

Transfusion-Associated Circulatory Overload (TACO) - Previous Recommendations

Year first made	Action	Recommendation
2011	General practitioners, Hospital doctors, Medical Schools, Hospital Transfusion Teams (HTT)	Blood transfusion is not an appropriate treatment for iron deficiency. Elderly patients are particularly at risk for transfusion-associated circulatory overload. Iron deficiency must be diagnosed and treated with iron supplements
2011	Transfusion practitioners; Hospital transfusion teams; Hospital Transfusion Teams (HTTs); Hospital Transfusion Committees (HTCs)	All measures must be taken to reduce the risk of transfusion-associated circulatory overload (TACO). These include pre-transfusion clinical assessment to identify patients at increased risk of TACO, in whom particular consideration should be given to the appropriateness of transfusion, the rate of transfusion and diuretic cover. Careful attention to fluid balance is essential and must be documented
2011	HTTs, transfusion laboratory managers	Prothrombin complex concentrate should be used for warfarin reversal in accordance with national guidelines and should be immediately available in all Trusts/Hospitals/Health Boards
2010	BCSH	National guidelines are required on clinical assessment pre transfusion, which should include taking into account concomitant medical conditions that increase the risk of TACO (cardiac failure, renal impairment, hypoalbuminaemia, fluid overload) and measures to reduce the risk of TACO
2010	BCSH	The rate of transfusion also merits review, particularly in patients >70 years and those with concomitant factors that increase the risk of TACO
2009	Consultant Haematologists and SHAs	Patients with TTP should have plasma exchange at presentation (and ideally within 24 hrs of presentation), with plasma infusion alone administered prior to transfer to a unit or hospital that can offer plasma exchange and appropriate management.

2008	HTT	Increased recognition of TACO by clinicians and reporting to SHOT is needed, to raise awareness and increase focus on this important and in many cases potentially avoidable complication of blood transfusion.
2008	NBTC	Education and training aimed at the recognition and avoidance of TACO is required for doctors across all specialties, and nurses at both national and local levels. Education and training of junior doctors, to ensure appropriate decision making as regards transfusion of blood components/products and appropriate prescription, remains a key priority.
2008	HTT, BCSH	Doctors should ensure careful clinical assessment of each patient to whom transfusion of components is being considered, to ensure that the proposed transfusion is appropriate. The minimum volume of blood components required should be prescribed to be transfused at an appropriate rate, in accordance with BCSH guidelines on blood administration.
2008	HTT, BCSH	If it is necessary to transfuse RBC to a patient with chronic anaemia, the risk of precipitating congestive cardiac failure may be minimised by administering a diuretic. The decision to give a diuretic must be based on clinical assessment of the patient.
2008	HTT, BCSH	Nursing staff should record the rate of transfusion and fluid balance in patients receiving blood components and act on signs suggestive of TACO. Transfusions should be administered at times, and in locations, permitting careful observation of patients throughout the transfusion and upon completion. Out-of-hours transfusions should be avoided unless appropriate facilities are available. BCSH guidelines on blood administration in preparation should address these issues.