



# TACO: Transfusion associated circulatory overload – is your patient at risk?

Blood Matters, Serious Transfusion Incident Reporting system (STIR)

## OFFICIAL

<b>Assessment:</b> does your patient have any of the following:	<b>Prevention:</b> how to decrease the risk of TACO:
<ul style="list-style-type: none"> <li>• Heart failure: congestive cardiac failure, severe aortic stenosis, moderate or severe ventricular dysfunction</li> <li>• Regular diuretic requirement</li> <li>• Pre-existing respiratory symptoms, where cause is undiagnosed</li> <li>• Pre-transfusion signs of pulmonary or peripheral oedema</li> <li>• Positive fluid balance before transfusion</li> <li>• Ongoing IV fluid administration</li> <li>• Hypoalbuminaemia</li> <li>• Significant renal impairment</li> <li>• Severe chronic anaemia</li> </ul> 	<ul style="list-style-type: none"> <li>• Do a pre-transfusion risk assessment</li> <li>• Review the need for transfusion. Do the benefits outweigh the risks?</li> <li>• Single unit transfusion in stable non-bleeding adult inpatients followed by re-assessment of clinical need for further transfusion</li> <li>• Measure and monitor fluid balance, vital signs and symptoms of overload during and post transfusion</li> <li>• Consider prophylactic diuretics where appropriate and not contraindicated</li> <li>• Slow transfusion rate (maximum duration 4-hours)</li> <li>• Body weight dosing of red blood cells particularly for infants, children and those with low body weight</li> </ul>
<b>Monitoring:</b> what to watch for:	<b>Treatment:</b> if TACO is suspected:
<ul style="list-style-type: none"> <li>• Dyspnoea, shortness of breath</li> <li>• Tachycardia, hypertension</li> <li>• Cyanosis</li> <li>• Chest tightness</li> <li>• Pedal oedema, positive fluid balance</li> <li>• Dry cough or pink frothy sputum</li> </ul> 	<ul style="list-style-type: none"> <li>• STOP the transfusion</li> <li>• Contact the medical officer; emergency call if criteria met</li> <li>• Assess the patient, vital signs, chest X-ray</li> <li>• Treat the patient. This may include respiratory support, diuretics</li> <li>• Report via usual hospital processes for a transfusion reaction and to STIR if appropriate</li> </ul>

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