

Variant 4: Device selection. Adult or child 13 years of age. Intensive care unit (ICU) patient with sepsis and acute renal insufficiency requires intravenous access for approximately 7 to 10 days.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Chest port	Usually not appropriate		N/A	N/A	2	n/a	0	0	0	0	0	0	0	0	0
PICC	May be appropriate		N/A	N/A	5	n/a	0	0	0	0	0	0	0	0	0
Tunneled small bore central venous catheter	Usually not appropriate		N/A	N/A	3	n/a	0	0	0	0	0	0	0	0	0
Nontunneled central venous catheter	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0

Variant 5: Site selection. Adult or child 13 years of age. Head and neck surgery. Central venous access required for adjuvant chemotherapy.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Arm port	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0
PICC	Usually appropriate		N/A	N/A	7	n/a	0	0	0	0	0	0	0	0	0
Chest port via internal jugular/subclavian vein	Usually appropriate		N/A	N/A	7	n/a	0	0	0	0	0	0	0	0	0
Tunneled small bore catheter via internal jugular/subclavian vein	May be appropriate		N/A	N/A	6	n/a	0	0	0	0	0	0	0	0	0

Variant 6: Site selection. Adult or child 13 years of age. Sepsis in a patient with stage 4 chronic kidney disease, requires 7 to 10 days of intravenous antibiotic therapy.

Catheter-directed thrombolysis	May be appropriate		N/A	N/A	5	n/a	0	0	0	0	0	0	0	0	0
Systemic thrombolysis	Usually not appropriate		N/A	N/A	2	n/a	0	0	0	0	0	0	0	0	0
SVC filter placement	Usually not appropriate		N/A	N/A	2	n/a	0	0	0	0	0	0	0	0	0
Catheter downsize for a single/double lumen PICC	Usually not appropriate		N/A	N/A	3	n/a	0	0	0	0	0	0	0	0	0

Variant 13: Infectious complications. Adult or child 13 years of age. Preventive measures to reduce catheter-related bloodstream infections when placing a nontunneled central venous catheter in ICU patient.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
Antibiotic impregnated catheters	May be appropriate		N/A	N/A	6	n/a	0	0	0	0	0	0	0	0	0
Upper body insertion site	Usually appropriate		N/A	N/A	8	n/a	0	0	0	0	0	0	0	0	0
Heparin-bonded catheter	May be appropriate		N/A	N/A	5	n/a	0	0	0	0	0	0	0	0	0
Prophylactic antibiotics prior to catheter placement	May be appropriate		N/A	N/A	4	n/a	0	0	0	0	0	0	0	0	0
Antimicrobial lock therapy (not ethanol lock)	May be appropriate		N/A	N/A	6	n/a	0	0	0	0	0	0	0	0	0
Routine guide-wire catheter exchanges	Usually not appropriate		N/A	N/A	2	n/a	0	0	0	0	0	0	0	0	0

Variant 14: Infectious complications. Adult or child 13 years of age. Therapeutic measures to manage catheter-related bloodstream infections.

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.