# Transfusion-Associated Circulatory Overload (TACO)

### FIGURES FROM THE ANNUAL SHOT REPORTS 2016-2022

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### TACO pre-transfusion checklist 2022

TACO Checklist	Patient Risk Assessment	YES	NO	
	Does the patient have any of the following: diagnosis of 'heart failure', congestive cardiac failure (CCF), 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 receiving intravenous fluids (or received them in the previous 24 hours)?			
	Is there any peripheral oedema?			
	Does the patient have hypoalbuminaemia?			
	Does the patient have significant renal impairment?			

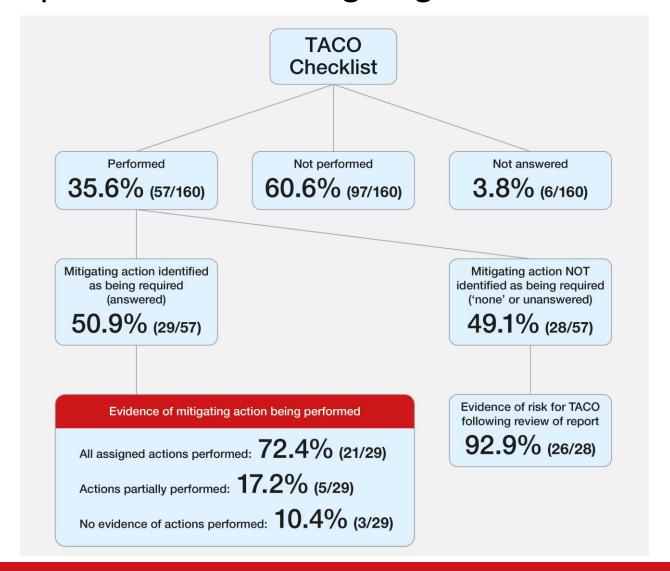
If Risks Identified			NO		
Review the need for transfusion (do the benefits outweigh the risks)?					
Can the transfusion be safely deferred until the issue is investigated, treated or resolved?					
If Proceeding with Transfusion: Assign Actions					
Body weight dosing for red cells					
Transfuse a single unit (red cells) and review symptoms					
Measure fluid balance					
Prophylactic diuretic prescribed					
Monitor vital signs closely, including oxygen saturation					
Name (PRINT):					
Role:					
Date: Time (24hr):					

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.

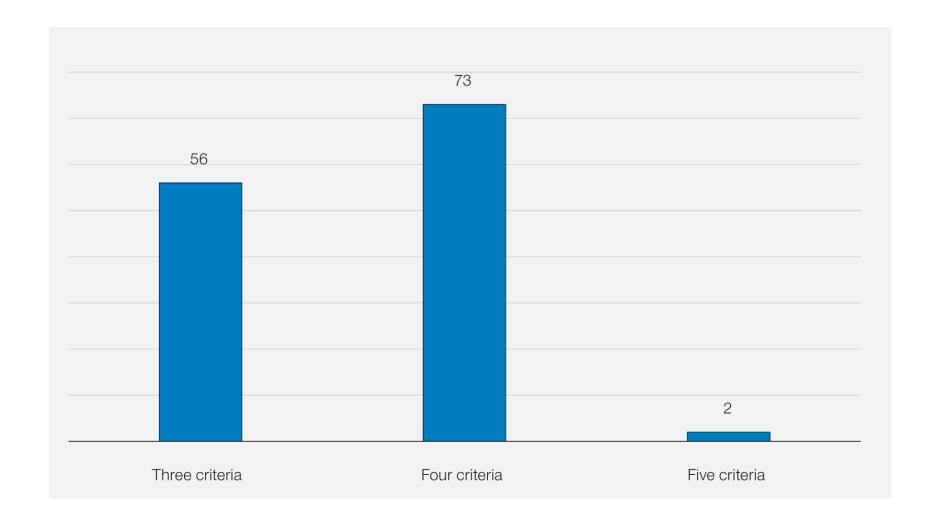
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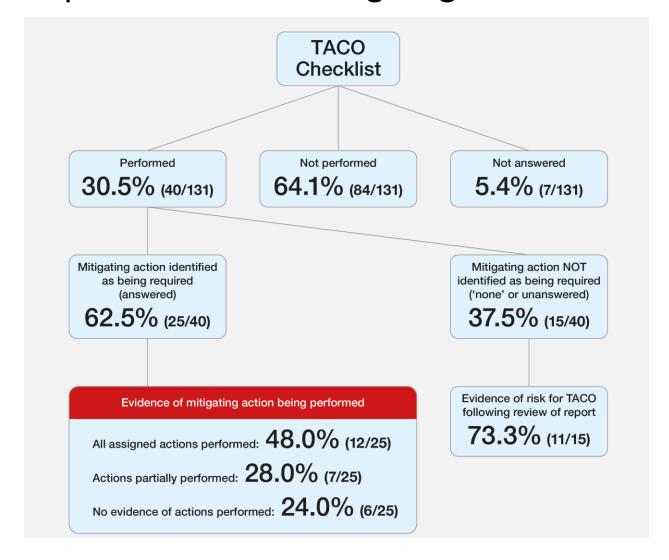
### Use of the checklist to identify patients at risk of TACO and implementation of mitigating actions in 2022



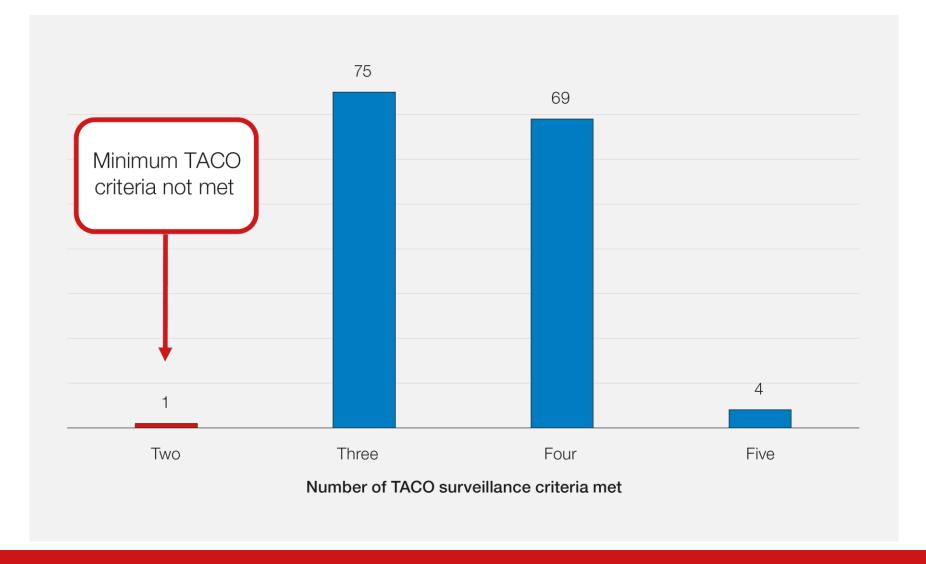
### Number of TACO surveillance criteria versus number of accepted TACO cases in 2021



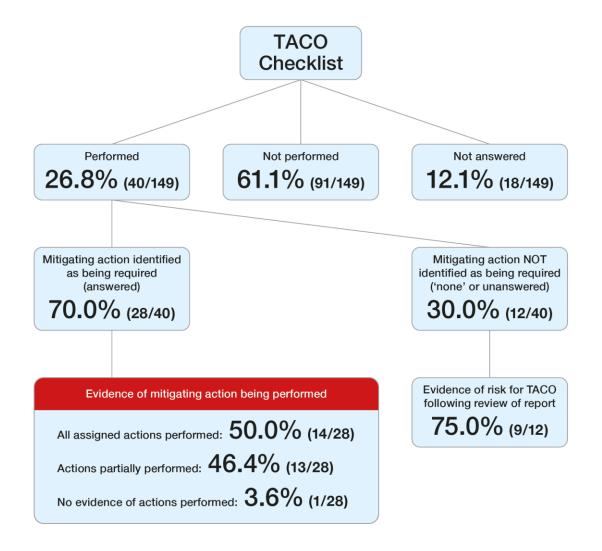
### Use of the checklist to identify patients at risk of TACO and implementation of mitigating actions in 2021



### Number of TACO surveillance criteria versus number of accepted TACO cases in 2020



### Use of the checklist to identify patients at risk of TACO and implementation of mitigations in 2020

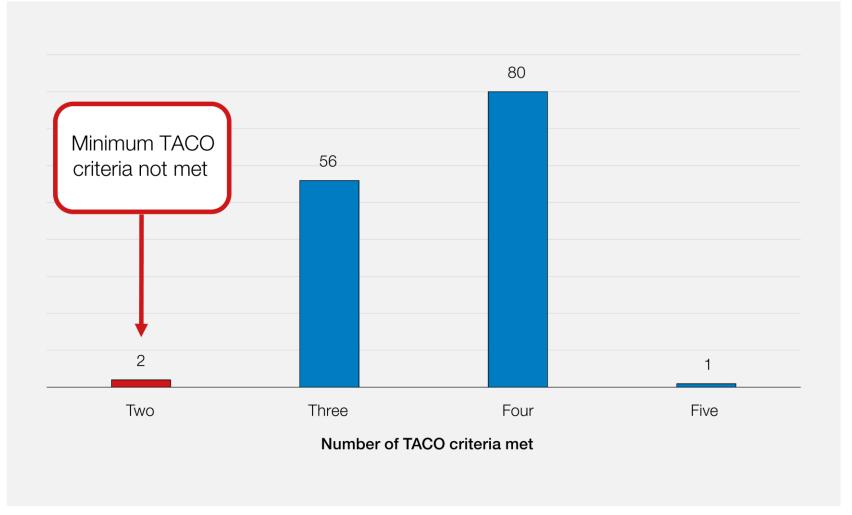


### TACO pre-transfusion checklist 2019

#### Red cell transfusion **TACO Checklist** If 'yes' to any of these questions for non-bleeding patients Does the patient have a diagnosis of 'heart failure' congestive cardiac failure (CCF), • Review the need for transfusion (do severe aortic stenosis, or moderate to the benefits outweigh the risks)? severe left ventricular dysfunction? Is the patient on a regular diuretic? Does the patient have severe anaemia? Can the transfusion be safely deferred until the issue can be investigated, treated or resolved? Is the patient known to have pulmonary oedema? Does the patient have respiratory Consider body weight dosing for red symptoms of undiagnosed cause? cells (especially if low body weight) • Transfuse one unit (red cells) and review symptoms of anaemia Is the fluid balance clinically significantly positive? Measure the fluid balance Is the patient on concomitant fluids (or has Consider giving a prophylactic been in the past 24 hours)? diuretic Is there any peripheral oedema? Monitor the vital signs closely, Does the patient have hypoalbuminaemia? including oxygen saturation Does the patient have significant renal impairment?

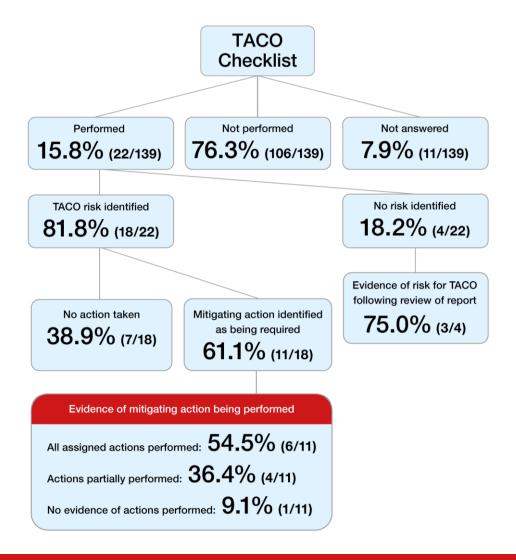
Due to the differences in adult and neonatal physiology, babies may have a different risk for TACO. Calculate the dose by weight and observe the notes above.

### Number of surveillance criteria versus number of accepted TACO cases in 2019

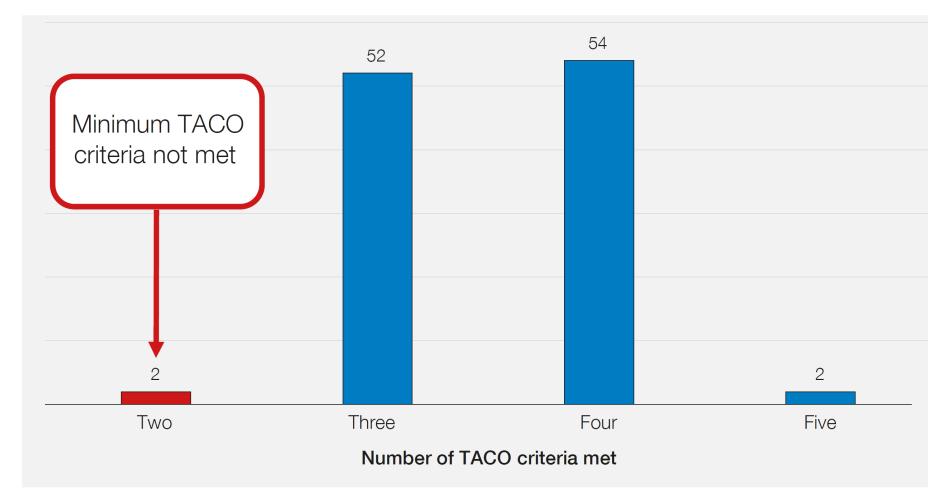




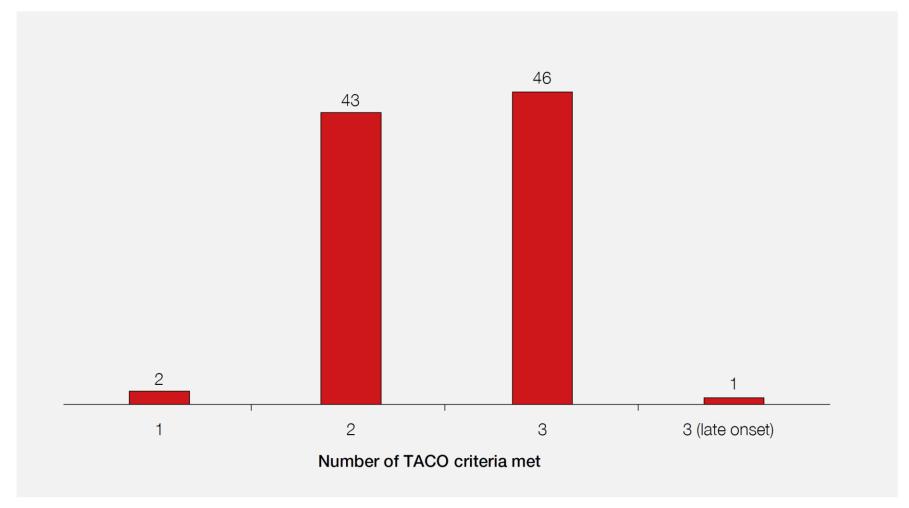
### Use of the TACO checklist to identify patients at risk of TACO and implementation of mitigations - 2019



### Analysis of reports by the revised surveillance diagnosis criteria (number of criteria versus number of accepted cases) - 2018



## Analysis of reports by the revised surveillance diagnosis criteria - 2017



### TACO assessment by three sets of reporting criteria - 2016

