

Annexure -V

Biannual Report Format

District :

Report Type: Bi-Annual

Reporting period : (April'19 to March'2020)

Annexure V: Compilation of death audit report (Quarterly)

S.No	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)	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	Assam	Nagaon	1	Late Magdali Munda	38 yr	F	04.09.2019	SDCH	Camp	Laparoscopic	N/A	N/A	Yes	Yes	LA	Yes	8.9.2019	4AM	GMCH, Guwahati	Yes	Hollow viscous perforation septicemia	Septicemia	Yes	Processing
2		Sivsagar	1	Aroti Urang	28 yr	F	11-12-2019	SDCH	Camp	Laparoscopic	N/A	N/A	Yes	Yes	LA	Yes	19/11/2019	9.25 PM	AMCH, Dibrugarh	Yes	Hollow viscous perforation septicemia	Septicemia	Yes	Processing
3		Dhemaji	3	Dibya Kumbang	25yr	F	13.2.2020	UHC Dhemaji	Camp	Laparoscopic	N/A	N/A	Yes	Yes	LA	Yes	13.2.2020	12.15PM	Dhemaji Civil Hospital	Yes	Sudden Cardiac arrest	Massive Cardiac infarction	Yes	Processing

NOTE:- Performa for Conducting Audit of Death by DQAC (Annex 14 of Standards & Quality Assurance in Sterilization Services) must be annexed for each case.