

Proforma for Conducting Audit of Death

To be submitted within one month of sterilization by DISC and forwarded to SISC

Copy of this report has to be sent to the MOHFW Mandatorily

Name of the State/District/Union Territory: ASSAM/Dibrugarh/Khowng BPHC, Dibrugarh

Details of the Deceased		
1	Full name	DAKHAMI SAURA
2	Age	26 Yrs
3	Sex	Female... <u>Female</u> ... Male.....
4	Name of spouse (his/her age)	<u>Raju SAURA</u>
5	Address of the deceased	<u>Sepon T.E., Saura line, Moran, Dibrugarh, Assam 785675</u>
6	Number of living children (with details concerning age and sex)	1/ <u>Panu Chawra - 7 Yrs (F)</u> 2/ <u>Karuna Chawra - 05 Yrs (F)</u> 3/ <u>Minu Chawra - 03 Yrs (F)</u>
7	Whether the operation was performed after delivery or otherwise
8	If after delivery: Date of delivery Place of delivery Type of delivery Person who conducted the delivery
9	Whether tubectomy operation was done along with MTP
10	Whether written consent was obtained before the operation	<u>Yes</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution.	<u>FDS</u>
Details of Operations		
12	Place of operation	<u>Khowang PHC</u>
13	Date and time of operation (D/M/Y)	<u>25/3/2022</u>
14	Date and time of death (D/M/Y)	<u>2:00 PM</u>
15	Name of surgeon	<u>DR. Rajib Ranjan Gossai</u>
16	Whether surgeon was empanelled or not	Yes <input checked="" type="checkbox"/> No
17	If the operation was performed at a camp, who primarily screened the client clinically?
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes No

	Number of clients admitted and number of clients operated upon on the day of surgery	30 nas are admitted & 29 nas clients operated successfully
20	Did any other clients develop complications? If so, give details of complications.	NO
Anaesthesia/Analgesia/Sedation		
21	Name of anaesthetist, if present	D. K. K. Gopi; Trained in Anaesthesiology
22	Details of anaesthesia drugs used	Xylocain
23	Type of anaesthesia/analgesia /sedation	Local infiltration (Sedation)
24	Post-operative complications (according to sequence of events)	Nil
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations done	
	C. Details of treatment given, with timings, dates, etc. from time of admission until the death of the patient	9ij Atropin - I.V given. 9ij Dexamethasone I.V given 9ij Hydrocortisone started
Details of Death Audit		
25	Cause of death (Primary cause)	Cardiac Arrest
26	Has post-mortem been done? If yes, attach the post-mortem report	
27	Whether first notification of death was sent within 24 hours.	Yes No If not, give reasons
28	Details of the officers from the District Quality Assurance Committee (QAC) who conducted the enquiry	
29	In the opinion of the chairman of the DQAC, was death attributable to the sterilization procedure?	Yes No
30	What factors could have helped to prevent the death?	
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 No
33	Additional information	
34	Recommendations made	
35	Action proposed to be taken	

Date:

Name

Signature

Designation

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

DW
Addl CM & HO, Dibrugarh
Addl Chief Medical & Health Officer
(FW) Dibrugarh