

Annexure - 13.  
**Proforma for Death following Sterilization**

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DQAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (✓) Tick the option	24 / 12 / 2023
	Name of the institution Address Village/Town/City District/State	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>✓ • PHC/CHC..... Digboi CHC</li> <li>• District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul> Digboi CHC P.O. Digboi P.S. Digboi Dist. Tinsukia, Assam
2	Name of the person filling out the report Designation Signature	Dr. Sanat Kr. Dutta Sr. MHO <i>[Signature]</i>
3	Date of Sterilization (D/M/Y)	23 / 12 / 2023
4	Location where the procedure was performed (✓) Tick the option	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>✓ • PHC/CHC..... Digboi CHC</li> <li>• District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul> (Also specify the name of the facility).....
5	Type of surgical approach (✓) Tick the option	<ul style="list-style-type: none"> <li>• Minilap.....</li> <li>• Laparoscopy..... ✓</li> <li>• Post-Partum Tubectomy.....</li> <li>• Conventional Vasectomy.....</li> <li>• NSV.....</li> <li>• Any other specify.....</li> </ul>
	Date of death	23 / 12 / 2023
	Time of death	.....am/pm

Client Details	
8	Name
9	Age
10	Sex
11	Spouse Name
12	Address
13	Relevant past medical history
14	Pertinent postoperative physical and laboratory findings

Puspaa Yadav  
 24 years  
 Female/Male.....  
 Sanjib Yadav  
 P.O. Pengree  
 Nothing Suggestive  
 Preoperative findings: BP: 101/80 mmHg; Pulse 80/min; Resp: 20/min  
 Urine Pregnancy test: Negative, Hb% = 8g.7.

Sterilization Procedure	
15	Timings of procedure (Females only) as per standard (✓) Tick the option
16	Type of anaesthesia (✓) Tick the option
17	Endotracheal Intubation
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants
19	Vital signs during surgery
20	Duration of surgery
21	Vital signs after surgery
22	Emergency equipments/ drugs available in facility as per standards
23	Overall Comments
24	Name and signature of operating surgeon

Upto 7 days postpartum.....  
 Interval (42 days or more after delivery or abortion)..... L.T.O.  
 • With Abortion, Induced or spontaneous  
 ♦ Less than 12 weeks.....  
 ♦ More than 12 weeks.....  
 ♦ Any other specify.....  
 • Local without sedation.....  
 Local with sedation.....  
 • Spinal/Epidural/General.....  
 Yes/No.....  
 Time given 2-10 PM  
 Drug Name Ij Fortwin 1cc, Ij Phenergan 1cc, Ij 2% lignocaine  
 Dosage 1cc 1cc 2cc with skin tk  
 Route I/M I/M S/C  
 Time.. 2-45 P.M. BP. 101/80 mmHg Pulse... 80 beat/- Resp Rate... 20/min  
 Time of starting..... 2-45..... am/pm  
 Time of closure..... 2-48..... am/pm  
 Total Time spent..... 3..... min/hr  
 Time 2-50 P.M. BP. 90/80 mmHg Pulse... 60/min Resp Rate..... 18/min  
 Available/Not available.....  
 Patient had Seizure right after giving sub-umbilical incision. Surgery stopped. Anaesthetist took over. Pt deteriorated & Reful to Tia Civil Hospital at 3:10 PM.

Name ..... Dr. Sanat Kumar Dutta  
 Date ..... 24.12.2023

Designation ..... Sr. M & HO  
 Signature .....  
 Sr. M & HO  
 Margherita PRU  
 Dist. - Tinsukia