

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 Jorhat, Assam

Details of the deceased	
1	Name <u>Sabitai Bhumiz</u>
2	Age <u>35 yrs</u>
3	Sex Female/Male..... <u>F</u>
4	Name of Spouse (his or her age) <u>Soni Sukam Bhumiz</u>
5	Address of the deceased <u>Kumri Bosti, PO-Nagajanka, Manioni</u>
6	Number of living children(with details concerning age and sex) <u>1) Pampa Bhumiz 7yrs 8 (F) / 2) Pinki Bhumiz 7yrs 5 (F) / 3) Purabi 11 yrs 2 (F) / 4) Kastuni Bhumiz - 6 month (F)</u>
7	Whether operation was performed after delivery or otherwise <u>Otherwise (Interval)</u>
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery <u>Does not Arise</u>
9	Whether tubectomy operation was done with MTP <u>NO, only (Lap)</u>
10	Whether written consent was obtained before the operation D/M/Y <u>19 / 7 / 2016, Yes</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution <u>Camp</u>
Details of operations	
12	Place of operation <u>Manioni MPHCC</u>
13	Date and time of operation (D/ M/ Y) <u>19/7/2016, 3.30 P.M</u>
14	Date and time of death (D/ M/ Y) <u>23/7/2016, 9.10 P.M</u>
15	Name of surgeon <u>Dr. Achyut Kar. Das</u>
16	Whether surgeon was empanelled or not Yes/No..... <u>empanelled</u>
17	If the operation was performed at a camp who primarily screened the client clinically <u>At Laboratory</u>
18	Was the centre fully equipped to handle any emergency complications during the procedure? Yes/No..... <u>Yes</u>
19	Number of clients admitted and number of clients operated upon on the day of surgery <u>37, all</u>
20	Did any other client develop complications? If so, give details of complications? <u>NO</u>

DR. SASHI DHAR PHUKAN DIO

8/15/16
District Implementation Officer
of the Ad. C M & H, O (F.W.)
Jorhat

Signature

Anaesthesia/Analgesia/Sedation	
21	Name of the Anaesthetist, if present <i>Dr. R.K. Pathak</i>
22	Details of anaesthesia drugs used <i>2% XYLOCAINE/Atropine Sulphate/Diclofenac</i>
23	Types of anaesthesia/analgesia/sedation <i>Local Anaesthesia</i>
24	Post-operative complications (according to sequence of events) <i>N/A</i>
	A. Details of symptoms and signs <i>Not Observed After Operation</i>
	B. Details of laboratory and other investigations <i>Laboratory Investigation Done at JMCH Enclosed.</i>
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client <i>Treated at JMCH - Enclosed</i>
Details of Death Audit	
25	Cause of death (Primary Cause) <i>Septicemia</i>
26	Has postmortem been done? If yes, attach the post mortem report <i>Final PM report not received yet.</i>
27	Whether first notification of death was sent within 24 hours Yes/No..... <i>Yes</i> If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry <i>Addl. CH & H.O (FW) Jankat D.P.H. (N.H.H) Jankat / D.I.O (FW) - H. D.H.S, Jankat - Jankat.</i>
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure Yes/No..... <i>N/O</i>
30	What factors could have helped to prevent the death? <i>Proper post Sterilization and Follow up.</i>
31	Were the sterilization standards established by GOI followed? Yes/No..... <i>Yes</i>
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s) <i>Yes</i>
33	Additional Information <i>NO Final P.M Report</i>
34	Recommendations made <i>Payment or Compensation</i>
35	Action proposed to be taken <i>Under Process</i>

Name *Dr. Smiti Datta Ph.D.* Designation *Diu*

Date *16/01/24* Signature *Smiti*

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

Sanitization Officer
M & H.O (F.W.)

Mishra