American College of Radiology ACR Appropriateness Criteria[®]

Nonvariceal Upper Gastrointestinal Bleeding

Variant 1: Adult. Suspected nonvariceal upper gastrointestinal bleeding; no endoscopy performed. Initial imaging.

Procedure	Appropriat	teness	SOE	Adults RRL	Peds RRL	Rating	Median			F	Final	Tabu	latio	ns		
Troccutre	Categor	ry	BOE	Adunts KKL	I CUS KKE	Kating	Witculan	1	2	3	4	5	6	7	8	9
CTA abdomen and pelvis without and with IV contrast	Usually appropria	y ate	Moderate	ହେତହ 10-3(mSv)	9	9	0	0	0	0	0	1	3	2	7
			References		Study	y Quality										
			22 (25023179)			3										
			19 (23192375)			М										
			18 (28754326)			3										
			24 (31987743)			4										
			21 (25650332)			1										
			7 (29883267)			4										
			20 (31346741)			4										
			25 (31363814)			3										
			23 (33449577)			3				-	-	1				
Arteriography visceral	May be appropria		Limited	≎≎≎≎ 1-10 mSv		6	6	0	0	0	0	5	5	1	4	0
			References		Study	y Quality										
			2 (26303132)			4										
			16 (33893060)		Inac	dequate										
			17 (32650690)			3										
			14 (30115434)			4										
			15 (33317472)			3										

CT abdomen and pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	ଚଚଚଚ 10-30 mSv	&&&& 10-30 mSv [ped]	3	3	1	5	8	1	0	0	0	0	0
CTA abdomen with IV contrast	Usually not appropriate	Expert Consensus	ଝଝଝ 1-10 mSv		3	3	2	4	9	0	0	0	0	0	0
CTA abdomen and pelvis with IV contrast	Usually not appropriate	Expert Consensus	֎֎֎֎ 10-30 mSv		3	3	0	4	7	1	2	1	0	0	0
CT enterography	Usually not appropriate	Limited	֎֎֎֎ 10-30 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	3	3	3	3	2	2	2	0	1	0	0
		References		Study	y Quality										
		5 (34597220)		1	4										
CTA chest without and with IV contrast	Usually not appropriate	Expert Consensus	ଝେଝ 1-10 mSv		3	3	2	3	4	0	4	0	0	0	0
RBC scan abdomen and pelvis	Usually not appropriate	Expert Consensus	ଷ®ତ 1-10 mSv		3	3	2	3	4	2	1	1	0	0	0
CTA abdomen without and with IV contrast	Usually not appropriate	Expert Consensus	֎֎֎֎ 10-30 mSv		3	3	2	4	4	1	3	1	0	0	0
CT abdomen with IV contrast	Usually not appropriate	Expert Consensus	ତତତ 1-10 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	2	2	3	4	1	3	1	0	1	0	0
CT abdomen without IV contrast	Usually not appropriate	Expert Consensus	ବଟତ 1-10 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	2	2	4	4	4	1	0	0	0	0	0
CT abdomen without and with IV contrast	Usually not appropriate	Expert Consensus	ବଟବ ଟ 10-30 mSv	☆☆☆☆☆ 10-30 mSv [ped]	2	2	3	4	1	2	2	0	1	0	0
CT abdomen and pelvis with IV contrast	Usually not appropriate	Expert Consensus	ତେଡେ≎ 1-10 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	2	2	2	5	1	2	2	0	1	0	0
CT abdomen and pelvis without IV contrast	Usually not appropriate	Expert Consensus	≎≎≎ 1-10 mSv	ଡେଡେଡେ 3- 10 mSv [ped]	2	2	4	4	3	1	1	0	0	0	0

CTA chest with IV contrast	Usually not appropriate	Expert Consensus	ଡଡଡ 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	2	2	3	4	4	1	1	0	0	0	0
MR enterography	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	5	4	2	1	1	0	0	0	0
Fluoroscopy upper GI series	Usually not appropriate	Expert Consensus	ଡେଡେ 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	7	4	2	0	0	0	0	0	0

Variant 2: Adult. Endoscopy confirms nonvariceal upper gastrointestinal bleeding with a clear source, but treatment not possible or continued bleeding after endoscopic treatment. Initial imaging.

Procedure	Appropri	ateness	SOE	Adults RRI	Peds RRL	Rating	Median			ŀ	inal	Tabu	latio	ns		
Trocedure	Categ	ory	SOE			Kating	Wieulan	1	2	3	4	5	6	7	8	9
Arteriography visceral	Usua approp	lly riate	Limited	ତେତ 1-10 mSv		8	8	0	0	0	0	0	0	4	3	6
			References		Study	/ Quality										
			27 (26912065)			4										
			31 (26190186)			4										
			4 (26987672)			4										
			34 (27178757)			4										
			38 (32274535)			4										
			30 (32282712)			2										
			29 (34022402)			4										
			26 (34313237)			4										
			28 (27812392)			4										
			35 (28270041)			3										
			40 (30033142)			4										
			39 (26766321)			4										
			33 (31877509)			4										
			37 (25319738)			4										
			36 (25581622)			3										

		32 (25712846))		4							-			
CTA abdomen and pelvis without and with IV contrast	Usually appropriate	Limited	େକେକେକ 10-30 mSv		8	8	1	0	0	0	1	0	5	8	0
		References		Study	y Quality										
		43 (28248993))		4										
		42 (27469919))		4										
		7 (29883267)			4										
CTA abdomen without and with IV contrast	May be appropriate	Expert Consensus	େହେହେ 10-30 mSv		6	6	0	0	0	1	5	8	1	0	0
CTA chest without and with IV contrast	May be appropriate	Expert Consensus	ତତତ 1-10 mSv		4	4	2	0	3	3	5	0	0	0	0
CT abdomen without and with IV contrast	Usually not appropriate	Expert Consensus	ବବବବ 10-30 mSv	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	3	3	2	4	2	3	1	0	0	0	1
CT abdomen and pelvis with IV contrast	Usually not appropriate	Expert Consensus	ତତତ 1-10 mSv	���� 3- 10 mSv [ped]	3	3	2	4	4	1	1	0	1	0	0
CT abdomen and pelvis without and with IV contrast	Usually not appropriate	Expert Consensus	ବବବବ 10-30 mSv	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	3	3	2	4	2	3	1	0	0	0	1
CTA abdomen with IV contrast	Usually not appropriate	Expert Consensus	ବ୍ୟବ୍ୟ 1-10 mSv		3	3	3	3	5	4	0	0	0	0	0
CTA abdomen and pelvis with IV contrast	Usually not appropriate	Expert Consensus	ଡଡଡଡ 10-30 mSv		3	3	2	2	6	5	0	0	0	0	0
CTA chest with IV contrast	Usually not appropriate	Expert Consensus	ତତତ 1-10 mSv	���� 3- 10 mSv [ped]	3	3	2	2	6	3	0	0	0	0	0
CT enterography	Usually not appropriate	Limited	ଡଡଡଡ 10-30 mSv	0 00000000000000000000000000000000000	3	3	3	2	4	1	3	0	0	0	0
		References		Study	y Quality				_						
		41 (23789659))		4										

			5 (34597220)			4										
CT abdomen with IV contrast	Usually appropri	not iate	Expert Consensus	֎֎֎ 1-10 mSv	ତତତତ 3- 10 mSv [ped]	2	2	2	5	3	2	0	0	1	0	0
CT abdomen without IV contrast	Usually appropri		Expert Consensus	֎֎֎ 1-10 mSv	ତତତତ 3- 10 mSv [ped]	2	2	3	7	2	0	1	0	0	0	0
CT abdomen and pelvis without IV contrast	Usually appropri		Expert Consensus	ତତତ 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	2	2	3	6	2	1	1	0	0	0	0
MR enterography	Usually appropri		Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	3	7	3	0	0	0	0	0	0
RBC scan abdomen and pelvis	Usually appropri		Expert Consensus	ଝେ≎େ 1-10 mSv		2	2	5	5	1	1	1	0	0	0	0
Fluoroscopy upper GI series	Usually appropri		Expert Consensus	ଢେଢେ 1-10 mSv	≎≎≎ 0.3- 3 mSv [ped]	1	1	7	4	2	0	0	0	0	0	0

Variant 3: Adult. Endoscopy confirms nonvariceal upper gastrointestinal bleeding without a clear source. Initial imaging.

	Appropriatenes	S							F	'inal '	Tabu	latio	ns		
Procedure	Category	SOE	Adults RRL	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CTA abdomen and pelvis without and with IV contrast	Usually appropriate	Limited	େହେତେ 10-30 mSv)	8	8	0	0	0	0	0	0	6	3	4
		References		Study	y Quality										
		43 (28248993))		4										
		46 (28189213))		4										
		48 (25782338))		4										
		47 (31786734))		4										
Arteriography visceral	May be appropriate	Limited	ତତତ 1-10 mSv		6	6	0	0	0	0	5	3	1	1	3
		References		Study	y Quality										

		46 (28189213)			4										
		44 (32405731)			3										
		45 (24143308)			4										
RBC scan abdomen and pelvis	May approp	Expert Consensus	ତତତ 1-10 mSv		5	5	0	0	0	2	10	3	0	0	0
CT enterography	May approp	Limited	ଷତ୍ତର 10-3 mSv	0	4	4	1	1	4	1	5	1	0	0	0
		References		Study	y Quality										
		41 (23789659)			4		_			_					
CTA chest without and with IV contrast	May approp	Expert Consensus	ତତତ 1-10 mSv		4	4	2	3	1	3	3	1	0	0	0
CT abdomen and pelvis with IV contrast	Usually approp	Expert Consensus	ତେତେ 1-10 mSv	&&& & 3- 10 mSv [ped]	3	3	3	3	4	1	0	2	0	0	0
CT abdomen and pelvis without and with IV contrast	Usually approp	Expert Consensus	ଡଡଡଡ 10-3 mSv	0 10-30 mSv [ped]	3	3	2	4	1	3	2	0	0	1	0
CTA abdomen and pelvis with IV contrast	Usually approp	Expert Consensus	ଷଟରତ 10-3 mSv	0	3	3	1	3	7	4	0	0	0	0	0
CTA chest with IV contrast	Usually approp	Expert Consensus	ଝେଝ 1-10 mSv	∞∞∞∞ 3- 10 mSv [ped]	3	3	2	4	3	2	2	0	0	0	0
CTA abdomen without and with IV contrast	Usually approp	Expert Consensus	ଝେଝିଝ 10-3 mSv	0	3	3	3	3	4	1	3	1	0	0	0
CT abdomen with IV contrast	Usually approp	Expert Consensus	ଝେଝ 1-10 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	2	2	3	4	4	0	1	1	0	0	0
CT abdomen without IV contrast	Usually approp	Expert Consensus	ତତତ 1-10 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	2	2	3	4	5	1	0	0	0	0	0

CT abdomen without and with IV contrast	Usually not appropriate	Expert Consensus	ବନ୍ତବନ୍ତ 10-30 mSv	≎≎≎≎≎≎ 10-30 mSv [ped]	2	2	2	5	1	3	1	0	1	0	0
CT abdomen and pelvis without IV contrast	Usually not appropriate	Expert Consensus	ଝେଡେ≎ 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	2	2	3	4	5	1	0	0	0	0	0
CTA abdomen with IV contrast	Usually not appropriate	Expert Consensus	ଫେଫ 1-10 mSv		2	2	3	6	5	1	0	0	0	0	0
MR enterography	Usually not appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	2	2	2	6	4	0	1	0	0	0	0
Fluoroscopy upper GI series	Usually not appropriate	Expert Consensus	ଝେଝେ 1-10 mSv	��� 0.3- 3 mSv [ped]	1	1	8	4	1	0	0	0	0	0	0

Variant 4: Adult. Nonvariceal upper gastrointestinal bleeding; negative endoscopy. Initial imaging.

	Appropriate	eness	COL		. .		D (1	14.11			F	'inal '	Tabu	latio	ıs		
Procedure	Category	y	SOE	Adults RR	L	Peds RRL	Rating	Median	1	2	3	4	5	6	7	8	9
CTA abdomen and pelvis without and with IV contrast	Usually appropria		Strong	ତତତତ 10- mSv	30		8	8	0	0	0	0	0	1	4	4	4
			References			Study	v Quality										
			57 (20621429)				2										
			19 (23192375)				М										
			55 (25141313)				3										
			56 (25248830)				2										
			58 (22363142)				3										
CT enterography	Usually appropria		Moderate	ଡେଡେଡ 10- mSv	30	ଡଡଡଡ 3- 10 mSv [ped]	7	7	0	0	0	2	0	3	7	3	0
			References			Study	v Quality										
			54 (21642417)				2										
			52 (22098076)				2										

		5 (34597220)			4										
		53 (26858753)			4		_								
MR enterography	May be appropriate	Strong	O 0 mSv	O 0 mSv [ped]	6	6	0	0	0	2	4	2	4	3	0
		References		Study	y Quality										
		60 (20132082)			3										
		61 (22528671)			2										
		59 (28668417)		1	2		_				-				
RBC scan abdomen and pelvis	May be appropriate	Limited	ତତତ 1-10 mSv		6	6	0	0	0	3	3	2	4	0	1
		References		Study	y Quality										
		62 (23407907)			3										
		63 (21757912)			4										
		64 (30526506)			3						-				
CT abdomen and pelvis without and with IV contrast	May be appropriate	Expert Consensus	ଡଡଡଡ 10-30 mSv	€€€€ 10-30 mSv [ped]	5	5	0	1	2	3	7	1	1	0	0
CTA abdomen without and with IV contrast	May be appropriate (Disagreement)	Expert Opinion	֎֎֎֎ 10-30 mSv		5	5	2	4	6	0	1	0	2	0	0
CT abdomen with IV contrast	Usually not appropriate	Expert Consensus	ଡେଡେ 1-10 mSv	&&&⊕ 3- 10 mSv [ped]	3	3	2	4	4	1	2	0	0	0	0
CT abdomen without and with IV contrast	Usually not appropriate	Expert Consensus	ଷଷଷଷ 10-30 mSv	**** 10-30 mSv [ped]	3	3	2	4	2	3	0	2	0	0	0
CT abdomen and pelvis with IV contrast	Usually not appropriate	Expert Consensus	ତତତ 1-10 mSv	€€€€ 3- 10 mSv [ped]	3	3	2	1	6	1	2	0	1	0	0
CT abdomen and pelvis without IV contrast	Usually not appropriate	Expert Consensus	ତତତ 1-10 mSv	€€€€ 3- 10 mSv [ped]	3	3	4	2	5	1	1	0	0	0	0

CTA abdomen with IV contrast	Usually approp	Expert Consensus	ଷଟ୍ଟର 1-10 mSv		3	3	3	4	8	0	0	0	0	0	0
CTA abdomen and pelvis with IV contrast	Usuall ₂ approp	Expert Consensus	֎֎֎֎ 10-3 mSv	0	3	3	1	3	10	0	0	0	1	0	0
Arteriography visceral	Usually approp	Limited	ଷଷଷ 1-10 mSv		3	3	1	4	4	2	3	1	0	0	0
		References		Study	Quality										
		51 (23754065)			4										
		49 (22302119)			4										
		50 (28278445)			4		_	_	_	-		-	-		
CTA chest without and with IV contrast	Usually approp	Expert Consensus	ତେତେ 1-10 mSv		3	3	2	3	5	0	2	1	0	0	0
CT abdomen without IV contrast	Usually approp	Expert Consensus	ଝେଝ 1-10 mSv	≎≎≎≎≎ 3- 10 mSv [ped]	2	2	4	3	4	2	0	0	0	0	0
CTA chest with IV contrast	Usuall ₂ approp	Expert Consensus	ଷଷଷ 1-10 mSv	ଡଡଡଡଡ 3- 10 mSv [ped]	2	2	3	4	4	1	1	0	0	0	0
Fluoroscopy upper GI series	Usuall ₂ approp	Expert Consensus	ଷଷଷ 1-10 mSv	≎≎≎ 0.3- 3 mSv [ped]	1	1	7	5	1	0	0	0	0	0	0

Variant 5: Adult. Postsurgical or traumatic causes of nonvariceal upper gastrointestinal bleeding. Endoscopy is contraindicated. Initial imaging.

Procedure	Appropriateness	iateness		Adults RRL	Peds RRL	Rating	Median	Final Tabulations											
	Categ		SOE					1	2	3	4	5	6	7	8	9			
Arteriography visceral	Usually appropriate		Limited	ଷଷ≎ 1-10 mSv		7	7	0	1	0	0	4	0	4	2	2			
	-	References			Study Quality														
			27 (26912065)																
		4 (26987672) 39 (26766321)																	
						4													

		65 (33861138) 3													
CTA abdomen and pelvis without and with IV contrast	Usually appropriate	Limited	ଷଷଷଷ 10-30 mSv		7	7	0	0	0	0	2	0	5	2	4
		References		Study	y Quality										
		69 (21336192)													
		71 (27423720)													
		70 (33530944) 4													
CT abdomen and pelvis with IV contrast	May be appropriate	Limited	ଡ େ≎ 1-10 mSv	���� 3- 10 mSv [ped]	5	5	1	0	0	1	8	4	1	0	0
		References	nces Study Quality												
		66 (34945741)		Inadequate											
CT abdomen and pelvis without and with IV contrast	May be appropriate	Expert Consensus	ଷଷଷଷ 10-30 mSv	ଡେଡେଡଡ 10-30 mSv [ped]	5	5	1	1	0	4	6	2	1	0	0
CTA chest without and with IV contrast	May be appropriate	Expert Consensus	ତତତ 1-10 mSv		5	5	0	2	0	5	8	0	0	0	0
CT enterography	May be appropriate	Limited	ଡଡଡ≎≎ 10-30 mSv	≎≎≎≎ 3- 10 mSv [ped]	4	4	1	2	2	3	3	2	0	0	0
	References		Study Quality												
		5 (34597220)			4										
CT abdomen with IV contrast	Usually not appropriate	Expert Consensus	ଡଡ ଡ 1-10 mSv	≎≎≎≎ 3- 10 mSv [ped]	3	3	4	2	9	0	0	0	0	0	0
CT abdomen without IV contrast	Usually not appropriate	Expert Consensus	ଡେଡେ 1-10 mSv	**** 3- 10 mSv [ped]	3	3	2	4	5	1	1	0	0	0	0
CT abdomen without and with IV contrast	Usually not appropriate	Limited	ତତତତ 10-30 mSv	⊕⊕⊕⊕⊕ 10-30 mSv [ped]	3	3	3	3	5	3	1	0	0	0	0
		References		Study Quality											
		67 (24381048)		4											

		68 (23392987) 4														
CT abdomen and pelvis without IV contrast	Usually appropr		Expert Consensus	ଝଝଝ 1-10 mSv	ଡଡଡଡ 3- 10 mSv [ped]	3	3	1	5	5	1	1	0	0	0	0
CTA abdomen with IV contrast	Usually appropr		Expert Consensus	ତତତ 1-10 mSv		3	3	3	3	8	1	0	0	0	0	0
CTA abdomen and pelvis with IV contrast	Usually appropr		Expert Consensus	ଷେଷଷ 10-30 mSv		3	3	1	2	10	0	1	1	0	0	0
CTA abdomen without and with IV contrast	Usually appropr		Expert Consensus	ତତତତ 10-30 mSv		3	3	4	1	7	0	1	1	1	0	0
CTA chest with IV contrast	Usually appropr		Expert Consensus	େଡେଡ 1-10 mSv	֎֎֎֎ 3- 10 mSv [ped]	2	2	2	5	3	1	1	0	1	0	0
Fluoroscopy upper GI series	Usually appropr		Expert Consensus	ଡଡ େ 1-10 mSv	≎≎≎ 0.3- 3 mSv [ped]	2	2	5	6	1	0	1	0	0	0	0
RBC scan abdomen and pelvis	Usually appropr		Expert Consensus	ତତତ 1-10 mSv		2	2	2	6	2	1	1	1	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.