

## Annexure -V

## Biannual Report Format

State: Assam

Report Type: Bi-Annual

Reporting period : (April'18 to March'2019)

Annexure V: Compilation of death audit report (Quarterly)																							
Name of the State	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 (Mimlap/ 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 DHS(V/N)	Action Taken
Assam	Udalguri		Hekna Nag	31	F	29-03-2019	PHC (Nonapara Tea Garden Hospital)	Camp	Laparoscopic	NA	NA	Y	Y	LA	Y	29-03-2019		Mangaldai Civil Hospital	NA	NA	PM & Death Report on process	Y	Information along with some relevant documents have been submitted to State HQ