

TACO MATTERS! Transfusion-associated circulatory overload (TACO) is the most commonly reported cause of transfusion-related mortality and major morbidity<sup>1</sup>

377 reported cases - Deaths = 33, Major morbidity = 108 (2015-2018)<sup>1</sup>

## **PERFORM** a pre-transfusion risk assessment for TACO

## TACO Checklist Red cell transfusion for non-bleeding patients



- Does the patient have a diagnosis of 'heart failure', congestive cardiac failure, severe aortic stenosis, or moderate to severe left ventricular dysfunction?
- Is the patient on a regular diuretic?
- Does the patient have severe anaemia?



- Is the patient known to have pulmonary oedema?
- Does the patient have respiratory symptoms of undiagnosed cause?
- Is the fluid balance clinically significantly positive?
- Is the patient on concomitant fluids (or has been in the past 24 hours)?
- Is there any peripheral oedema?
- Does the patient have hypoalbuminaemia?
- Does the patient have significant renal impairment?

## If 'YES' to any of these questions:



- Review the need for transfusion (do the benefits outweigh the risks?)
- Can the transfusion be safely deferred until the issue can be investigated, treated or resolved?
- Consider body weight dosing for red cells (especially if low body weight)
- Transfuse one unit (red cells) and review symptoms of anaemia
- Measure the fluid balance
- Consider giving a prophylactic diuretic
- Monitor the vital signs closely, including oxvgen saturation

Due to the differences in adult and neonatal physiology, babies may have a different risk for TACO. Calculate the dose by weight and observe the notes above.

## **Developing respiratory distress<sup>2</sup> during or up to 24 hours after transfusion may be a sign of TACO**

**STOP** or slow the transfusion

**PROMPT** clinical assessment is required

**PERFORM** a chest x-ray

**CONSIDER** a trial of diuretics

ALL cases of suspected TACO must be reported to Serious Hazards of Transfusion (SHOT) via your local Hospital Transfusion Team

**CONTACT** intensive care early if the patient does not respond to initial measures

1. www.shotuk.org

2. http://hospital.blood.co.uk/audits/national-comparative-audit/medical-audits/