

Annexure - 14.

Proforma for Conducting Audit of Death

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the state/ District/Union Territory Assam / Nagaon

Details of the deceased	
1	Name Mugdali Munda
2	Age 38yrs
3	Sex Female/Male.....
4	Name of Spouse (his or her age) Palitush Munda 40yrs
5	Address of the deceased Vill. Chabua line (Miscadiv) Kelleydong TE P.S. Kaliabar, Nagaon, Assam
6	Number of living children(with details concerning age and sex) ① Female - 13yrs ② Female - 9yrs ③ Male - 4yrs
7	Whether operation was performed after delivery or otherwise No (interval)
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery does not arise
9	Whether tubectomy operation was done with MTP No
10	Whether written consent was obtained before the operation D/M/Y..... 04./09...../19...
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution Fixed day static site in a camp road
Details of operations	
12	Place of operation Jakhala Bandha FRU
13	Date and time of operation (D/M/Y) 04/09/19
14	Date and time of death (D/M/Y) 4 A.M. 08/09/19
15	Name of surgeon Dr Biren Dewri
16	Whether surgeon was empanelled or not Yes/No.....
17	If the operation was performed at a camp who primarily screened the client clinically Dr D. N. Sharmmah MO
18	Was the centre fully equipped to handle any emergency complications during the procedure? Yes/No..... Yes.....
19	Number of clients admitted and number of clients operated upon on the day of surgery 57 (fifty seven) registered & 57 cases operated
20	Did any other client develop complications? If so, give details of complications? No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr Rubul Goswami
22	Details of anaesthesia drugs used	Total anaesthesia
23	Types of anaesthesia/analgesia/sedation	1% lignocaine, diclofamicin
24	Post-operative complications (according to sequence of events)	05/09/19 - abd. distension & respiratory distress admitted in JKH FRU 06/09/19 referred to BACH. admitted and given conservative treatment given 07/09/19. Referred to GMCH.
	A. Details of symptoms and signs	Abd. distension and respiratory distress
	B. Details of laboratory and other investigations	Hb% - 9 gm%, urine: sugar / Nil
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	Conservative treatment with antibiotic, K/drip, Ryles tube aspiration, laparotomy in GMCH.

Details of Death Audit

25	Cause of death (Primary Cause)	Septic Shock with hollow viscus perforation with peritonitis and sepsis
26	Has postmortem been done? If yes, attach the post mortem report	No
27	Whether first notification of death was sent within 24 hours	Yes/No..... If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr A.C. Pator, Jt Director cum Convenor DQAC Dr B. Dutt Boroswa Addl. cmr HO in member secretary DQAC Dr C. R. Hazarika, Nodal officer DQAC.
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No.....
30	What factors could have helped to prevent the death?	Diagnostic during the procedure to follow by laparotomy
31	Were the sterilization standards established by GOI followed?	Yes/No.....
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
33	Additional Information	
34	Recommendations made	
35	Action proposed to be taken	

Name Dr AC Pator, Jt Director Health, Nagan, Convenor DQAC
 Dr B. Dutt Boroswa Addl. cmr HO (FW) member secretary DQAC
 Designation
 Date 15/9/19 Dr C. R. Hazarika, SDM HO Bejra CHC Nodal officer DQAC
 Signature

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.