

Think About Choosing One

Transfusion Associated
Circulatory Overload
(TACO)

SNBTS
Transfusion Team
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When authorising Red Cell Concentrate for transfusion to non-bleeding adult patients



'Think About Choosing One'





National Transfusion Record or Risk assessed alternative



Consider the risk of Transfusion Associated Circulatory Overload (TACO)	
1. Consider if the patient has any of the following risks for TACO and tick as many as apply:	
Congestive cardiac failure, severe aortic stenosis, moderate to severe LV dysfunction?	Positive fluid balance?
☐ Taking a regular diuretic?	Receiving supplementary fluids either currently or in the last 24 hours?
☐ Pulmonary oedema?	☐ Peripheral oedema?
Respiratory symptoms of unknown cause?	☐ Hypoalbuminaemia?
☐ Severe anaemia?	☐ Renal impairment?
☐ Other risk, please specify:	
If no, sign below and proceed.	
If yes:	
2. Does the benefit of the transfusion outweigh the risks?	Yes □ No □
3. Can the transfusion be safely deferred?	Yes□ No□
If proceeding with transfusion consider the patient's body weight before authorising the blood component, especially for low body weight adult patients, and consider prophylactic diuretic if medically indicated.	
When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit	
I confirm that the patient has consented to transfusion and I have undertaken a TACO risk assessment	
Signature: Print Name:	Designation: Date:

For non bleeding adult patients

If the risk of TACO is identified and the risk of continuing with the transfusion outweighs the risk of not giving the transfusion then transfuse a maximum of one unit of Red Cells at a time and clinically reassess after each unit

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Clinicians are asked to mitigate the incidence and occurrence of TACO in non-bleeding adult patients and promote Single Unit Transfusion, when authorising red cells for transfusion



Think TACO

Think heart. Think lungs.
Think fluid. Think Transfusion
Associated Circulatory
Overload. Think non bleeding
patients. Think severe chronic
anaemia. Think age. Think
weight. Think build. Think
gender. Think heart disease.
Think renal failure. Think low
albumin levels
with peripheral oedema
and significant
positive fluid balance.

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