## American College of Radiology

**ACR Appropriateness Criteria**

**Nonvariceal Upper Gastrointestinal Bleeding**

### Variant 1: Endoscopy reveals nonvariceal upper gastrointestinal arterial bleeding source.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriography visceral</td>
<td>Usually appropriate</td>
<td>Expert Consensus</td>
<td>☢☢☢ 1-10 mSv</td>
<td>9</td>
<td>n/a</td>
<td>0 0 0 0 0 0 0 0 0</td>
<td></td>
</tr>
<tr>
<td>CTA abdomen with IV contrast</td>
<td>Usually appropriate</td>
<td>Expert Consensus</td>
<td>☢☢ 1-10 mSv</td>
<td>7</td>
<td>n/a</td>
<td>0 0 0 0 0 0 0 0 0</td>
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<tr>
<td>CT enterography</td>
<td>May be appropriate</td>
<td>Expert Consensus</td>
<td>☢☢☢ 10-30 mSv</td>
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<tr>
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<td>☢☢☢ 1-10 mSv</td>
<td>4</td>
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<tr>
<td>CT abdomen without and with IV contrast</td>
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<td>Expert Consensus</td>
<td>☢☢☢ 10-30 mSv</td>
<td>2</td>
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<td>Expert Consensus</td>
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<td>2</td>
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<td>0 0 0 0 0 0 0 0 0</td>
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<tr>
<td>RBC scan abdomen and pelvis</td>
<td>Usually not appropriate</td>
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<td>☢☢ 1-10 mSv</td>
<td>2</td>
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<tr>
<td>Fluoroscopy upper GI series</td>
<td>Usually not appropriate</td>
<td>Expert Consensus</td>
<td>☢☢☢ 1-10 mSv</td>
<td>1</td>
<td>n/a</td>
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### Variant 2:  Endoscopy confirms nonvariceal upper gastrointestinal bleeding without a clear source.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
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<tbody>
<tr>
<td>Arteriography visceral</td>
<td>Usually appropriate</td>
<td>Expert Consensus</td>
<td>☢☢☢ 1-10 mSv</td>
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<tr>
<td>CTA abdomen with IV contrast</td>
<td>Usually appropriate</td>
<td>Expert Consensus</td>
<td>☢☢☢ 1-10 mSv</td>
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<tr>
<td>CT enterography</td>
<td>May be appropriate</td>
<td>Expert Consensus</td>
<td>☢☢☢☢ 10-30 mSv</td>
<td>☢☢☢☢ 3-10 mSv [ped]</td>
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<tr>
<td>RBC scan abdomen and pelvis</td>
<td>May be appropriate</td>
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<td>☢☢☢ 1-10 mSv</td>
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<tr>
<td>CT abdomen without IV contrast</td>
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<td>Expert Consensus</td>
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<td>☢☢☢ 3-10 mSv [ped]</td>
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<td>Expert Consensus</td>
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<td>Expert Consensus</td>
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<td>☢☢☢ 3-10 mSv [ped]</td>
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<tr>
<td>Fluoroscopy upper GI series</td>
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<td>Expert Consensus</td>
<td>☢☢☢ 1-10 mSv</td>
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### Variant 3:  Nonvariceal upper gastrointestinal bleeding; negative endoscopy.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
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</thead>
<tbody>
<tr>
<td>Arteriography visceral</td>
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<td>Expert</td>
<td>☢☢☢ 1-10 mSv</td>
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<td>Procedure</td>
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<td>SOE</td>
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**Variant 4:** Postsurgical and traumatic causes of nonvariceal upper gastrointestinal bleeding; endoscopy contraindicated.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
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<td>Arteriography visceral</td>
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<td>Expert Consensus</td>
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<td>☢☢☢ 1-10 mSv</td>
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<td>Expert Consensus</td>
<td>1-10 mSv</td>
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<td>3-10 mSv [ped]</td>
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<td>CT enterography</td>
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<td>10-30 mSv</td>
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<td>3-10 mSv [ped]</td>
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<td>Expert Consensus</td>
<td>10-30 mSv</td>
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<td>10-30 mSv [ped]</td>
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<tr>
<td>RBC scan abdomen and pelvis</td>
<td>Usually not appropriate</td>
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<td>1-10 mSv</td>
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<td>Fluoroscopy upper GI series</td>
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<td>Expert Consensus</td>
<td>1-10 mSv</td>
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<td>0.3-3 mSv [ped]</td>
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</table>
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.