

Prioritization Tiers for Conservation of Contrast

ADULT PATIENTS

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
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 (esp. aggressive cancer types such as large renal cell, pancreatic, invasive melanoma, etc.) • Transplant workup • Suspected infection in stable patient • Suspect post procedural complication in a stable patient • Pre-operative work-up for a patient scheduled for 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

Prioritization Tiers for Conservation of Contrast

PEDIATRIC PATIENTS

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 • Massive transfusion requirement • In patients with hemodynamic instability • Septic shock with unclear source • Pulmonary Embolism • Coronary CTA when ischemic injury is possible or suspected • Acute bowel obstruction, volvulus with concern for lead point • Concern for ischemic bowel • Chest mass or another lesion with concern for airway compromise • Arterial dissection, AVM or aneurysm with acute bleed
Tier 2	Urgent, needs priority consideration for alternative modalities, non-contrasted exams, but a minor delay of 1-6 days may not affect patient care	<ul style="list-style-type: none"> • Orbital complications of sinusitis • New cancer or significant suspicion for PTLD workup in stable patients • Interim response to cancer treatment, while on treatment to decide on further treatment or management options • A significant concern for recurrence or progression in cancer patient • Transplant workup • Suspected infection, FUO, or intraabdominal abscess with initial negative US and/or MRI • Suspect post-procedural complication in a stable patient • Pre-operative workup for a patient scheduled for surgery in >24 hours • Patient with the inflammatory process in whom MRI cannot be obtained in a timely manner
Tier 3	Routine subacute, can potentially delay 1-3 weeks without significantly affecting patient care	<ul style="list-style-type: none"> • 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"> • Annual follow-up of syndromic condition with no new symptoms or clinical concerns • Low suspicion assessment for PTLD • Off therapy surveillance for recurrence for cancer patients without new or concerning symptoms • Evaluate suspected congenital lesion (CPAM, sequestration, in child without airway compromise or other clinical symptoms or concerns etc.) • Unexplained microscopic hematuria