American College of Radiology ACR Appropriateness Criteria®

Intensive Care Unit Patients

Variant 1: Admission or transfer to intensive care unit. Initial imaging.

n ,	Appropri	ateness	COL	4 1 14 DE		n i nni	D 41	3.6.11			F	inal '	Tabul	latio	ns		
Procedure	Categ	gory	SOE	Adults RR	KL .	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest portable	Usua approp		Strong	≎ <0.1 mS	Sv		8	8	0	0	0	0	3	2	0	2	4
			References			Study	Quality										
			9 (26350068)				4										
			6 (24708581)				4										
			11 (23956264)				4										
			8 (22541022)			G	Good										
			7 (17599499)				4										
			10 (26005059)				2					_					
US chest	May approp (Disagree	y be priate Expert Opinion		O 0 mSv	/	O 0 mSv [ped]	5	5	2	3	1	1	4	1	1	0	0
			References			Study	Quality										
			5 (29601314)				4										
			12 (25852759)			G	Good										
			3 (24158410)				4										

Variant 2: Stable intensive care unit patient. No change in clinical status. Initial imaging.

	Appropriateness	GOT.	A L L DDY	n i nni	D	3.6.11	Final Tabulations
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1 2 3 4 5 6 7 8 9

D 1	Appropriatenes	SS COF	A L L DDI	D 1 DD1	D 41	3.5.11			I	inal	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest portable	May be appropriate (Disagreement)	Expert Opinion	⊕ <0.1 mSv		5	5	2	5	3	0	1	1	0	0	1
		References		Study	y Quality										
		13 (16420655)	ı		3										
		6 (24708581)			4										
		11 (23956264)	ı		4										
		8 (22541022)		(Good										
		7 (17599499)			4										
		14 (29614962)	ı		4										
		15 (21704293)			3					_					
US chest	Usually not appropriate	Moderate	O 0 mSv	O 0 mSv [ped]	2	2	6	7	0	0	0	0	0	0	0
		References		Study	y Quality										
		5 (29601314)			4										
		12 (25852759)			Good										
		3 (24158410)			4										

Variant 3: Intensive care unit patient with clinically worsening condition. Initial imaging.

D 1	Appropriateness	COE	A L L DDI	n i nnr	D 41	N. 7.			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 portable	Usually appropriate	Limited	⊕ <0.1 mSv		9	9	0	0	0	0	0	0	0	3	8

References	Study Quality
5 (29601314)	4
16 (27375379)	2
6 (24708581)	4

US chest	May approp (Disagree	be riate ement)	Expert Opinion	O 0 mSv	O 0 mSv [ped]	5	5	2	0	0	2	6	2	0	1	0
			References		Study	Quality										
			5 (29601314)			4										
			18 (29076936)			2										
			22 (28984662)			1										
			21 (29282107)			4										
			16 (27375379)			2										
			20 (27784331)			4										
			19 (26836896)			2										
			23 (26325623)			2										
			12 (25852759)		G	ood										
			17 (23585400)			4										

Variant 4: Intensive care unit patient following support device placement. Initial imaging.

	Appropriateness	COE	A L L DDI	B 1 BB1		3.6.11			F	inal T	Гabu	latior	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
Radiography chest portable	Usually appropriate	Strong	≎ <0.1 mSv		9	9	0	0	0	0	1	0	2	2	6

References		Study	Quality	
32 (4053711))		3	
33 (8986482))		2	
24 (1424692))		2	
26 (8411291))		4	
28 (6611930))		4	
29 (3759495))		3	
30 (2509149))		4	
31 (9172857))		4	
27 (9011682))	·	4	

			25 (4006492)				3										
			34 (8115893)				4										
			40 (7214940)				4										
			38 (27035241)				4										
			36 (24916754)				4										
			35 (23940860)				2										
			37 (28600640)				2										
			39 (29627658)				4										
			41 (-3149140)				4										
US chest	May approp (Disagre	be be being	Expert Opinion O 0 mSv			O 0 mSv [ped]	5	5	3	3	1	2	1	3	0	0	0
			References			Study	Quality										
			48 (28443388)				2										
			49 (28123616)				2										
			51 (27922877)			G	lood										
			47 (28538437)				2										
			46 (28422778)				2										
			50 (27847699)				2										
			45 (23242559)				2										
			42 (25537734)			G	lood										
			43 (23961455)				2										
			53 (22691418)														
			53 (22691418)				2										

Variant 5: Intensive care unit patient. Post chest tube or mediastinal tube removal. Initial imaging.

ъ .	Appropriateness	COF	A L L DDI	n i nni	D 41	3.6 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 portable	May be appropriate (Disagreement)	Expert Opinion	⊕ <0.1 mSv		5	5	0	1	1	0	6	1	3	1	0

		References			Study	Quality									
		32 (4053711)				3									
		58 (12643411)				3									
		59 (11819085)				4									
		60 (19408798)				3									
		28 (6611930)			4										
		57 (18539477)			4										
		55 (17994222)				1									
		25 (4006492)				3									
		54 (22392935)				4									
		56 (21701019)				4		 							
US chest	Usually not appropriate	Limited	O 0 mSv	,	O 0 mSv [ped]	2	2	4	4	3	2	0	0	0	0

Study Quality

4

References

44 (22942927)

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.