## Prioritization Tiers for Conservation of Contrast

### ADULT PATIENTS

<table>
<thead>
<tr>
<th>Tier Designation</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td>Emergent, no adequate alternative, delaying will likely result in significant patient harm</td>
<td>Stroke, Level 1 trauma, Acute MI, Aortic dissection, AAA rupture, Massive transfusion requirement, Inpatients with hemodynamic instability, Septic shock with unclear source, Pulmonary embolism</td>
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<tr>
<td><strong>Tier 2</strong></td>
<td>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</td>
<td>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 &gt;24 hours</td>
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<tr>
<td><strong>Tier 3</strong></td>
<td>Routine subacute, can potentially delay 1-3 weeks without significantly affecting patient care</td>
<td>Cancer patients in clinical trials or needing study to determine next step in management, Chronic infection requiring regular follow-up</td>
</tr>
<tr>
<td><strong>Tier 4</strong></td>
<td>Routine Delayed Subacute, can potentially delay 4-6 weeks without significantly affecting patient care</td>
<td>Cancer follow-up in patient responding to treatment on previous exam without new or concerning symptoms, Unexplained microscopic hematuria</td>
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<tr>
<td><strong>Tier 5</strong></td>
<td>Chronic, Delaying 2-3 months is unlikely to result in significant patient harm</td>
<td>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 &lt;2cm in size</td>
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# Prioritization Tiers for Conservation of Contrast

## PEDIATRIC PATIENTS

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</table>
| **Tier 1**       | Emergent, no adequate alternative, delaying will likely result in significant patient harm | - 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 | - 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 | - Chronic infection requiring regular follow-up |
| **Tier 4**       | Routine Delayed Subacute, can potentially delay 4-6 weeks without significantly affecting patient care | - 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 |