

FORMAT 6- STERILIZATION DEATH AUDIT QUATERLY REPORT

State: Delhi

Reporting Year : 2018-19

S.No	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	In case of Post Partum Sterilization specify if the delivery was Ceasarean or Normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether written consent obtained or not	Atropine used in preanaesthetic medication (Y/N)	Surgery under Anesthesia (LA/GA)	Empanelled Provider (Y/N)	Date of death	Time of death	Place of Death(Health facility,Home,on way to hospital/home)	Any Post operative complication (Y/N)	If Yes write the signs & symptoms	Under-lying/Primary cause of death	Death audited
									(Minilap/Abdominal Tubal ligation//Laparoscopic/Conventional Vasectomy/ NSV)													By DISC(Y/N)
1	North West	1	Jully W/o Anup Kumar	22	F	09/07/2018	DH	Fixed day	Abdominal tubal ligation (PPS)	Normal	Not Applicable	Yes	No	spinal	y	8.9.2018	10.35 PM	Health Facility	Hypovolemia & Tachycardia Shock	Tachycardia seizure	Nil	Yes