

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.....

Details of the deceased	
1 Name	Tharachitra Tharachitra
2 Age	27
3 Sex	Female/Male.....
4 Name of Spouse (his or her age)	Thangh Rang
5 Address of the deceased	Nolk Dimala
6 Number of living children(with details concerning age and sex)	M-2 - M-1 F-2 days
7 Whether operation was performed after delivery or otherwise	- NO -
8 If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	15.7.2024 WHIRIA KOLAHAN/KO NORMAL Delivery Dr. KALAH RATHO
9 Whether tubectomy operation was done with MTP	NO
10 Whether written consent was obtained before the operation	D/M/Y.....16.7.2024
11 Whether the operation was done at a camp or as a fixed day static procedure at the institution	17.7.2024 PERMANENTLY
Details of operations	
12 Place of operation	15 KRIYAPMIT NOLK DIMALA
13 Date and time of operation (D/M/Y)	17.7.2024 11 AM
14 Date and time of death (D/M/Y)	19.7.2024 120 PM
15 Name of surgeon	Dr. M. H. SYED RASHIDUDDIN MBE
16 Whether surgeon was empanelled or not	Yes/No.....
17 If the operation was performed at a camp who primarily screened the client clinically	NO
18 Was the centre fully equipped to handle any emergency complications during the procedure?	Yes/No.....
19 Number of clients admitted and number of clients operated upon on the day of surgery	ONE
20 Did any other client develop complications? If so, give details of complications?	NO

Anaesthesia/Analgesia/Sedation	
21	Name of the Anaesthetist, if present <u>DR KARUNAKARAN</u>
22	Details of anaesthesia drugs used <u>3. Atropine 1mg, pentobarbital 20mg</u>
23	Types of anaesthesia/analgesia/sedation <u>2. PROPOFOL 100 mg 3 ml/min</u> <u>TIVA CT scan intra venous Anesthesia</u>
24	Post-operative complications (according to sequence of events)
	A. Details of symptoms and signs
	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
Details of Death Audit	
25	Cause of death (Primary Cause)
26	Has postmortem been done? If yes, attach the post mortem report <u>YES</u>
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 <u>YES</u>
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? <u>Stringent pre op screening of Patient</u>
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) <u>yes</u>
33	Additional Information
34	Recommendations made
35	Action proposed to be taken

Name DR KARUNAKARAN Designation Senior Lecturer

Date 31-7-2024

Signature [Signature]

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

Deputy Director of Medical and Rural Health Services and

MEDICAL OFFICER
GOVT. PRIMARY HEALTH CENTRE
DEVIPATTINAM-623 514
RAMANATHAPURAM DISTRICT