

**ANNEXURE-14****PROFORMA FOR CONDUCTING AUDIT OF DEATH**

1	Name	Giornathi
2	Age	22
3	Sex	Female / Male.....Female
4	Address of the deceased	Singapalayam (V), Rajapalayam (P), Tanjathur.
5	Name of the spouse (his or her age)	Samikannu
6	Number of living children (with details concerning age and sex)	2 (Two).
7	Whether operation was performed after delivery or otherwise	After Delivery.
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	13.08.2023 PHC Karanamalayam Normal Delivery.
9	Whether tubectomy operation was done with MTP	NO.
10	Whether written consent was obtained before the operation	D/M/Y ...17.08.2023.
11	Whether the operation was done at a camp or as affixed day static procedure at the institution	Fixed Day Static Procedure.
<b>DETAILS OF OPERATIONS</b>		
12	Place of operation	PHC, Andipattanam
13	Date and time of operation (D/M/Y)	17.08.2023 10:15am to 10:30am

14	Date and time of death (D/M/Y)	17.08.2023 02.30 PM
15	Name of surgeon	Dr.K.Manonmani
16	Whether surgeon was empanelled or not	Yes / No..... Yes -
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..... Yes .
19	Number of clients admitted and number pf clients operated upon on the day of surgery.	3 admitted 2 operated.
20	Did any other clients develop complications? If so, give details of complications?	NO .

### ANAESTHESIA / ANALGESIA / SEDATION

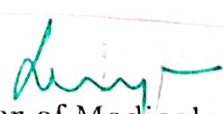
21	Name of the Anaesthetist, if present	Dr. P.M. Senthilnathan MBBS, Trained Ana
22	Details of anaesthesia drugs used	Atropine - 0.6mg Pentozocaine - 30mg Promethazine - 12.5mg .
23	Types of anesthesia, analgesia, sedation	Local & Sedation .
24	Post operative complications ( according to sequence of events)	Dyspnoea
A	Details of symptoms and signs	Difficulty in Breathing and De-saturation.
B	Details of laboratory and other investigations	—
C	Details of treatment given, with timings , dates, etc from time of admission until the death of client	Seperately attached.

### DETAILS OF DEATH AUDIT

25	Cause of Death (primary cause)	? Cardiogenic shock c Pulmonary Edema
26	Has postmortem been done? If yes, attach the post mortem report.	Yes. Attached.
27	Whether first notification of death was sent within 24 hrs.	Yes / <del>No</del> Yes. If not, give reasons
28	Details of the officers from District Quality Assurance Committee who conducted the enquiry	Dr. G. Marimexalai, MBBS., DGO.
29	In opinion of the chairman of DQAC was death attributable to the sterilization procedure.	Yes / <del>No</del> ..... Due to Post op. complications.
30	What factors could have helped to prevent the death?	Early Detection of shock & intervention.
31	Were the sterilization standards established by GOI followed?	Yes.
32	Did the facility meet and follow-up the sterilization standards established by GOI? If no list the deviations	Yes.
33	Additional information	—
34	Recommendations made	1) Stringent Post op. care 2) Making availability of IOL before starting Surgery.
35	Action proposed to be taken.	

Name.....

Date: 25.09.2023.

  
Deputy Director of Medical and Rural  
Health Services and Family Welfare,  
Dist. Family Welfare Bureau, Vellore.