

Annexure -V

Biannual Report Format

State : Assam

Reporting period : (April '20 to March21)

Annexure V: Compilation of death audit report 2020-21

Sl. No	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	Underlying/ Primary cause of death	Death audited By DISC(Y/N)	Action Taken
1	Hailakandi	1	Mangala Bauri	30	F	23.11.2020	PHC	Camp	Laparoscopic	N/A	N/A	Yes	No	LA	Yes	27.11.2020	3:00PM	Silchar medical college & Hospital	No	N/A	Acute Palvic peritonitis	Yes	File process
2	Tinsukia	2	Late Lalita Urang	27 Yrs	F	22-02-2021	CHC	Static	Laparoscopic	N/A	N/A	Yes	No	LA	Yes	22-02-2021	2.30 PM	Margherita FRU	No	N/A	Cardio Respiratory Failure	Yes	File process
3	Baksa	3	Jonali Baskey	27	F	08.03.2021	Model Hospital	Camp	Laparoscopic	N/A	N/A	Yes	No	LA	Yes	08.03.2021	6:30PM	Guwahati Medical College & Hospital	No	N/A	Cardio Respiratory Failure	Yes	File process