Figure 20a.1: Updated TACO pre-transfusion risk assessment

TACO Risk Assessment		YES	NO
	Does the patient have any of the following?: diagnosis of 'heart failure', congestive cardiac failure (CCF), left ventricular dysfunction, aortic stenosis, or any other heart valve disease		
	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 a low serum albumin level?		
	Does the patient have significant renal impairment?		

If risks identified	YES	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 red cell transfusion: ensure appropriate indication and volume is prescribed (adults)

Indication code for transfusion	Target Hb	Dosing advice
Acute anaemia (R2)	Post-transfusion target Hb 70 - 90g/L	Body weight dosing (max 2 units)
Acute anaemia (R3: with acute MI/ACS)	Post-transfusion target Hb 80 - 100g/L	Body weight dosing (max 2 units)
Severe symptomatic chronic anaemia (R7)	No target Hb - minimum transfusion	Usually single unit only
Regular transfusion programme (R4)	Individualised target Hb	Body weight dosing (max 2 units)

Other measures to mitigate TACO: ASSIGN ACTION AS APPROPRIATE	TICK
Review patient after each unit (red cells) and review symptoms of anaemia. Is further transfusion necessary?	
Measure the fluid balance	
Consider a prophylactic diuretic (where appropriate/not contraindicated)	
Monitor the vital signs closely, including oxygen saturation	

Name (PRINT):	Due to the differences in adult and neonatal