

APPENDIX 4: Orders Changed After Prompt

Case	Relevant CAR rule	Original Procedure	Changed Procedure	Indications
1	E04 Pulmonary Embolism	X-ray Chest	CT Chest	Please select one of the following to provide information about relevant prior imaging. : Abnormal
2	C02 Myelopathy	X-ray Cervical Spine	MR Entire Spine	N/A
3	D19/D20/D21/J21 Knee Pain	MR Knee	X-ray Knee AP/Lat	Has the patient experienced recent knee trauma? : No
	D19/D20/D21/J21 Knee Pain	MR Knee	X-ray Knee AP/Lat	Please select one of the following to provide information about relevant prior imaging. : None
4	E08/H02/H03/H16/H17/H18 Hypertension	US Renal	MRA Abdomen	Is the current imaging request a presurgical investigation for a patient with known renal artery stenosis? : No
5	B06/J27/J28/J29/L26/L31 Foreign Body	X-ray Chest	X-ray Chest PA/Lat	Can the ingested foreign body be considered to be sharp or potentially poisonous? : No
6	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)
7	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Severe symptoms where management is difficult
8	D19/D20/D21/J21 Knee Pain	X-ray Knee	MR Knee	Please indicate whether there was relevant prior imaging. : None
	D19/D20/D21/J21 Knee Pain	X-ray Knee	MR Knee	Has the patient experienced recent knee trauma? : No
	D19/D20/D21/J21 Knee Pain	X-ray Knee	MR Knee	Is the patient experiencing any locking or limited range of motion in the knee? : No
	D19/D20/D21/J21 Knee Pain	X-ray Knee	MR Knee	Please select one of the following clinical conditions: : Planning arthroscopy or other knee surgery
9	L43 Pediatric Proven Urinary Tract Infection	US Renal	NM Renal	Prior to imaging, a culture-positive clean specimen *(see definition) should be obtained. Definition: Clean Specimen: mid-stream clean capture or catheterized specimen. Most recent urinalysis results: : Culture positive (Proven Urinary Tract Infection)

	L43 Pediatric Proven Urinary Tract Infection	US Renal	NM Renal	Please select primary intent of imaging: : (NM) Rule out renal scarring from previous urinary tract infections
10	H14 Scrotal Mass or Pain	US Testicular	US Scrotal	N/A
	I06/I07/K39 Suspected Pelvic Mass	CT Pelvis	US Pelvis	Please indicate whether there was relevant prior imaging. : None
11	C06/C07/C08 Lumbar Spine Pain	CT Lumbar Spine	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)
12	F06/F07 Acute Exacerbations of Asthma or COPD	X-ray Chest	X-ray Chest PA/Lat	With respect to the current patient encounter are any of the following imaging indicators present? - Current life-threatening exacerbation from asthma - Failure to adequately respond to a recent treatment - Patient has localizing signs in the chest - Pati
13	C06/C07/C08 Lumbar Spine Pain	CT Lumbar Spine	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)
14	D19/D20/D21/J21 Knee Pain	MR Knee	X-ray Knee AP/Lat	Please indicate whether there was relevant prior imaging. : None
	D19/D20/D21/J21 Knee Pain	MR Knee	X-ray Knee AP/Lat	Is the patient experiencing any locking or limited range of motion in the knee? : Yes
	D19/D20/D21/J21 Knee Pain	MR Knee	X-ray Knee AP/Lat	Has the patient experienced recent knee trauma? : No
15	A13/L09 Sinus Disease	X-ray Sinuses	CT Sinuses	Do you specifically suspect malignancy? : No
	A13/L09 Sinus Disease	X-ray Sinuses	CT Sinuses	Do you suspect that the patient may develop further complications (such as orbital cellulitis)? : No
	A13/L09 Sinus Disease	X-ray Sinuses	CT Sinuses	Would you consider the patient to have failed maximal medical treatment? : Yes
	A13/L09 Sinus Disease	X-ray Sinuses	CT Sinuses	Has the patient been clinically diagnosed with sinusitis and treated for more than 10 days? : Yes
16	M01 Breast Imaging	Screening Mammogram	MR Breast	N/A
17	C06/C07/C08 Lumbar Spine Pain	CT Lumbar Spine	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)
18	D24 Heel Pain	X-ray Foot	MR Foot	Many cases of heel pain will resolve over time via conservative methods (biomechanical and anti-inflammatory methods). Has the patient been through a course of conservative care? : Yes

19	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	MR Lumbar Spine	N/A
20	D24 Heel Pain	X-ray Foot	MR Foot	Many cases of heel pain will resolve over time via conservative methods (biomechanical and anti-inflammatory methods). Has the patient been through a course of conservative care? : Yes
21	C06/C07/C08 Lumbar Spine Pain	CT Sacrum/Coccyx	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)
22	C02 Myelopathy	CT Lumbar Spine	MR Lumbar Spine	N/A
23	A04 Demyelinating and other White Matter Disease	CT Head	MR Brain	N/A
24	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	MR Lumbar Spine	N/A
25	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	CT Lumbar Spine	Please specify the type of back pain the patient is presenting with. (Select one) : Chronic
	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	CT Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)
26	C06/C07/C08 Lumbar Spine Pain	X-ray Lumbar Spine	MR Lumbar Spine	Please categorize the patient using one of the following scenarios: : Persistent Symptoms after Conservative Therapy (4-6 weeks)