

Biannual Report Format

State : Assam

Report Type: Bi-Annual

Reporting period : (April'17 to Sept'17)

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 preanesthetic medication (Y/N)	Anesthesia used (LA/GA)	Employed 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	Underlying/ Primary cause of death	Death audit ed By DISC (Y/N)	Action Taken
Barpeta	1	Mina Das	28	F	7/28/2017	SDCH	Camp	Laparoscopic	No	No	Y	Y	LA	Y	7/31/2017	8:00 PM	Guwahati Medical Collage	No	N/A	Transverse colon injury with perforation as per report from FAAMC&H , Barpeta report	Y	Yes.
Dhemaji	2	Mrs. Renu Karmakar	36	F	18.7.2017	CHC	Camp	Laparoscopic	No	No	Y	Y	LA	Y	19.7.2017	5 P.M.	Lakhimpur Civil Hospital	No	N/A	Syncope due to massive Myocardial Infraction	Y	Yes.
Goalpara	3	Rezina Khatun	28	F	7/13/2017	PHC	Camp	Laparoscopic	No	No	Y	Y	LA	Y	7/13/2017	1:30 PM	Goalpara CH	No	N/A	Cardiac Arrest	Y	Yes.