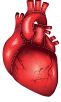




TACO Risk Assessment		YES	NO
	Does the patient have any of the following: diagnosis of 'heart failure', congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?		
	Is the patient on a regular diuretic?		
	Does the patient have severe anaemia?		
	Is 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?		
<b>If Risks Identified</b>		<b>YES</b>	<b>NO</b>
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?			
<b>If Proceeding with Transfusion: Assign Actions</b>			<b>TICK</b>
Body weight dosing for red cells			
Transfuse a single unit (red cells) and review symptoms			
Measure fluid balance			
Prophylactic diuretic prescribed (where appropriate/not contraindicated)			
Monitor vital signs closely, including oxygen saturation			
<b>Name (PRINT):</b>		<p align="center"><b>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.</b></p>	
<b>Role:</b>			
<b>Date:</b>	<b>Time (24hr):</b>		
<b>Signature:</b>			

TACO=transfusion-associated circulatory overload