Annexure -V

District :

Report Type: Quarterly

Reporting period : (From July ,2018 to Sept'2018)

Annexure V: Compilation of death audit report (Quarterly)

Name of the District	S.No.	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted ((PHC/CHC/DH/Medical college/Accredited PVT/NGO Facility)	Camp/ Fixed day Static	Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether Written consent obtained? (Y/N)	Atropine used in preanaesthetic medication (Y/N)	Anesthesia used (LA/GA)	Empanelled Provider (Y/N)	Date of death	Time of death	Place of Death (Health Facility, Home, on-way to hospital/ home)	Any Post Operative complications (Y/N)	If yes, Write the Signs/ Symptoms	Under-lying/ Primary cause of death	Death audited By DISC(Y/N)	Action Taken
Baksa	1	Nil																				
Barpeta	2	Nil																				
Bongaigaon	3	Nil																				
CACHAR	4	NIL																				
Chirang	5	NIL																				
Darrang	6	NIL																				
Dhemaji	7	NIL																				
Dhubri	8	Nill																				
Dibrugarh	9	Nill																				
Dima Hasao	10	Nill																				
Goalpara	11	Nill																				
Golaghat	12	Nill																				
Hailakandi	13	Nill																				
Jorhat	14	Nill																				
Kamrup(M)	15	Nill																				
Kamrup®	16	Nill																				
K. Anglong	17	Nill																				
Karimganj	18	Nill																				
Kokrajhar	19	Nill																				
Lakhimpur	20	Nill																				
Morigaon	21	Nill																				
Nagaon	22	Nill																				
Nalbari	23	Nill																				
Sivsagar	24	Nill																				
Sonitpur	25	Nill																				
Tinsukia	26	Nill																				

Udalguri	27	Nill																				