American College of Radiology ACR Appropriateness Criteria $^{\circledR}$

Fever Without Source or Unknown Origin-Child

Variant 1: Neonate younger than 1 month of age with fever without source (FWS) and no respiratory symptoms.

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Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	May be appropriate		 		5	n/a	0	0	0	0	0	0	0	0	0

Variant 2: Neonate younger than 1 month of age with FWS and respiratory symptoms.

Day of James	Appropriateness	COF	A L L DDI	D I DDI	D. (3.7.11			F	inal '	Tabu	ılatio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate		⊕ <0.1 mSv		8	n/a	0	0	0	0	0	0	0	0	0

Variant 3: Infant or child age 1 month to 36 months with FWS with low risk for occult pneumonia (No respiratory signs or symptoms, fever<39° or leukocytosis<20,000/mm3).

D 1	Appropriateness	COF	A L L DDI	D 1 DD1	D (*	3.6.11			F	inal '	Гаbи	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually not appropriate		≎ <0.1 mSv		2	n/a	0	0	0	0	0	0	0	0	0

Variant 4: Infant or child age 1 to 36 months with FWS with any of the following; respiratory signs or symptoms, fever 39° centigrade or white blood cell (WBC) count 20,000/mm3.

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Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate		 <0.1 mSv		9	n/a	0	0	0	0	0	0	0	0	0

Variant 5: Child with FWS and neutropenia.

D 1	Appropriateness	COE	Final Tabul									latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	May be appropriate		⊕ <0.1 mSv		5	n/a	0	0	0	0	0	0	0	0	0
CT chest without IV contrast	May be appropriate		≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
CT chest without and with IV contrast	Usually not appropriate		≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT chest with IV contrast	May be appropriate		≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0
CT abdomen without IV contrast	Usually not appropriate		≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
CT abdomen without and with IV contrast	Usually not appropriate		୫୫୫୫ 10-30 mSv	����� 10-30 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0

CT abdomen with IV contrast	May be appropriate	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
CT paranasal sinuses without IV contrast	May be appropriate	⊕⊕ 0.1-1mSv	��� 0.3- 3 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
CT paranasal sinuses without and with IV contrast	Usually not appropriate	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT paranasal sinuses with IV contrast	May be appropriate	�� 0.1-1mSv	��� 0.3- 3 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0

Variant 6: Infant or child more than 1-month of age with fever of unknown origin (FUO).

Duran James	Appropriateness	SOE	Adults RRL Peds RRL Rating Median Fina						Final Tabu						
Procedure	Category	SOE	Adults KKL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate		≎ <0.1 mSv		7	n/a	0	0	0	0	0	0	0	0	0
CT chest without IV contrast	May be appropriate		≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
CT chest without and with IV contrast	Usually not appropriate		��� 1-10 mSv	���� 3- 10 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT chest with IV contrast	May be appropriate		≎≎≎ 1-10 mSv	���� 3- 10 mSv [ped]	5	n/a	0	0	0	0	0	0	0	0	0
CT abdomen without IV contrast	Usually not appropriate		��� 1-10 mSv	���� 3- 10 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
CT abdomen without and with IV contrast	Usually not appropriate		୫୫୫୫ 10-30 mSv	99999 10-30 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0

CT abdomen with IV contrast	May be appropriate	��� 1-10 mSv	���� 3- 10 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
CT paranasal sinuses without IV contrast	May be appropriate	�� 0.1-1mSv	��� 0.3- 3 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0
CT paranasal sinuses without and with IV contrast	Usually not appropriate	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT paranasal sinuses with IV contrast	Usually not appropriate	�� 0.1-1mSv	��� 0.3- 3 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
US abdomen	May be appropriate	O 0 mSv	O 0 mSv [ped]	6	n/a	0	0	0	0	0	0	0	0	0
MRI whole body without IV contrast	Usually not appropriate	O 0 mSv	O 0 mSv [ped]	3	n/a	0	0	0	0	0	0	0	0	0
MRI whole body without and with IV contrast	Usually not appropriate	O 0 mSv	O 0 mSv [ped]	2	n/a	0	0	0	0	0	0	0	0	0
FDG-PET/CT skull base to midthigh	May be appropriate	୫୫୫୫ 10-30 mSv	����� 10-30 mSv [ped]	4	n/a	0	0	0	0	0	0	0	0	0

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.