## American College of Radiology ACR Appropriateness Criteria®

## **Acute Respiratory Illness in Immunocompetent Patients**

Variant 1: Adult. Acute respiratory illness in immunocompetent patients with negative physical examination, normal vital signs, and no other risk factors for poor outcome. Initial imaging.

	Appropriat	teness	GOT.		_	D 1 DD1	- ·	3.5.11			F	inal '	<b>Tabu</b>	latio	ıs		
Procedure	Categor		SOE	Adults RR	L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	May be appropria (Disagreen	ate	Expert Opinion	<b>� &lt;</b> 0.1 mS	Sv	<b> </b>	5	5	0	0	1	2	5	3	2	1	3
			References			Study	Quality										
			15 (16635092)				4										
			16 (17278083)				4										
			13 (7455106)				4										
			14 (3718128)				3										
			11 (17412152)				2										
			10 (25785179)				2										
			18 (27793503)				2										
			17 (-3198008)				4										
CT chest with IV contrast	Usually 1 appropria		Expert Consensus	��� 1-10 mSv	0	���� 3- 10 mSv [ped]	2	2	9	3	2	2	1	0	1	0	0
CTA chest with IV contrast	Usually 1 appropria		Expert Consensus	��� 1-10 mSv	0	���� 3- 10 mSv [ped]	1	1	12	2	1	0	1	2	0	0	0
CT chest without IV contrast	Usually 1 appropria	not ate	Expert Consensus	��� 1-10 mSv	0	���� 3- 10 mSv [ped]	1	1	10	2	3	0	1	1	1	0	0

CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	14	2	1	0	1	0	0	0	0
MRI chest without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	2	1	0	0	0	0	0	1
MRI chest without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	16	1	0	0	0	0	0	1	0
V/Q scan lung	Usually not appropriate	Expert Consensus	��� 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	13	1	2	1	0	0	1	0	0
US chest	Usually not appropriate	Strong	O 0 mSv	O 0 mSv [ped]	1	1	11	4	2	0	0	0	0	0	0

References	Study Quality
19 (24184011)	3
20 (21030550)	2
21 (25758182)	2
22 (22700780)	3

Variant 2: Adult. Acute respiratory illness in immunocompetent patients with positive physical examination, or abnormal vital signs, or organic brain disease, or other risk factors for poor outcome. Initial imaging.

D 1	Appropriateness	COF	A L L DDI	D I DDI	D 4*	3.7.11			F	inal '	Гаbu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate	Strong	<b>⊕</b> <0.1 mSv		9	9	1	0	0	0	0	0	1	4	12

References	Study Quality
15 (16635092)	4
16 (17278083)	4
13 (7455106)	4
14 (3718128)	3
29 (16837505)	3

		27 (17099198)			4										
		28 (15336579)			4										
		11 (17412152)			2										
		10 (25785179)			2										
		18 (27793503)			2										
		30 (33124905)			4										
CT chest with IV contrast	Usually	Expert Consensus	��� 1-10 mSv	ଡେଡେଡେ 3- 10 mSv [ped]	3	3	3	4	9	1	0	0	0	0	0
CT chest without IV contrast	Usually	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	3	3	5	2	7	2	1	0	0	0	0
CTA chest with IV contrast	Usually	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	6	4	0	0	0	0	0	0
US chest	Usually appropr	Moderate	O 0 mSv	O 0 mSv [ped]	2	2	8	6	2	1	0	0	0	0	0
		References		Study	Quality										
		19 (24184011)			3										
		22 (22700780)			3										
		31 (34515247)			2										
CT chest without and with IV contrast	Usually	Expert Consensus	��� 1-10 mSv	ଫଫଫଫ 3- 10 mSv [ped]	1	1	13	0	2	1	1	1	0	0	0
MRI chest without IV contrast	Usually appropr	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	13	1	2	0	0	1	0	1	0
MRI chest without and with IV contrast	Usually appropr	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	16	0	1	0	0	0	0	0	1
V/Q scan lung	Usually	Expert Consensus	��� 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	14	2	0	0	0	1	0	0	0

Variant 3: Adult. Acute respiratory illness in immunocompetent patients with positive physical examination, abnormal vital signs, organic brain disease, or other risk factors and negative or indeterminate initial chest radiograph. Next imaging study.

Post of James	Appropriateness	COE	A J14. DDI	D. J. DDI	D - 45	M - 1! -			F	inal	Tabul	ation	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT chest with IV contrast	Usually appropriate	Strong	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	8	8	0	1	0	0	1	3	4	5	4
		References		Study	Quality										
		16 (17278083)			4										
		32 (18571356)			4										
		34 (23083885)			3										
		35 (26935360)			2										
		40 (26168322)			3										
		37 (25083953)			3										
		8 (31685101)			4										
		36 (22498759)			2										
		12 (32729811)			4										
		30 (33124905)			4										
		31 (34515247)			2										
		39 (32770367)			2										
		38 (27103390)			4			1	1		1 1				
CT chest without IV contrast	Usually appropriate	Strong	��� 1-10 mSv	<b>\$\$\$\$</b> 3- 10 mSv [ped]	8	8	0	0	0	1	0	0	7	3	7
		References		Study	Quality										
		16 (17278083)			4										
		32 (18571356)			4										
		34 (23083885)			3										
		35 (26935360)			2										
		40 (26168322)			3										
		37 (25083953)			3										
		12 (32729811)			4										
		30 (33124905)			4										

		31 (34515247)			2										
CTA chest with IV contrast	May be appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	5	0	0	1	3	9	3	1	0	0
MRI chest without and with IV contrast	Usually not appropriate	Limited	O 0 mSv	O 0 mSv [ped]	2	2	8	2	3	2	2	0	1	0	0
		References		Study	Quality										
		51 (18519226)			4										
		50 (21105134)			4										
		41 (34037828)			4				1						
US chest	Usually not appropriate	Strong	O 0 mSv	O 0 mSv [ped]	2	2	7	5	3	2	0	0	0	0	0
		References		Study	Quality										
		19 (24184011)			3										
		20 (21030550)			2										
		21 (25758182)			2										
		22 (22700780)			3										
		9 (20731700)			2									0 0	
		54 (17316468)			4										
		30 (33124905)			4										
		52 (33806432)			1										
		53 (33635443)			2				1			1			
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	11	4	1	0	0	0	1	0	0
MRI chest without IV contrast	Usually not appropriate	Strong	O 0 mSv	O 0 mSv [ped]	1	1	9	5	3	0	0	0	0	0	0
		References		Study	Quality										
		42 (27641778)			2										
		44 (24189389)			1										
		46 (17943326)			2								1 0		
		43 (27811069)			1										

		45 (18726093)			4										
		47 (26546472)			2										
		48 (21816896)			3										
		49 (32491257)			2										
		41 (34037828)			4		_								
V/Q scan lung	Usually approp	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	9	1	1	13	2	2	0	0	0	0	0	0

Variant 4: Adult. Acute respiratory illness in immunocompetent patients with pneumonia complicated by suspected parapneumonic effusion or abscess on initial chest radiograph. Next imaging study.

	Appropriateness	GOT.	A L L DDY	D I DDY	D (1	3.6.11			F	inal '	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CT chest with IV contrast	Usually appropriate	Limited	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	8	8	0	1	1	0	0	1	2	5	8
		References		Study	Quality										
		55 (7384467)			4										
CT chest without IV contrast	Usually appropriate	Limited	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	7	7	0	0	1	1	3	4	3	3	3
		References		Study	Quality										
		55 (7384467)			4										
US chest	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	5	5	0	0	1	5	8	1	1	1	0
	,	References		Study	Quality										
		22 (22700780)			3										
		54 (17316468)			4										
		58 (26218493)			4					_					
CTA chest with IV contrast	Usually not appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	4	3	6	3	1	0	0	0	0

		References		Study	/ Quality										
		56 (29916720)			2										
MRI chest without IV contrast	Usually not appropriate	Limited	O 0 mSv	O 0 mSv [ped]	3	3	4	2	4	2	4	0	1	1	0
		References		Study	Quality										
		57 (2312846)			2										
		50 (21105134)			4										
,		41 (34037828)			4	_									
MRI chest without and with IV contrast	Usually not appropriate	Limited	O 0 mSv	O 0 mSv [ped]	2	2	5	8	2	2	0	0	0	0	0
		References		Study	/ Quality										
		57 (2312846)			2										
		50 (21105134)			4										
		41 (34037828)			4		_								
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	11	1	3	1	0	1	0	0	1
V/Q scan lung	Usually not appropriate	Expert Consensus	��� 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	13	2	2	0	0	1	0	0	0

Variant 5: Adult. Acute asthma exacerbation in immunocompetent patients, uncomplicated. Initial imaging.

D 1	Appropriateness	COF	A L L DDI	D I DDI	D 41	3.6 11			F	inal '	Tabu	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	Limited	<b>ଡ</b> <0.1 mSv		6	6	0	0	0	2	6	4	3	0	2

References	Study Quality
59 (7297142)	4
14 (3718128)	3

CT chest without IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	9	3	1	2	1	1	0	1	0
CTA chest with IV contrast	Usually not appropriate	Expert Consensus	<del>ଡ</del> େଡ 1-10 mSv	���� 3- 10 mSv [ped]	1	1	13	1	1	2	1	0	0	0	0
CT chest with IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	1	1	11	1	3	2	0	0	1	0	0
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	1	1	15	1	0	2	0	0	0	0	0
MRI chest without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	2	0	0	0	0	0	0	1
MRI chest without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	17	0	0	0	0	0	0	1	0
V/Q scan lung	Usually not appropriate	Expert Consensus	≎≎≎ 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	15	0	2	0	0	0	1	0	0
US chest	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	0	1	0	0	2	0	0	0

## Variant 6: Adult. Acute asthma exacerbation in immunocompetent patients, complicated. Initial imaging.

D 1	Appropriateness	COF	A L L DDI	D I DDI	D 4	3.6.11			F	inal '	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate	Limited	<b>⊕</b> <0.1 mSv		9	9	1	0	1	0	0	1	1	3	11

References	Study Quality
59 (7297142)	4
14 (3718128)	3
62 (7237908)	3
61 (2060333)	4

CT chest with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	6	10	1	0	0	0	0	0	0
CT chest without IV contrast	Usually not appropriate	Expert Consensus	୫୫୫ 1-10 mSv	���� 3- 10 mSv [ped]	2	2	5	5	3	1	2	1	0	0	0
CTA chest with IV contrast	Usually not appropriate	Expert Consensus	<del>≎</del> ⊛≎ 1-10 mSv	���� 3- 10 mSv [ped]	1	1	10	2	2	0	3	0	1	0	0
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	1	1	12	1	1	3	1	0	0	0	0
MRI chest without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	13	4	0	0	0	0	0	0	0
MRI chest without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	0	2	0	0	0	0	1	1
V/Q scan lung	Usually not appropriate	Expert Consensus	୫୫୫ 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	14	1	2	0	0	0	1	0	0
US chest	Usually not appropriate	Strong	O 0 mSv	O 0 mSv [ped]	1	1	9	6	2	0	0	0	0	0	0

References		Study	Quality	
19 (24184011)			3	
20 (21030550)			2	
21 (25758182)			2	
22 (22700780)			3	
9 (20731700)			2	
54 (17316468)			4	

Variant 7: Adult. Acute COPD exacerbation in immunocompetent patients, uncomplicated. Initial imaging.

	n 1	Appropriateness	GOT.	A L L DDY	n i nni	D (1	3.5 11			I	inal	Tabı	ulatio	ons		
	Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Г																

	Appropr	iateness	COF	4 1 14 DD	, D 1 DD1	D (1	3.6.11			F	inal '	Гabu	latio	ns		
Procedure	Categ		SOE	Adults RRI	L Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usua approp		Limited	<b>⊕</b> <0.1 mS		9	9	1	0	1	0	1	0	2	3	10
			References		Study	Quality										
			65 (2818109)			4										
CTA chest with IV contrast	Usuall approp		Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	2	2	8	3	3	0	2	1	1	0	0
CT chest without IV contrast	Usuall approp		Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	8	2	0	0	0	0	0	0
CT chest with IV contrast	Usuall approp		Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	1	1	9	6	2	0	0	0	0	0	0
CT chest without and with IV contrast	Usuall approp		Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	1	1	13	1	0	2	1	0	1	0	0
MRI chest without IV contrast	Usuall approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	1	2	0	0	0	0	0	1
MRI chest without and with IV contrast	Usuall approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	1	2	0	0	0	0	1	0
V/Q scan lung	Usuall approp		Expert Consensus	��� 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	15	0	2	0	0	0	1	0	0
US chest	Usuall approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	1	1	0	0	1	1	0	0

Variant 8: Adult. Acute COPD exacerbation in immunocompetent patients with accompanying chest pain, or fever, or leukocytosis, or a history of coronary artery disease, or heart failure. Initial imaging.

	<b>.</b>	Appropriateness	TOD	A L L DDI	D 1 DD1	<b>.</b>	3.6.11	Final Tabulations
	Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1 2 3 4 5 6 7 8 9
[								

	Appropr	riateness	go <del>n</del>			5.4	3.5.11		1     2     3     4     5       1     0     1     0       2     0     4     3       6     6     4     1       5     4     3     3			Tabu	Γabulations					
Procedure	Cate		SOE	Adults RR	L Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9		
Radiography chest	Usu approj		Limited	<b></b> <0.1 mS		9	9	1	0	1	0	1	0	2	3	10		
			References		Study	y Quality						•						
			65 (2818109)			4												
CTA chest with IV contrast	May appro		Expert Consensus	��� 1-10 mSv	9	4	4	2	0	4	3	6	2	0	0	0		
CT chest with IV contrast	Usual appro		Expert Consensus	��� 1-10 mSv	0	2	2	6	6	4	1	0	0	0	0	0		
CT chest without IV contrast	Usuali approj		Expert Consensus	��� 1-10 mSv	0	2	2	5	4	3	3	1	1	0	0	0		
CT chest without and with IV contrast	Usuall approp		Expert Consensus	��� 1-10 mSv	0	1	1	13	0	1	1	2	0	0	1	0		
MRI chest without IV contrast	Usual appro		Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	12	2	1	2	0	0	0	0	1		
MRI chest without and with IV contrast	Usual appro		Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	12	2	2	1	0	0	0	1	0		
V/Q scan lung	Usual appro		Expert Consensus	��� 1-10 mSv	0	1	1	9	6	2	0	0	0	0	0	0		
US chest	Usual appro		Limited	O 0 mSv	O 0 mSv [ped]	1	1	11	1	3	1	0	1	0	1	0		
			References		Study	y Quality												

References	Study Quality
21 (25758182)	2
22 (22700780)	3

Variant 9: Adult. Acute respiratory illness in immunocompetent patients with suspected pneumonia on initial imaging. Follow-up imaging to ensure resolution.

	Appropriateness								F	inal	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usually appropriate	Strong	<b>⊕</b> <0.1 mSv		9	9	1	0	0	0	1	1	4	2	9
		References		Study	Quality										
		73 (20102994)			2										
		74 (21518934)			2										
		68 (24370128)			4										
		69 (25583286)			2										
		72 (31573350)			4										
		75 (23222200)			2										
		70 (8460356)			2										
		71 (7963634)			4		_								
CT chest with IV contrast	May be appropriate	Strong	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	5	0	0	1	2	10	4	0	0	0
		References		Study	Quality										
		68 (24370128)			4										
		69 (25583286)			2										
,		67 (25531242)			2										
CT chest without IV contrast	May be appropriate	Limited	��� 1-10 mSv	���� 3- 10 mSv [ped]	5	5	0	0	1	0	11	4	1	0	0
		References		Study	Quality										
		68 (24370128)			4										
		67 (25531242)			2			_		_					
CTA chest with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	12	1	1	2	2	0	0	0	0
CT chest without and with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	11	2	2	2	0	1	0	0	0

MRI chest without IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	15	0	0	0	1	1	0	0	1
MRI chest without and with IV contrast	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	16	0	0	0	1	0	0	1	0
V/Q scan lung	Usually not appropriate	Expert Consensus	୫୫୫ 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	16	1	0	0	0	0	1	0	0
US chest	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	16	0	0	0	0	2	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.