

Biannual Report Format

State: Assam

Report Type: **Bi-Annual**Reporting period : **(January 2024-March 2024)****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 (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)	Empaneled 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
Assam	Tinsukia	1	Lt. Puspa Jadav	24	F	23.12.2023	CHC	Camp	LS	NA	NA	Y	Y	LA	Y	23-12-2023	2:45PM	Health Facility	N	NA	Sudden cardiac arrest	Y	File process
	Hailakandi	2	Lt. Sayara Begum Barbhuyan	33	F	18-12-2023	CHC	Camp	LS	NA	NA	Y	Y	LA	Y	18-12-2023	1:45PM	Health Facility	N	NA	Sudden cardiac arrest	Y	
	Karimganj	3	Lt. Usha Barman	26	F	09-02-2024	Civil Hospital	Camp	LS	NA	NA	Y	Y	LA	Y	09-02-2024	3:55PM	Health Facility	N	NA	Sudden cardiac arrest	Y	