

Prioritization Tiers for Contrast CT Examination (Conservation of Iodinated Contrast Initiative)

Source: Vanderbilt and Dartmouth Health Task Force

Tier Designation	Description	Examples
Tier 1	Emergent - no adequate alternative, delaying will likely result in significant patient harm	<ul style="list-style-type: none"> • Stroke • Level 1 trauma • Acute MI • Aortic dissection • AAA rupture • Massive transfusion requirement • Inpatients with hemodynamic instability • Septic shock with unclear source • Pulmonary embolism (+ d-dimer) • Acute ischemia • R/O leak • R/O clot • Any condition which requires urgent/emergent (within 24 hours) intervention, requiring contrast CT to determine
Tier 2	Urgent - needs priority consideration for alternative modalities, non-contrasted exams, scheduling elsewhere, but a minor delay of 1-6 days may not affect patient care	<ul style="list-style-type: none"> • New cancer work-up in stable patients (aggressive cancer types such as large renal cell, pancreatic, invasive melanoma, etc.) • Transplant workup (if transplant is imminent) • Suspected infection/abscess in stable patient • Suspect post procedural complication in a stable patient • Pre-operative work-up for a patient scheduled for necessary surgery in >24 hours
Tier 3	Routine subacute - can potentially delay 1-3 weeks without significantly affecting patient care	<ul style="list-style-type: none"> • Cancer patients in clinical trials or needing study to determine next step in management • Chronic infection requiring regular follow-up
Tier 4	Routine Delayed - Subacute, can potentially delay 4-6 weeks without significantly affecting patient care	<ul style="list-style-type: none"> • Cancer follow-up in patient responding to treatment on previous exam without new or concerning symptoms • Unexplained microscopic hematuria
Tier 5	Chronic - Delaying 2-3 months is unlikely to result in significant patient harm	<ul style="list-style-type: none"> • Annual cancer or lesion follow-up in patients in remission or uneventful clinical status • Annual follow-up of syndromic condition with no new symptoms or clinical concerns • Adrenal nodule work-up in asymptomatic patient without history of cancer • Characterization or follow-up of a renal mass <2cm in size

To choose an alternative to CT with contrast: The ACR Appropriateness Criteria:

<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>