TACO Checklist	Red cell transfusion for non-bleeding patients	If 'yes' to any of these questions
	Does the patient have a 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?	1 • Review the need for transfusion (do the benefits outweigh the risks)?
	Is the patient known to have pulmonary oedema? Does the patient have respiratory symptoms of undiagnosed cause?	2 • Can the transfusion be safely deferred until the issue can be investigated, treated or resolved?
	Is the fluid balance clinically significantly positive? Is the patient on concomitant fluids (or has been in the past 24 hours)? Is there any peripheral oedema? Does the patient have hypoalbuminaemia? Does the patient have significant renal impairment?	3 • Consider body weight dosing for red cells (especially if low body weight) • Transfuse one unit (red cells) and review symptoms of anaemia • Measure the fluid balance • Consider giving a prophylactic diuretic • Monitor the vital signs closely, including oxygen saturation

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.

TACO=transfusion-associated circulatory overload