District:

Report Type: Quarterly

Reporting period: (From July ,2019 to Sept'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/D H/Medical college/Accredi ted PVT/NGO Facility)	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		Written consent	used in preanaest	sia used (LA/GA	elled Provid	Date of death	Time of death	Facility,	Any Post Operative complicati ons (Y/N)	Write the Signs/ Symptom	Under- lying/ Primary cause of death	Death audited By DISC(Y/ N)	Action Taken
Nagaon	1	Mugdali Munda	38	F	09-04-2019	FRU	Fixed Day Static	LS			YES		YES	YES	8th Sept,19	4am	GMCH	No			Yes	Process
																						1