Annexure -V

State : Assam		

Reporting period : 2019-20 (From April'2019 to 30th June'2019)

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		Nil																				
Barpeta		Nil																				
Bongaigaon		Nil																				
Cachar		Nil																				
Chirang		Nil																				
Darrang		Nil																				
Dhemaji		Nil																				
Dhubri		Nil																				
Dibrugarh		Nil																				
Dimahasao		Nil																				
Goalpara		Nil																				
Golaghat		Nil																				
Hailakandi		Nil																				
Jorhat		Nil																				
Kamrup(M)		Nil																				
Kamrup®		Nil																				
Karimganj		Nil																				
K.Anglong		Nil																				
Kokrajhar		Nil																				
lakhimpur		Nil																				
Morigaon		Nil																				
Nagaon		Nil																				
Nalbari		Nil																				
Sivsagar		Nil																				
Sonitpur		Nil																				
Tinsukia		Nil																				
Udalguri		Nil																				