## 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.

	Appropri	iateness	go.			D 1 DD1	<b>.</b>				F	inal '	Tabu	latio	ns		
Procedure	Categ		SOE	Adults RR	RL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	May approp (Disagre	riate	Expert Opinion	<b>≎</b> <0.1 mS	Sv		5	5	0	0	1	2	5	3	2	1	3
			References			Study	Quality										
			15 (16635092)				4										
			13 (7455106)				4										
			14 (3718128) 11 (17412152)				3										
			11 (17412152) 10 (25785179)				2										
			10 (25785179)				2										
			10 (25785179) 18 (27793503)				2										
			17 (-3198008)				4										
			16 (17278083)				4										
CT chest with IV contrast	Usuall approp		Expert Consensus	��� 1-1 mSv	0	���� 3- 10 mSv [ped]	2	2	9	3	2	2	1	0	1	0	0
CTA chest with IV contrast	Usuall approp		Expert Consensus	��� 1-1 mSv	0	���� 3- 10 mSv [ped]	1	1	12	2	1	0	1	2	0	0	0
CT chest without IV contrast	Usuall approp		Expert Consensus	��� 1-1 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	<del>≎≎≎</del> 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		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.

	Appropriateness	COF	A L L DDI	D 1 DD1	D (1	3.5 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 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										
		30 (33124905)			4										
		18 (27793503)			2										
CT chest with IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	3	3	3	4	9	1	0	0	0	0	0
CT chest without IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	3	3	5	2	7	2	1	0	0	0	0
CTA chest with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	6	4	0	0	0	0	0	0
US chest	Usually not appropriate	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 not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	1	1	13	0	2	1	1	1	0	0	0
MRI chest without IV contrast	Usually not appropriate	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 not appropriate	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 not appropriate	Expert Consensus	��� 1-10 mSv		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.

	Appropriateness	GOT				3.5.11				- Final	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	Strong	��� 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										
		35 (26935360)			2										
		40 (26168322)			3										
		37 (25083953)			3										
		39 (32770367)			2										
		38 (27103390)			4										
		36 (22498759)			2										
		34 (23083885)			3										
		31 (34515247)			2										
		30 (33124905)			4										
		12 (32729811)			4										
		8 (31685101)			4										
CT chest without IV contrast	Usually appropriate	Strong	��� 1-10 mSv	���� 3- 10 mSv [ped]	8	8	0	0	0	1	0	0	7	3	7
		References		Study	Quality										
		16 (17278083)			4										
		32 (18571356)			4										
		35 (26935360)			2										
		40 (26168322)			3										
		37 (25083953)			3										
		34 (23083885)			3										
		31 (34515247)			2										
		30 (33124905)			4										
		12 (32729811)			4										

CTA chest with IV contrast	May be appropriate	Expert Consensus	��� 1-10 mSv	<b>≎≎≎≎</b> 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	y Quality					•		•			
		41 (34037828)			4										
		50 (21105134)			4										
		51 (18519226)			4										
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	y Quality										
		19 (24184011)			3										
		21 (25758182)			2										
		22 (22700780)	3												
		54 (17316468)			4										
		53 (33635443)			2										
		52 (33806432)			1										
		30 (33124905)			4										
		20 (21030550)			2										
		9 (20731700)			2										
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	y Quality										
		43 (27811069)			1										
		49 (32491257)			2										
		48 (21816896)			3										
		47 (26546472)			2										
		46 (17943326)			2										

		45 (18726093)		4										
		44 (24189389)	)	1										
		42 (27641778)	ı	2										
		41 (34037828)		 4		_								
V/Q scan lung	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	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.

D 1	Appropriateness	COF	A L LA 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
CT chest with IV contrast	Usually appropriate	Limited	��� 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										
		58 (26218493)			4										
		22 (22700780)			3										
		54 (17316468)			4						_				
CTA chest with IV contrast	Usually not appropriate	Limited	<b>≎⊕⊕</b> 1-10 mSv	���� 3- 10 mSv [ped]	3	3	4	3	6	3	1	0	0	0	0
		References		Study	Quality										

		References 41 (34037828) 50 (21105134) 57 (2312846)  y not Limited O 0 m				2										
MRI chest without IV contrast	Usuall approp		Limited	O 0 mSv	O 0 mSv [ped]	3	3	4	2	4	2	4	0	1	1	0
			References		Study	y Quality										
			41 (34037828)			4										
			50 (21105134)			4										
		ly not Limited O.0 mSv				2										
MRI chest without and with IV contrast	Usuall approp		Limited	O 0 mSv	O 0 mSv [ped]	2	2	5	8	2	2	0	0	0	0	0
			References		Study	y Quality										
			41 (34037828)			4										
			50 (21105134)			4										
			57 (2312846)			2										
CT chest without and with IV contrast	Usuall approp		Expert Consensus	��� 1-10 mSv	0	1	1	11	1	3	1	0	1	0	0	1
V/Q scan lung	Usuall approp		Expert Consensus	<b>≎≎≎</b> 1-10 mSv		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	Appropri	iateness	COF	4 1 14 DD		D I DDI	D. (f	3.6.11			F	inal '	Гаbu	latio	ns		
Procedure	Categ		SOE	Adults RR	L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	May approp		Limited	<b>≎</b> <0.1 mS	Sv		6	6	0	0	0	2	6	4	3	0	2
		References				Study	Quality										
		References 59 (7297142)					4										
							3										
CT chest without IV contrast	Usually approp		Expert Consensus	��� 1-1 mSv	0	���� 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	��� 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	<b>≎≎≎</b> 1-10 mSv		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.

ъ .	Appropri	ateness	COF	4.1.4. DD		n i nni	D (1	3.6.31			F	'inal '	Tabu	latio	ns		
Procedure	Categ	gory	SOE	Adults RR	L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest	Usua approp		Limited	<b>≎</b> <0.1 mS	Sv		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 approp		Expert Consensus	��� 1-1 mSv	0	��� 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	��� 1-10 mSv	<b>9999</b> 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	<b>≎≎≎</b> 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	<b>≎≎≎</b> 1-10 mSv		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.

<b>D</b> 1	Appropriateness	COF	A L L DDI	D 1 DD1	D (1	3.6.31			F	inal '	Гabu	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	1	0	2	3	10

References	Study Quality
65 (2818109)	4

		05 (2010107)													
CTA chest with IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	8	3	3	0	2	1	1	0	0
CT chest without IV contrast	Usually not appropriate	Expert Consensus	<b>���</b> 1-10 mSv	���� 3- 10 mSv [ped]	2	2	7	8	2	0	0	0	0	0	0
CT chest with IV contrast	Usually not appropriate	Expert Consensus	��� 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	Usually not appropriate	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	Usually not appropriate	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	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	14	1	2	0	0	0	0	1	0
V/Q scan lung	Usually not appropriate	Expert Consensus	��� 1-10 mSv		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	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.

Duggadyna	Appropriateness	COF	A L L DDI	D 1 DD1		3.6.31			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	Limited	<b> </b>		9	9	1	0	1	0	1	0	2	3	10

References	Study Quality
65 (2818109)	4

CTA chest with IV contrast	May be appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	4	4	2	0	4	3	6	2	0	0	0
CT chest with IV contrast	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv	���� 3- 10 mSv [ped]	2	2	6	6	4	1	0	0	0	0	0
CT chest without IV contrast	Usually not appropriate	Expert Consensus	��� 1-10 mSv	���� 3- 10 mSv [ped]	2	2	5	4	3	3	1	1	0	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	13	0	1	1	2	0	0	1	0
MRI chest without IV contrast	Usually not appropriate	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	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	1	1	12	2	2	1	0	0	0	1	0
V/Q scan lung	Usually not appropriate	Expert Consensus	<b>≎≎≎</b> 1-10 mSv		1	1	9	6	2	0	0	0	0	0	0
US chest	Usually not appropriate	Limited	O 0 mSv	O 0 mSv [ped]	1	1	11	1	3	1	0	1	0	1	0

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.

Duranduna	Appropriateness	COE	A Julka DDI	Doda DDI	Datina	Madian			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>ଡ</b> <0.1 mSv		9	9	1	0	0	0	1	1	4	2	9

References	Study Quality
75 (23222200)	2

		74 (21518934) 73 (20102994) 72 (31573350) 71 (7963634)				2										
					2 4 4											
	-															
			70 (8460356)		2											
	-	69 (25583286)			2											
	-	68 (24370128)			4											
CT chest with IV contrast	May appropr		Strong	��� 1-10 mSv	<b>9999</b> 3- 10 mSv [ped]	5	5	0	0	1	2	10	4	0	0	0
		References			Study Quality											
			69 (25583286)		2 4											
			68 (24370128)													
		67 (25531242)			2							1				
CT chest without IV contrast	May appropr		Limited	��� 1-10 mSv	<b>9999</b> 3- 10 mSv [ped]	5	5	0	0	1	0	11	4	1	0	0
		References 67 (25531242) 68 (24370128)			Study Quality 2											
					4											
CTA chest with IV contrast	Usually appropr		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 appropr		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 appropr		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 appropr		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 appropr		Expert Consensus	��� 1-10 mSv		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	
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## **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.