## 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. V Lalguri, LTAD, Assum

Details of the deceased				
1	Name	HELENA NAG		
2	Age	28 years		
3	Sex	Female/Malefamale		
4	Name of Spouse (his or her age)	Jord Nag		
5	Address of the deceased	Church live, Nomai pala T. E.		
6	Number of living children( with			
	details concerning age and sex)	Two (2)! Male-1 femal-1 Age of lost child-4 yes.		
7	Whether operation was performed after delivery or otherwise	Interval		
8	If after delivery	Does not vrige.		
	Date of delivery	Dog The supp.		
	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/Y29/.2019		
11	Whether the operation was done at a	camp/fixedday sow,		
	camp or as a fixed day static	The files they want		
	procedure at the institution	1.1 C C		
		tails of operations		
12	Place of operation	Nonaipala T. G. Hospital		
13	Date and time of operation (D/M/Y	29/03/2019		
14	Date and time of death (D/M/Y)	29/02/2019		
15	Name of surgeon	Dr. Brajendra Nath Kalite		
16	Whether surgeon was empanelled o not	r Yes/No		
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 complication during the procedure?	Yes/NoYe		
19	or diction admitted and	10 admitted		
	number of clients operated upon or the day of surgery	operation done 4 ros.		
20	Did any other client develop complications? If so, give details of complications?			

	Anaesthesia/Analgesia/Sedation				
	Name of the Anaesthetist, if present	NO			
22	Details of anaesthesia drugs used	Ligorocaina 1%.			
23	Types of anaesthesia/analgesia/sedation	Local anaes thefice			
24	Post-operative complications (according to sequence of events)	Respiratory Destry			
	A. Details of symptoms and signs	- do -			
	B. Details of laboratory and other investigations	Rhood Hby, = 9.79m			
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Resultation with die atrofine, desiona et	, ,		
Details of Death Audit					
25	Cause of death (Primary Cause)	pending due to torrical	24 7		
26	Has postmortem been done? If yes, attach the post mortem report	723			
27	Whether first notification of death was sent within 24 hours	Yes/No	He		
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr. Arup Kr. Kalita	[		
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No			
30	What factors could have helped to prevent the death?	,			
31	Were the sterilization standards established by GOI followed?	YES/NoYLJ			
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	PM			
33	Additional Information				
34	Recommendations made		7		
35	Action proposed to be taken				

Name Dr. TAYABUE RAH	MAN Designation St. D. H. & Cudagani 6-100;
Date	Signature
Note: If any member of the SQAC/DQAC himself/herself from the proceedings of the square and the proceedings of the square and	Signature Designation D+D H-S (U dagram & TAD),  Signature District Health Socially  Chas performed the operation he/she should be shoul
	Standards & Cooks Assurance in Sterilization Services

## Office of the Joint Director of Health Services cum Member Secretary District Health Society, National Health Mission, Udalguri, BTAD

## Minutes of Death Audit Report

Name of District: Udalguri district, BTAD, Assam

**Details of Deceased person** 

Name: Helena Nag Age: 31 years Sex: Female

Name of Husband: Juel Nag

Address of the deceased: Church Line, Nonoapara Tea garden

Number of living children: 2 (two) Gloria Nag: Female, Age: 4 yeras and Jerome Nag: Male, Age: 10

years

The meeting was presided over by Dr. Tayabur Rahman, Jt. Director of Health Services, Udalguri, BTAD, Assam, on 22/04/2019 at Jt. Director of Health Services' Chamber, Udalguri, BTAD, Assam, at 11.30 AM.

During the meeting the following points were discussed:

The written consent was obtained before the operation on 29/03/2019. The operation was done
at a camp or a fixed day static procedure at Nonaipara Tea Garden Hospital.

Date of operation: 29/03/2019 Date of death: 29/03/2019

Name of Surgeon: Dr. Brajendra Nath Kalita, Sipajhar CHC/FRU, Darrang district, empanelled surgeon.

The operation was performed at a camp that primarily screened the client clinically. The centre
was fully equipped to handle any emergency complications during the procedure.

The officers from District Quality Assurance Committee (DQAC) who conducted the enquiry are asa follows:

- 1. Dr. Tayabur Rahman, Jt. Director of Health Services, Udalguri, BTAD, Assam
- 2. Dr. Ganesh Ch. Brahma, SDM & HO cum DIO, Udalguri, BTAD, Assam
- 3. Dr. Arup Kr. Kalita, Gynae, Udalguri Civil Hospital

The meeting was ended with vote of thanks!

RUM \*

Jt. Director of Health Seguices

Cum Member Secreption Description BTAD

Joint Director District Health

Member Secy. District

Udalquir District