dL}$ = high risk)

Monitoring Protocols:

- High-risk babies: More frequent bilirubin checks (q4-6h) and clinical assessments
- Moderate-risk babies: Standard monitoring intervals

Treatment Pathways:

- Phototherapy:** Initiated based on standard guidelines with intensive double phototherapy
- Exchange Transfusion:** Reserved for severe cases with specific indications
- IVIG:** Considered for severe hemolytic disease

Key Decision Points:

- Rate of bilirubin rise ($>0.5 \text{ mg/dL/hr}$ is concerning)
- Response to phototherapy
- Exchange transfusion criteria (total bilirubin $>20 \text{ mg/dL}$ in term infants, severe anemia, signs of kernicterus)

Discharge Criteria:

- Bilirubin $<13 \text{ mg/dL}$
- No neurological signs
- Adequate feeding

Reply to Claude...

+ Research

Claude Sonnet 4

Example 2: Give ideas on how to start a breastfeeding QI project in the NICU

Breastfeeding QI NICU project x Claude x +

chatgpt.com/c/68b743e7-a544-8329-8642-af6ff9660929

ChatGPT Saved memory full ⓘ Share ...

give ideas on how to start a breastfeeding QI project in the NICU

Great idea—breastfeeding QI in the NICU can have a big impact on outcomes for preterm and medically fragile infants, as well as maternal satisfaction. To get you started, here are some **practical entry points and ideas**:

1. Define the Scope and Aim

- Pick one metric to improve first (don't try to fix everything at once).
 - Examples: initiation of pumping within 1 hour of delivery, exclusive human milk use at day 7, proportion of infants receiving mother's own milk at discharge, duration of skin-to-skin time.
- Use a SMART aim (Specific, Measurable, Achievable, Relevant, Time-bound).
 - Example: "*Increase the proportion of VLBW infants who receive mother's milk on day of life 1 from 40% to 70% within 6 months.*"

2. Baseline Data Collection

- Pull EMR or bedside chart data for:
 - Time from birth to first pumping
 - First feeding type (colostrum, donor milk, formula)
 - Percentage of infants on mother's milk at 7, 14, 28 days, and discharge
- Identify variation between providers, shifts, or units.

3. Identify Barriers

- Staff: inconsistent counseling, *lack of lactation support on nights/weekends*
- Parents: stress, separation, unclear education about importance
- System: *delays in pump access, inadequate storage/logistics, donor milk availability*

4. Possible Interventions

- Early Initiation
 - Create a "pump within 1 hour" protocol with nursing triggers.

+ Ask anything

ChatGPT can make mistakes. Check important info.

Breastfeeding QI NICU project x NICU Breastfeeding Quality Imp... + claude.ai/chat/46ef886d-66ea-4f31-a6bc-c958d386d6a5

Claude

NICU Breastfeeding Quality Improvement Project

Example 2: Give ideas on how to start a breastfeeding QI project in the NICU

Here are practical ideas for launching a breastfeeding quality improvement project in the NICU:

Assessment and Baseline Data

Start by establishing current performance metrics like exclusive breastfeeding rates at discharge, time to first milk expression, and maternal pumping frequency. Survey staff to identify perceived barriers and conduct chart reviews to understand documentation practices around lactation support.

Evidence-Based Interventions

Implement skin-to-skin care protocols for stable infants, establish early and frequent pumping guidelines (within 6 hours of delivery, every 3 hours thereafter), and create standardized breast milk handling procedures. Consider adopting the "Ten Steps for NICU" framework, which adapts baby-friendly hospital practices for critically ill newborns.

Staff Education and Training

Develop competency-based training for nurses on positioning, latch assessment, and pump troubleshooting. Include lactation consultants in daily rounds and create quick reference guides for common breastfeeding challenges in premature or sick infants.

Family Support Systems

Establish peer support programs connecting current NICU parents with graduates, provide private pumping spaces near the unit, and create educational materials addressing unique NICU breastfeeding challenges like managing milk supply during long hospitalizations.

Process Improvements

Standardize lactation consultant referrals, implement daily breast milk intake tracking, and establish protocols for transitioning from tube feeding to breastfeeding. Consider creating a "breast milk champion" role among nursing staff.

Measurement Strategy

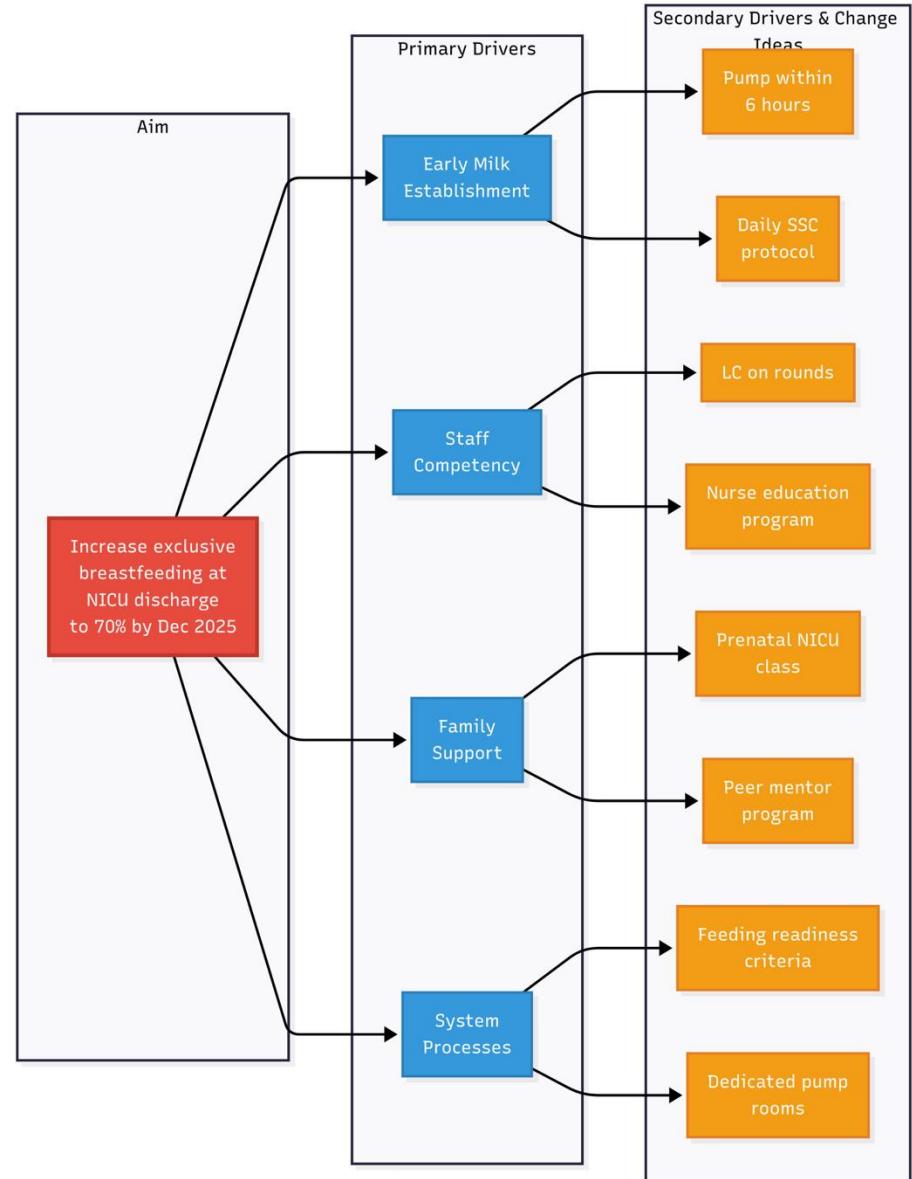
Track both process measures (percentage of mothers receiving lactation support within 24 hours) and outcome measures (any breast milk ↓ 'ischarge, exclusive breastfeeding rates). Use Plan-Do-Study-Act cycles to test small changes before full implementation.

Reply to Claude...

Zachary Vesoulis Pro plan

Share

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Example 3: Recreate an editable table from a scanned document

NICU Quality Dashboard: NEC, BPD, ROP Outcomes (2023-2024)

Annual Outcome Summary

Quarter	Total VLBW Admissions	NEC Cases	NEC Rate (%)	BPD Cases	BPD Rate (%)	ROP Stage ≥ 3	ROP Rate (%)
Q1 2023	45	2	4.4%	12	26.7%	3	6.7%
Q2 2023	52	4	7.7%	18	34.6%	5	9.6%
Q3 2023	48	3	6.3%	15	31.3%	4	8.3%
Q4 2023	51	3	5.9%	16	31.4%	4	7.8%
2023 Total	196	12	6.1%	61	31.1%	16	8.2%
Q1 2024	49	3	6.1%	14	28.6%	3	6.1%
Q2 2024	53	2	3.8%	19	35.8%	6	11.3%
Q3 2024	47	4	8.5%	13	27.7%	4	8.5%
YTD 2024	149	9	6.0%	46	30.9%	13	8.7%

Breastfeeding QI NICU project PDF Table Extraction - Claude

claude.ai/chat/fff57062-aeaf-484d-bb26-952194c22862

PDF Table Extraction

+ PDF

zv recreate a table from this PDF file, keeping the exact format

I'll recreate the table from the PDF file with the exact same format and data.

NICU Quality Dashboard: NEC, BPD, ROP Outcomes (2023-2024) Document

I've recreated the table exactly as shown in the PDF, maintaining the same structure, data, and formatting. The table shows NICU quality metrics tracking NEC (Necrotizing Enterocolitis), BPD (Bronchopulmonary Dysplasia), and ROP (Retinopathy of Prematurity) outcomes for very low birth weight (VLBW) admissions across quarters from 2023-2024.

Claude can make mistakes. Please double-check responses.

Reply to Claude...

Claude Sonnet 4

Copy Publish

NICU Quality Dashboard: NEC, BPD, ROP Outcomes (2023-2024)

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Quarter	Total VLBW Admissions	NEC Cases	NEC Rate (%)	BPD Cases	BPD Rate (%)	ROP Stage ≥3	ROP Rate (%)
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YTD 2024	149	9	6.0%	46	30.9%	13	8.7%

Example 4: Antibiotic selection for treating complicated sepsis

Breastfeeding QI NICU project | PDF Table Extraction - Claude | OpenEvidence - what are the +

openevidence.com/ask/e6bc102f-4a30-4f63-a574-11e106d34373

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what are the treatment options for managing e coli sepsis in a 24 week infant with AKI

▼ Finished thinking

Initial Assessment and Diagnosis

Management of **Escherichia coli sepsis in a 24-week infant with acute kidney injury** requires immediate and thorough clinical assessment. Rapid evaluation should include blood cultures prior to antibiotic initiation, continuous monitoring of urine output, and serial measurement of serum creatinine. Emerging biomarkers such as NGAL, KIM-1, and cell cycle arrest markers may aid in early detection and monitoring of AKI severity, though their routine use is still evolving.^[1] In the NICU setting, there is a high risk of infection with antibiotic-resistant *E. coli*, including ESBL-producing strains, necessitating careful consideration of local susceptibility patterns.^[2-3]

Empirical Antimicrobial Therapy

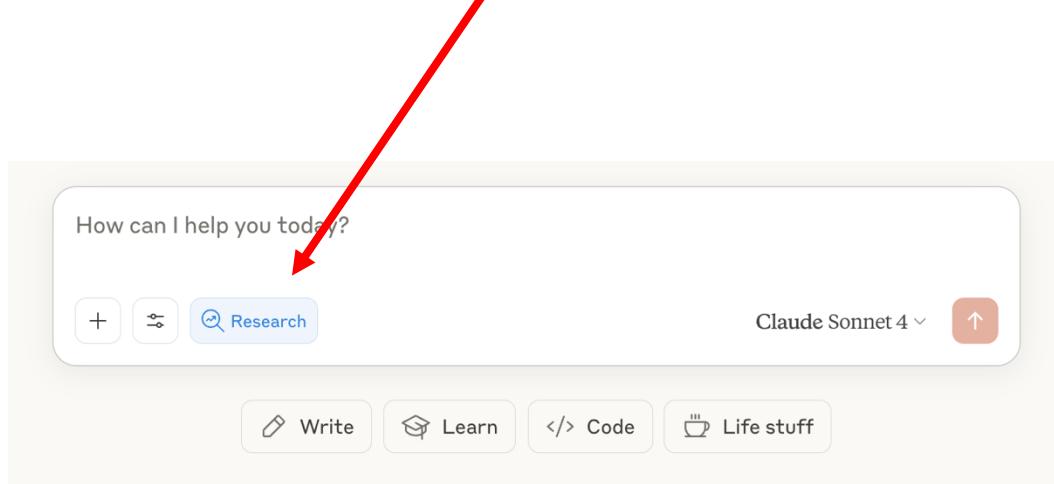
Initial empiric therapy for early-onset sepsis in neonates typically consists of **ampicillin and gentamicin**, which provides coverage for *E. coli* and other common pathogens.^[2-4] However, given the increasing prevalence of resistance, especially in NICUs, therapy should be adjusted based on local antibiograms and the presence of ESBL-producing organisms. If ESBL-producing *E. coli* is suspected or confirmed, **meropenem** is recommended, particularly if there is concern for meningitis.^[4-6] For late-onset sepsis, vancomycin may be added if staphylococcal or enterococcal infection is suspected.^[3] Aminoglycosides, including gentamicin, carry a risk of nephrotoxicity, which is heightened in the setting of AKI; therefore, dosing should be carefully adjusted and therapeutic drug monitoring is essential.^[5-6] Expert consultation is advised for multidrug-resistant organisms or complex cases.^[4-5]

Supportive Management of Sepsis and AKI

Supportive care is critical and includes judicious fluid resuscitation, avoiding nephrotoxic fluids such as starch-containing solutions, which have been shown to worsen renal function.^[1] Fluid management should be tailored to avoid both hypovolemia and fluid overload, with close monitoring of hemodynamics and urine output.^[7-9] Vasoactive support may be required for septic shock, with **norepinephrine** as the first-line agent.^[1] Electrolyte disturbances and acid-base imbalances should be corrected as needed.

Ask a follow-up question... 

Example 5: Review of the literature on tracheostomy in BPD



This screenshot shows a research plan titled "Tracheostomy in BPD research". It indicates "80 sources and counting..." and a duration of "1m 1s".

using deep research, Help me sort through all of the evidence for tracheostomy in former preterm infants now with BPD

Identifying and navigating to PubMed paper link
Skip >

The screenshot shows a web browser window with a tab titled "Tracheostomy in Preterm BPD Infants". The page contains a conversation with Claude AI:

zv Help me sort through all of the evidence for tracheostomy in former preterm infants now with BPD

I'll do some comprehensive research on the evidence for tracheostomy in former preterm infants with BPD. Just a couple quick clarifying questions to make sure I cover exactly what you need:

1. Are you looking for evidence comparing tracheostomy vs. prolonged mechanical ventilation, or are you also interested in timing of tracheostomy (early vs. late) and outcomes?
2. Are there specific outcomes you're most interested in (e.g., mortality, length of stay, neurodevelopmental outcomes, respiratory outcomes, complications)?
3. What patient population specifically - any particular gestational age ranges or severity of BPD you want me to focus on?

Tracheostomy in BPD research
80 sources and counting... • 1m 1s

zv early vs. late, length of stay, all preterm infants

Perfect, that helps focus the research. I'll dive into a comprehensive analysis of the evidence for early vs. late tracheostomy in former preterm infants with BPD, with particular attention to length of stay outcomes across all gestational ages.

Tracheostomy timing research
Creating my research plan... • 19s

Reply to Claude...

Claude Sonnet 4

ChatGPT deep research

When tracheostomy likely helps

- **Refractory ventilator dependence** with escalating sedation or failure to thrive because the ETT precludes oral feeds/therapies: trach can allow comfortable ventilation, reduce sedatives, enable oral care, and improve participation in developmental therapies. Frontiers
- **Recurrent extubations/failure of noninvasive support** despite optimized lung and airway management (diuretics, bronchodilators, steroids where appropriate, pulmonary vasodilators when indicated, meticulous NIV). (Framework from ATS + sBPD care literature.) PMC
- **Long anticipated duration of positive-pressure support** (months to years) based on physiology (severe parenchymal disease, high PEEP needs), growth trajectory, and comorbidities. These infants tend to be the ones who *eventually* get liberated/decannulated over years rather than months. Nature

Where the tradeoffs are sharp

- **Neurodevelopment:** Tracheostomy itself may be a *marker of severity*; some datasets show independent negative associations (language/cognition) versus sBPD without trach, but others show **earlier** trach (in high-severity phenotypes already receiving postnatal steroids) associates with **better cognitive outcomes** than later trach. **Takeaway: avoid prolonged cycles of intubation/sedation if trach is clearly inevitable; if proceeding, unnecessary delay may be harmful.** Nature PubMed
- **Airway morbidity & caregiver burden:** Expect frequent airway infections/granulomas/stenosis and high readmission utilization; dedicated training and home supports mitigate risk, but early post-op tracheitis and later infections are common. **Trach-related death is rare but devastating; insist on redundancy in caregiver training and safety planning.** PMC AAO-HNSF Journals

ChatGPT deep research

Outcomes you can counsel around (with numbers you can use)

- **Ventilator liberation:** median ~27 months of age post-discharge for sBPD on home vents; patient factors dominate over center effects. [Nature](#)
- **Decannulation:** median ~49 months; most survivors eventually decannulate, but time varies widely with illness severity and readmissions. [Nature](#)
- **Complications:** tracheitis and stomal granulomas are common; **trach-related mortality is low (~1–2%)** in contemporary series but not zero. [PMC](#) [AAO-HNSF Journals](#)
- **Neurodevelopment:** conflicting data; if proceeding, avoid prolonged delay once criteria for trach are met; “earlier vs later” signals favor earlier among high-severity infants already receiving steroids (retrospective). [PubMed](#)

Key studies & resources (recent/high-yield)

- **Multicenter timing predictors:** Agarwal et al., *J Perinatol* 2024—patient-level factors drive timing; median 27 mo liberation, 49 mo decannulation. [Nature](#)
- **Outpatient outcomes & variation:** Manimtim et al., *Pediatrics* 2023 (multicenter home-vent sBPD). [PMC](#)
- **Early vs late trach (NDI signal):** 2023 retrospective cohort—earlier trach associated with better cognitive scores vs later in steroid-exposed sBPD. [PubMed](#)
- **Potential adverse developmental association:** Cammack et al., *J Perinatol* 2020—language/cognitive deficits vs non-trach sBPD (residual confounding likely). [Nature](#)
- **Complications & trach-related mortality:** Contemporary OHNS cohort summaries. [AAO-HNSF Journals](#) [PMC](#)
- **Practice standard:** ATS Pediatric Chronic Home Invasive Ventilation guideline + 2022 summary refresh. [PMC](#) [Guideline Central](#)



Early vs. Late Tracheostomy in Preterm BPD

The strongest available evidence suggests **early tracheostomy placement before 120 days of life significantly improves neurodevelopmental outcomes** compared to later placement in preterm infants with bronchopulmonary dysplasia (BPD). However, this recommendation is based on limited observational data, as no evidence-based clinical guidelines currently exist for optimal timing decisions. [PubMed Central +2](#) The landmark multicenter study found early timing was associated with a **50% reduction in odds of death or neurodevelopmental impairment** (adjusted OR 0.5, 95% CI 0.3-0.9), representing the most compelling evidence to date. [PubMed Central +2](#) Despite this finding, overall outcomes remain challenging regardless of timing, with substantial healthcare utilization, prolonged hospitalizations, and significant long-term morbidity affecting families and healthcare systems.

Critical evidence gaps define current practice

The medical literature reveals a striking absence of high-quality evidence synthesis on tracheostomy timing in preterm infants with BPD. **No systematic reviews, meta-analyses, or randomized controlled trials** specifically address this clinical question, despite its significant impact on patient outcomes and healthcare resources. [BioMed Central +2](#) The American Academy of Pediatrics explicitly acknowledges that "no evidence-based criteria or consensus clinical practice guidelines exist to inform tracheostomy placement in this growing and vulnerable population." [ResearchGate +2](#) This evidence vacuum has resulted in substantial practice variation, with tracheostomy rates ranging from **2% to 37% across pediatric centers** [ScienceDirect +2](#) and timing decisions varying by weeks to months between institutions.

The most robust evidence comes from a single multicenter retrospective cohort study by DeMauro and colleagues through the NICHD Neonatal Research Network. This landmark study analyzed 8,683 very preterm infants (less than 30 weeks gestation) from 16 centers between 2001-2011, identifying 304 infants who received tracheostomies. [PubMed Central](#) The study's strength lies in its multicenter design, large sample size, and standardized neurodevelopmental outcome assessments at 18-22 months corrected age. However, as an observational study, it cannot establish causation, and selection bias may influence the timing comparisons since sicker infants might receive later tracheostomies.

Early timing shows neurodevelopmental advantages

The DeMauro study defined early tracheostomy as placement **before 120 postnatal days** (approximately 17 weeks of life or 42 weeks post-menstrual age for extremely preterm infants), while late placement occurred after this threshold. [PubMed Central +3](#) The primary composite outcome of death or neurodevelopmental impairment occurred in **83% of infants with tracheostomies compared to 40% without tracheostomies**.

[PubMed Central +2](#) More importantly for timing decisions, early placement was associated with significantly better outcomes than late placement, with an adjusted odds ratio of 0.5 (95% CI 0.3-0.9) for the composite endpoint. [NCBI +3](#)

Supporting evidence from single-center studies reinforces potential mechanisms underlying this timing benefit. The transition to tracheostomy enables **reduced sedation requirements, increased caregiver interaction, and enhanced participation in developmental activities**. [Childrensmercy +3](#) Luo and colleagues demonstrated **significant improvements in growth velocity within four weeks of tracheostomy placement**, along with increased physical therapy participation and reduced daily sedation medications. [NCBI +3](#) These findings suggest that earlier placement may optimize the critical window for neurodevelopmental interventions during infancy.

Current practice patterns show **significant institutional variation in timing decisions**. Across multiple studies, the **median timing ranges from 42-51 weeks post-menstrual age**.

[PubMed Central](#) [Frontiers](#) corresponding to approximately 4-6 months chronological age.

[PubMed Central +3](#) The BPD Collaborative multicenter data reveals a median placement at 48 weeks post-menstrual age, [ScienceDirect](#) but with substantial center-to-center variation.

[PubMed Central +4](#) This variation reflects the absence of standardized criteria and suggests that institutional culture, family preferences, and provider experience significantly influence timing decisions.

Claude Research Report

Example 5: Examine trends in cord pH at different thresholds over time

If you don't see SlicerDicer, type
"slicerdicer" into this box to search for it

The screenshot shows the Epic Hyperspace interface. At the top, there is a search bar with the placeholder "Search activities". Below the search bar is a "Reports" section. A red arrow points from the search bar down to the "SlicerDicer" item in the pinned section. Other pinned items include "Session Information Report", "My Reports", and "BJC (Compass, Kiddos, Clindesk, etc.)". The "Reports" section also contains "Today's Pts", "My Reports", "Status Board", "DAR - Dept Appts", "Snapboard", "My Dashboards", and "SlicerDicer". The "Recent" section includes "Secure Chat". At the bottom, there are links for "Log Out" and "Secure".

The screenshot shows a "Select a Data Model" dialog box. It displays a grid of data models with their respective counts. One model, "Lab Specimens and Tests", is highlighted with a yellow circle and a checkmark. The data models and their counts are:

Data Model	Count
Implants (Log-Based)	1,482,272
Infusion Pump Programming Administrations	149,162
Inpatient Tasks	29,694,355
IP Pharmacy Dispense Workload	10,811,682
Lab Specimens and Tests	9,971,515
Medication Administrations	20,927,795
Messages	170,213,890
Opioid Outpatient Prescriptions	179,356
Organ Donation Episodes	26
Organ Transplant Episodes	328
OurPractice Advisories	0
Outpatient Prescriptions	0
Patient Infections	0
Patient Isolations	0

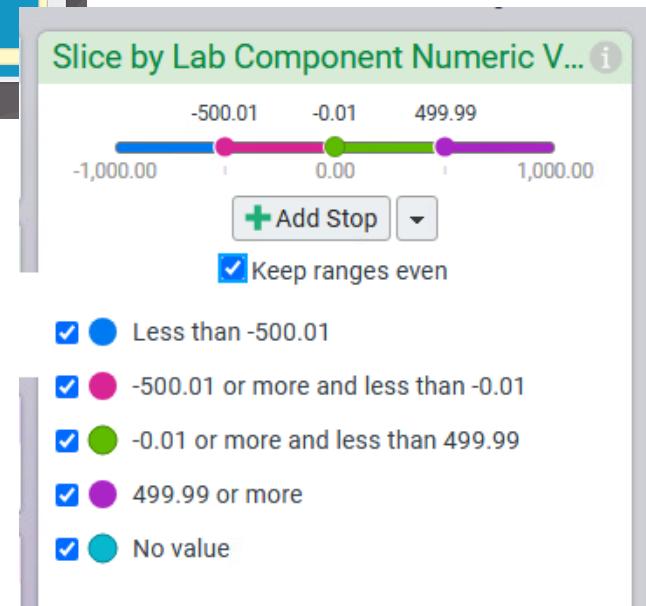
The screenshot shows the 'All Lab Specimens and Tests' dashboard. A yellow circle highlights the search bar and the results list. A red arrow points to the first result, 'ph cord art'. The search bar contains 'ph cord art'. The results list includes:

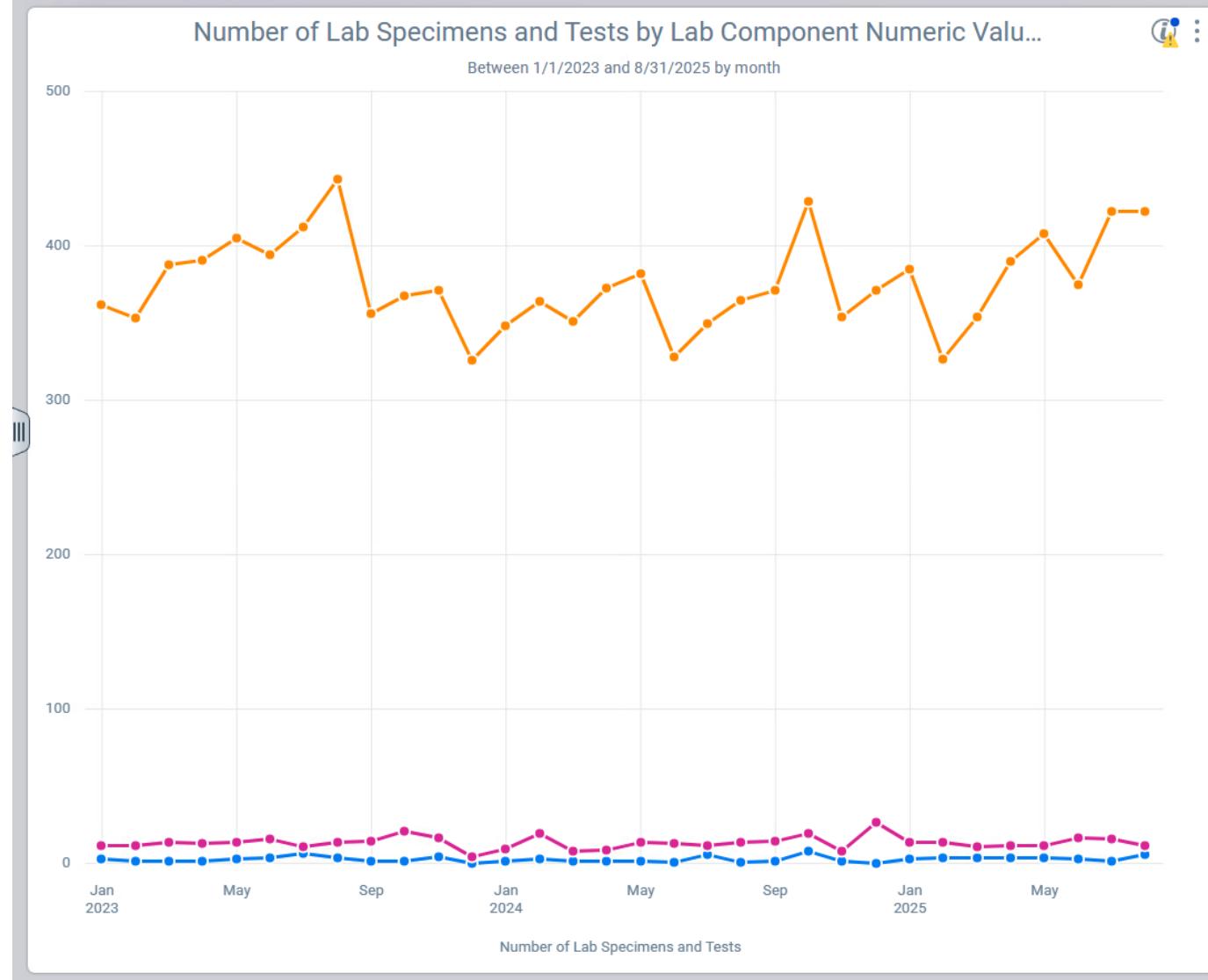
- PH CORD ART (Component - Common Name)
- PH CORD ART (Component Name/ID)
- PH CORD ART POC (Component Name/ID)
- PH CORD ART POC (Component - Common Name)
- PH CORD ART (8890) (Component Name/ID)
- PH CORD ART (11444) (Component Name/ID)
- PH CORD ART (21758) (Component Name/ID)
- pH Cord Art [11444] (Result Component ID)
- PH CORD ART (2007444) (Component Name/ID)
- PH CORD ART POC (29827) (Component Name/ID)

Below the results, it says '10 results, more matches exist'.

The screenshot shows the 'Add Slice' dialog. A yellow circle highlights the 'Lab Component Numeric Value' metric. The dialog has a search bar at the top and a grid of metrics:

All	Abnormal?	Cancel or Redraw Reason	Component - Common Name	Component Name/ID	Correction?
	Critical Result Communication Type	Critical?	Has Organism?	Lab Component Full Text Value	Lab Component Numeric Value
	Lab Component Result LOINC Code	Lab Component Value	Lab Component Value Reference Units	Lab Component Value Unit	Organism





Population +/-

Base: All Lab Specimens and Tests
Component - Common Name: PH CORD ART

Slices +/-

3 Slices by Lab Component Numeric Value

Measures +/-

Number of Lab Specimens and Tests

Dates

Start Date: Jan 1, 2023
End Date: Aug 31, 2025
Based On: Collection (Best Available)
Slice By: Month
Compare By: None

Visual Options

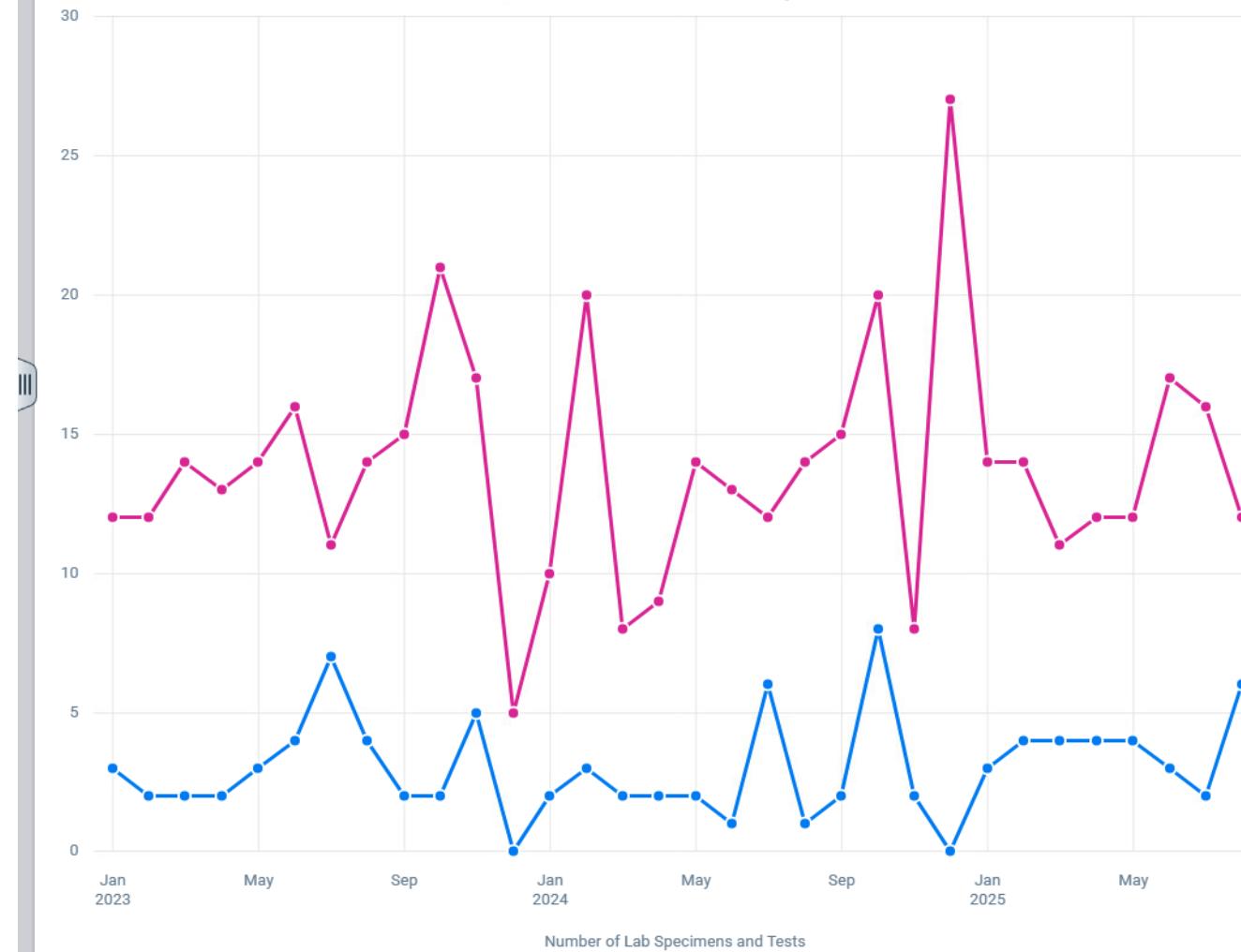
Point Color: 3 Slices by Lab Co...
Unavailable Data: Interpolate
Label Style: No Label
Goal Style: Line
Y-Axis Range: Automatic

7.00 7.10
-1,000.00 0.00 1,000.00
 Add Stop ▾
 Keep ranges even

- Less than 7.00
- 7.00 or more and less than 7.10
- 7.10 or more
- No value

Number of Lab Specimens and Tests by Lab Component Numeric Value...

Between 1/1/2023 and 8/31/2025 by month



Population

Base: All Lab Specimens and Tests
Component - Common Name: PH CORD ART

Slices

2 Slices by Lab Component Numeric Value

Measures

Number of Lab Specimens and Tests

Dates

Start Date: Jan 1, 2023
End Date: Aug 31, 2025
Based On: Collection (Best Avail...
Slice By: Month
Compare By: None

Visual Options

Point Color: 2 Slices by Lab Co...
Unavailable Data: Interpolate
Label Style: No Label
Goal Style: Line
Y-Axis Range: Automatic

Slice by Lab Component Numeric V...

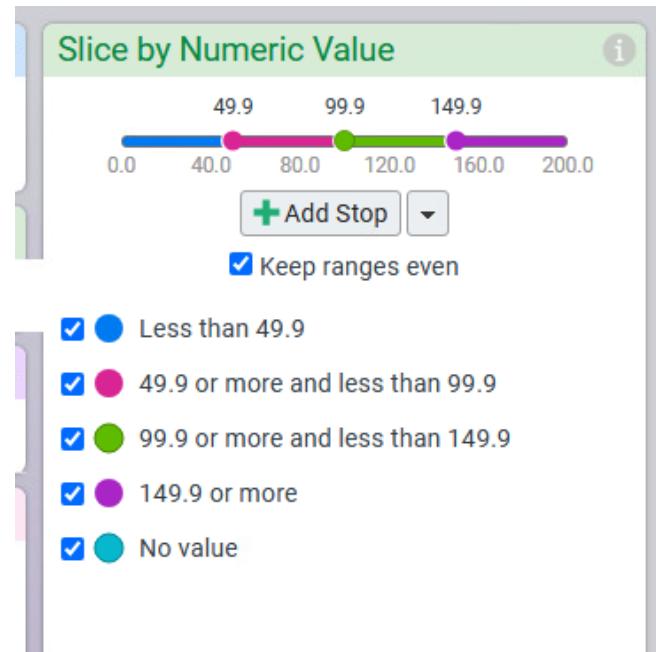
7.00 7.10
-1,000.00 0.00 1,000.00
Add Stop ▾
Keep ranges even

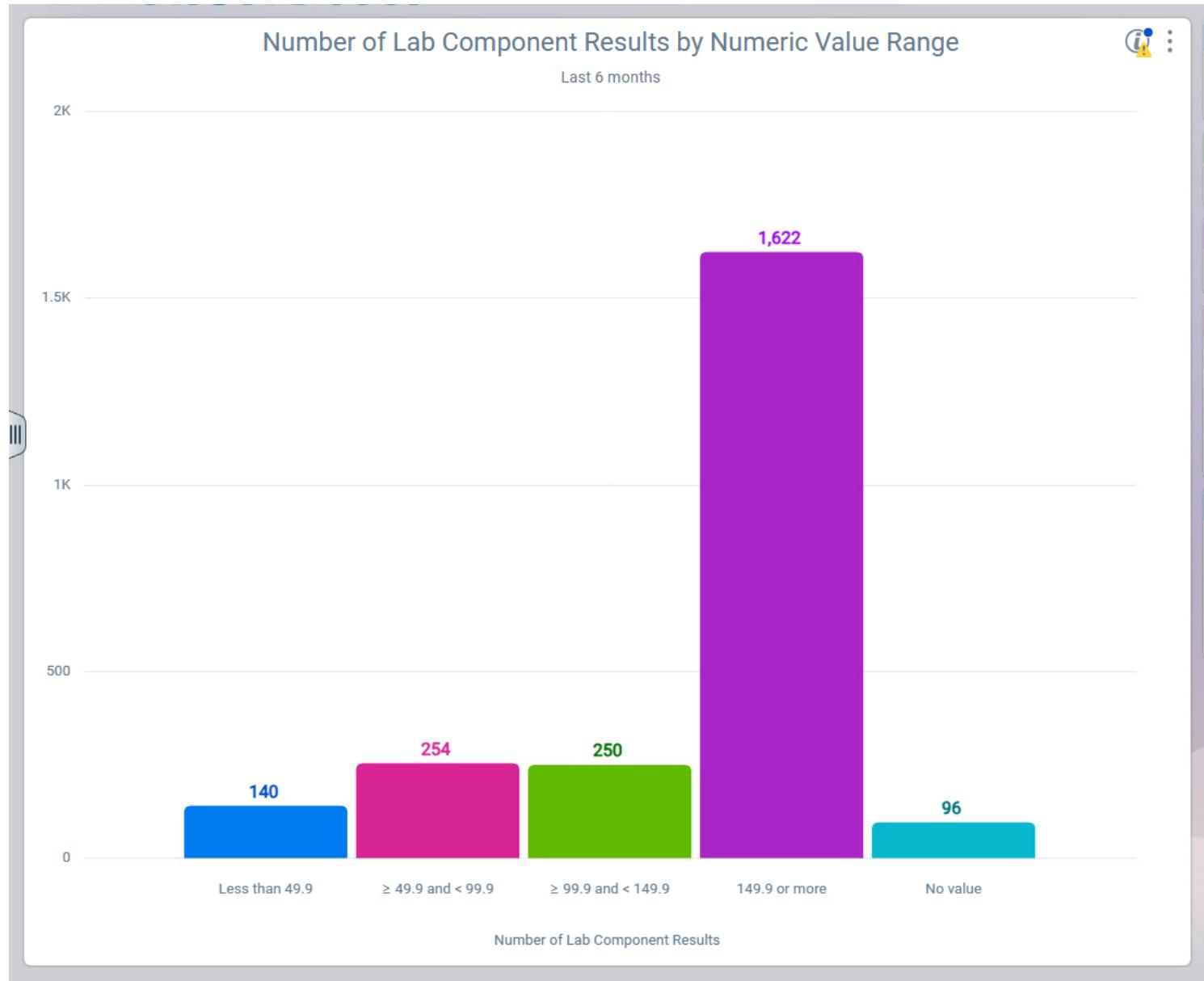
- Less than 7.00
- 7.00 or more and less than 7.10
- 7.10 or more
- No value

Example 6: Identify patterns in platelet counts in a NICU unit

The screenshot shows the 'Population' search interface. At the top, there are navigation icons: About, Undo, Redo, Start Over, Load, Save As, Share, Troubleshoot, Settings, and Tutorials. Below the header, the 'Population' tab is selected, indicated by a blue background. A red arrow points from the 'Search for criteria' input field to the 'Slices' section. The 'Slices' section has a green background and contains a button labeled '+'. It displays '4 Slices by Numeric Value'. Below this, there is a 'Measures' section with a purple background and a '+'. The 'Slices' section also includes a 'Number of Lab Component Results' label.

The screenshot shows the 'Population' search interface with the 'PLATELETS' search results highlighted. The 'PLATELETS' section has a light blue background and contains a green 'Slices' button. Below it, there is a 'Component - Common Name' search bar with a magnifying glass icon and a 'Browse' button. A red arrow points from the 'Component - Common Name' search bar to the 'PLATELETS' section. The 'PLATELETS' section also includes a 'Number of Lab Component Results' label.





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 - AI tools and calculators
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