

## Summary of death audit report (2019-20)

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)	Fixed day/Static	Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/)	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 preanesthetic 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	Underlying/ Primary cause of death	Death audited By DISC (Y/N)	Action Taken
NIL																								

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