

## Annexure -14

Proforma for Conducting Audit of Death  
(To be submitted within one month of sterilization by DQAC and sent to state)  
Name of the state/ District/Union Territory

## Details of the decease

1	Name	Belhoti Ree
2	Age	28
3	Sex	Female/ Male
4	Name of Spouse (his or her age)	Dilip Ree
5	Address of the deceased	vij - Venkaym. S/C Ismail Alla
6	Number of living children (with details concerning age and sex)	three <math>2M</math>
7	Whether operation was performed after delivery or otherwise	NO
8	If after delivery	
	Date of delivery	
	Place of delivery	
	Type of delivery	
	person who conducted the delivery	
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	D/M/YES 07/03/2017
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	CAMP

## Details of operation

12	Place of operation	Lala CHC
13	Date and time of operation (D/M/Y)	11:50 AM 07/03/17
14	Date and time of death (D/M/Y)	07/03/17 11:55 AM
15	Name of surgeon	DR. R.B. MALAKAR
16	Whether surgeon was empanelled or not	Yes/No yes.
17	If the operation was performed at a camp who primarily screened the client clinically	yes.
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes/No yes.
19	Number of clients admitted and number of client operated upon on the day of surgery	15, operation done 11
20	Did any other client develop complication? If so, give details of complication?	NO

*Belhoti*



### Anaesthesia/ Analgesic/ Sedation

21	Name of the Anaesthesia, if present	
22	Details of anaesthesia drugs used	DR. R.B. MALAKAR
23	Type of anaesthesia/analgesic/ sedation	2% xylocaine (5ml) 2 Diasepan
Post-operative complications (according to sequency of events)		
24	A. Details of symptoms and signs	Sudden Convulsion.
	B. Details of laboratory and other investigations	Hb% WBC R/E
	C. Details of treatment given, with timing, date, etc. From time of admission until the death of client	Cardiac Massage / IVF / Benamethasone.
<b>Details of Death Audit</b>		
25	Cause of death (primary cause)	Sudden Cardiac arrest.
26	Has postmortem been done? If yes, attach the postmortem report	yes.
27	Whether frist notifiacion of death was sent within 24 hours	Yes/No ..... yes.
		If not, give reasons .....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Jt DHS / Add CMHO Hailakandi.
29	In opinion of the chairman of DQAC was death attributable to the sterilization procedure	Yes/No .....
30	What factor could have helped to prevent the death	
31	were the sterilization standerds established by GOI followed?	Yes/No ..... yes.
32	Did the facility meet and follows up the serilization standards established by GOI? If no list the deviation(s)	
33	Additional information	
34	Recommendationons made	
35	Action proposed to be taken	

Name ..... DR. R.B. MALAKAR

Designation ..... SMO

Date ..... 11/03/17

Signature ..... *[Signature]*

Senior Medical & Health Officer  
S.K. Roy Civil Hospital  
Hailakandi

*[Handwritten signature]*