

Summary of death audit report (2022-23)

S.No	Name of the State	Name of the District	S.No.	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted (PHC/CHC/DH/Medical college/Accredited PVT/NGO Facility)	Fixed day/ Static	Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether Written consent obtained? (Y/N)	Atropine used in preanaesthetic medication (Y/N)	Anesthesia used (LA/GA)	Empowered Provider (Y/N)	Date of death	Time of death	Place of Death (Health Facility, Home, on-way to hospital/ home)	Any Post Operative complications (Y/N)	If yes, Write the Signs/ Symptoms	Under-lying/ Primary cause of death	Death audited By DISC(Y/N)	Action Taken
1	Delhi	Northwest	1	Praveena Jha	35	F	19-10-2022	DH	Fixed day	Laprosopic Tubal ligation	NA	NA	Y	N	GA	Y	25-10-2022	11.29 PM	S.G.M.H	Y	Breathlessness, Pain Abdomen, Vomiting	Intestinal injury with septic Peritonitis	Y	All blind procedures like Copper-T removal should be laparoscopic guided when it is combined with some procedure like ligation Patient with any complication like perforation of uterus and also high risk patients should have an extended stay in hospital compared with routine patients. Referral should be timely followed with log book. All Patients deemed FIT to discharge should be seen again at the time of discharge. Patient to be advised on discharge to report to hospital immediately for any complaint.

NOTE:- Performa for Conducting Audit of Death by DQAC (Annex 14 of Standards & Quality Assurance in Sterilization Services) must be annexed for each case.