State : Assam

Report Type: Quarterly

Reporting period :(Oct ,2019 to Dec'2019)

						An	nexur	e V: Comp	oilation o	f deatl	ı audi	t repo	rt (Q	uarte	erly)							
Name of the District	S.No.	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted(P HC/CHC/D H/Medical college/Accr edited PVT/NGO Facility)	Camp/ Fixed day Static	Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)	In case of Post Partum Sterilizatio n specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimeste r in which the abortion was done	consen	preanae	Anesth esia used		Date of	Time of death	Place of Death (Health Facility, Home, on- way to hospital/ home)	Any Post Operati ve complic ations (Y/N)	If yes, Write the Signs/ Sympto ms	Primary	Death audited By DISC (Y/N)	Action Taken
SIVASAGAR	1	Aroti Urang	28 yr	F	11-12-2019	SDCH	Camp	Laparoscopic	N/A	N/A	Yes	Yes	LA	Yes	19/11/20 19	1975 PM	AMCH, Dibrugarh	Yes	Holow viscous perforatio n septicemi a	Septicemi a	Yes	Processing
L																						