Biannual Report Format

State: Assam

Report Type: Bi-Annual

Reporting period : (July 21 TO Sept 2021)

	Reporting period : (July 21 TO Sept 2021) Annexure V: Compilation of death audit report (Quarterly)																						
Name of the State		S.No.	Name of the deceased client		Sex	D-4f	Type of Facility where operation was conducted ((PHC/CHC/DH/	Camp / Fixed	Type of Procedure (Minilap/ Abdominal tubal ligation/	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	Whethe r Written consent obtained ? (Y/N)	used in preanaesth etic medication	Anesthesi a used (LA/GA)	Empanel led Provider (Y/N)	Date of	Time of death	Place of Death (Health Facility, Home, on- way to hospital/ home)	Any Post Operativ e complicat ions (Y/N)	If yes, Write the Signs/ Sympto ms	Under- lying/ Primary cause of death	audited By DISC(Action Taken
1	Baksa		No																				
2	Barpeta		No																				
3	Biswanath		No																				
4	Bongaigaon		No																				
5	CACHAR		No																				
6	Charaideo		No																				
7	Chirang		No																				
8	Darrang		No																				
9	Dhemaji		No																				
10	Dhubri		No																				
11	Dibrugarh		No																				
12	Dima Hasao		No																				
13	Goalpara		No																				
14	Golaghat		No																				
15	Hailakandi		No																				
16	Hojai		No																				
17	Jorhat		No																				
18	Kamrup M		No																			<u> </u>	
19	Kamrup R		No																			<u> </u>	
20	Karbi Anglong		No	<u> </u>																			
21	Karimganj		No									1		ļ					ļ			 	
22	Kokrajhar		No	<u> </u>								1							ļ			<u> </u>	
23	Lakhimpur		No		1			-				-							-		ļ	<u> </u>	<u> </u>
24	Majuli		No		1			-				-							-		ļ	<u> </u>	<u> </u>
25	Marigaon		No	-																			1
26	Nagaon		No	-																			1
27	Nalbari		No	-																			1
28	Sibsagar		No	-																			1
29	Sonitpur		No																		ļ	<u> </u>	
30	South Salmara		No																		ļ	<u> </u>	
31	Tinsukia		No																		ļ	<u> </u>	
32	Udalguri		No																			<u> </u>	

Name of the State	Name of the District	S.No.	Name of the deceased client	Age	Sex	Date of operation	Medical	/ Fixed	Abdominal tubal ligation/	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	abortion specify the trimester in which the	r Written consent	etic medication	a used	Empanel led Provider (Y/N)	Date of	Time of death	Place of Death (Health Facility, Home, on- way to hospital/ home)	Any Post Operativ e complicat ions (Y/N)	Write the Signs/	lying/ Primary cause	DISC(Action Taken
33	West Karbi Anglong		No																				i I