

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

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 • Critical limb ischemia
Tier 2	Urgent, needs priority consideration for alternative modalities, non-contrast exams, scheduling elsewhere, but a minor delay of 1-6 days may not affect patient care	<ul style="list-style-type: none"> • Outpatient cancer and cardiology imaging • Electrophysiology procedures utilizing low volume contrast • 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"> • 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"> • 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 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