

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.....COONNOR, THE Nilgiris, TAMIL NADU.

Details of the deceased	
1	Name <u>Mrs. ANUSHYA</u>
2	Age <u>23</u>
3	Sex Female/Male..... <input checked="" type="checkbox"/> Female
4	Name of Spouse (his or her age) <u>Mr. JAYAKUMAR</u>
5	Address of the deceased <u>BETTATTY VILLAGE, YEDAPALLI</u>
6	Number of living children(with details concerning age and sex) <u>1st - Female - 2 yrs - Alive & healthy</u> <u>2nd - Male - - - Alive & healthy</u>
7	Whether operation was performed after delivery or otherwise <u>Operation was performed after delivery</u>
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery <u>- 10.11.2022</u> <u>- NANKEM HOSPITAL, COONNOR</u> <u>- Normal vaginal delivery</u> <u>- Dr. ANCISUYA CHANDRASHEKAR.</u>
9	Whether tubectomy operation was done with MTP <u>No MTP, Only Tubectomy alone</u>
10	Whether written consent was obtained before the operation D/M/Y..... <u>11</u>/ <u>11</u>/ <u>2022</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution <u>Tubectomy was done as an elective procedure.</u>
Details of operations	
12	Place of operation <u>NANKEM HOSPITAL, COONNOR</u>
13	Date and time of operation (D/M/Y) <u>12.11.2022.</u>
14	Date and time of death (D/M/Y)
15	Name of surgeon <u>Dr. ANCISUYA CHANDRASHEKAR.</u>
16	Whether surgeon was empanelled or not Yes/No..... <input checked="" type="checkbox"/> Yes
17	If the operation was performed at a camp who primarily screened the client clinically <u>- NA -</u>
18	Was the centre fully equipped to handle any emergency complications during the procedure? Yes/No..... <input checked="" type="checkbox"/> Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery <u>1</u>
20	Did any other client develop complications? If so, give details of complications? <u>No.</u> <u>No similar events.</u>

Anaesthesia/Analgesia/Sedation		
21	Name of the Anaesthetist, if present	- Nil -
22	Details of anaesthesia drugs used	LOCAL ANAESTHESIA
23	Types of anaesthesia/analgesia/sedation	LOCAL ANAESTHESIA
24	Post-operative complications (according to sequence of events)	Report enclosed.
	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	-
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	-
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?	-
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)	-
33	Additional Information	-
34	Recommendations made	-
35	Action proposed to be taken	-

Name Dr. ANUSUYA CHANDRASHEKAR Designation MBBS, DGO
Date 07.09.2023 Signature [Signature]

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

Dr. Anusuya Chandrashekar
M.B.B.S. D.G.O.
OBSTETRICIAN & GYNAECOLOGIST
Regn. No. 28467

Deputy Director of Medical and
RHS & Family Welfare
Tirunelveli at Udumalpet mandalam,

Standards & Quality Assurance in Sterilization Services

Annexure -14 of Quality Assurance Guidelines

Proforma for conducting Death audit following Sterilization

(to be submitted within one month of Sterilization)

Name of the District: KRISHNAGIRI

1.		Details of the Deceased
1	Full Name	BHARATHI
2	Age	29
3	Sex	Female
4	Name of spouse and his/her age	Dharmaraj
5	Address	W.o Dharmaraj, Ramachandram village, V.Madhepalli post, Veppanapalli Taluk, Krishnagiri Dist.
6	Number of living children (with details concerning age and sex)	I - FTND-Female 2 1/2 II - FTND-male child 4 days on the day of operation)
7	Whether the operation was performed after delivery or otherwise	PS
8	If after delivery	--
	Date of delivery	09.12.2022
	Place of delivery	Govt. Medical College Hospital, Krishnagiri
	Type of Delivery	-----
	Person who conducted the delivery	Dr.Valarmathy
9	Whether tubectomy operation was done along with MTP	No
10	Whether written consent was obtained before the operation	Yes
11	Whether the operation was done at a camp or as a routine procedure at the institution	Routine procedure at the Institution.
12	Place of operation	Govt. Medical College Hospital, Krishnagiri
13	Date and time of operation (D/M/Y)	13.12.2022 at 9.50am

14	Date and time Death (D/M/Y)	28.12.2022 at 7.18am
15	Name of the Surgeon	Dr.C.KOKILA
16	Whether surgeon was empanelled or not	EMPANELLED
17	If the operation was performed at a camp, who primarily screened the client clinically?	Routine procedure at the Institution
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	3
20	Did any other clients develop complications? If so, give details of complications	No
21	Anesthesia/Analgesia/Sedation	TIVA
22	Name of the Anesthetist, if present	Dr.MANJETHKUMAR.G.
23	Details of anesthesia drugs used	Inj.Glycopyrrolate 2 mg T MIDAZOLAM 1 mg T. Fentanyl 50 mg T. Propofol 50 mg
24	Type of anesthesia/analgesia/Sedation sequence of events)	TIVA
a.	Details of symptoms and signs	--
b.	Details of laboratory and other investigations done	Hb% 10.5 Serology Negative RBS 110 mg
c.	Details of treatment given, with timings, dated etc. from time to time admission until the death of the patient	ATTACHED
25	Cause of death (Primary cause)	PM Report Pending Provisional Report ATTACHED.
26	Has Post-mortum been done? If yes, attach the Post mortem	Yes
27	Whether first notification of death was sent within 24 hours, if not give reason	Yes
28	Details of the officers from the District Quality Assurance Committee (QUAC) who conducted the enquiry	DR.G.Ezhilarasi MBBS DGO

29	In the opinion of the Chairman of the District QAC, was death attributable to the sterilization procedure?	--
30	What factors could have helped to prevent the death?	Postnatal BP monitoring after discharge at home visit by VHN Proper intake of Anti hypertensives by the patients
31	Were the sterilization standards established by GOI followed	Yes
32	Did the facility meet and follow the sterilizations standards established by GOI? If no, list the deviations(s)	Yes
33	Additional Information	<ul style="list-style-type: none"> • Postnatal visit by VHN should be done according to the schedule with vital monitoring at home • Warning symptoms of ECLAMPSIA should be explained to patients and relatives
34	Recommendations made	<ul style="list-style-type: none"> • Postnatal visit by VHN should be done according to the schedule with vital monitoring at home • Warning symptoms of ECLAMPSIA should be explained to PN mother and relatives
35	Action proposed to be taken	<ul style="list-style-type: none"> • GHT AND POST NATAL CARE Training to be given to all field staffs • Warning symptoms of eclampsia to be explained to all discharged PN mothers and their relatives

Date:

Deputy Director, 30/1/23
Medical, Rural Health Services
and Family Welfare,
Dharmapuri.

30/1/23

Annexure - 14

Proforma for conducting Audit of Death

	Details of the deceased	
1	Name	Bhuvaneswari
2	Age	30 Years
3	Sex	Female
4	Name of spouse (his or her age)	Pazhanivel, 34 years
5	Address of the deceased	1, Gangaiyammann Koil Street, Maruthavampadi Colony, Uthiramerur
6	Number of living children (with details concerning age and sex)	1) 6 years, Fch 2) 2 years, Fch 3) 8 days, Fch
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	27.02.2023 @ 2.12 A.m GH, Uthiramerur Normal
9	Whether tubectomy operation was done with MTP	Fixed day static
10	Whether written consent was obtained before the operation	D/M/Y.....07...../.....03...../.....2023..
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed day static
	Details of operations	Post partum Tubectomy
12	Place of operation	CHC, Manampathy
13	Date and time of operation (D/M/Y)	07.03.2023
14	Date and time of death (D/M/Y)	15.03.2023 @ 6.00 PM
15	Name of surgeon	Dr.Subasri
16	Whether surgeon was empanelled or not	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	Dr.Subasri
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes

Deputy Director of Medical and
Public Health Services and Family Welfare
District Family Welfare Bureau
Kanchipuram District,
Kanchipuram-631 002

19	Number of clients admitted and number of clients operated upon on the day of surgery	06
20	Did any other client develop complications? If so, give details of complications?	NO
	Anaesthesia / Analgesia / sedation	Local with IV sedation
21	Name of the Anesthesia, if present	Dr. Archana
22	Details of anaesthesia drugs use	ly. Atropine, ly. Fortuon, ly. Diazepam.
23	Types of anaesthesia / analgesia / sedation	Local with IV sedation
24	Post-operative complications (according to sequence of events)	NIL
	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)	? CVT, ? hypoxic encephalopathy ? sepsis.
26	Has postmortem been done? If yes, attach the post mortem report	Yes.
27	Whether first notification of death was sent within 24 hrs	Yes If not, give reasons
28	Details of the officers from District Quality Assurance committee (DOAC) who conducted the enquiry	Deputy Director Family welfare.
29	In opinion of the chairman of DOAC, Was death attributable to the sterilization procedure	Yes/No.....
30	What factors could have helped to prevent the death?	-
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 deviations(s)	Yes.
33	Additional Information	-
34	Recommendations made	Instructed to concentrate more on
35	Action proposed to be taken	case selection

Annexure -14.

Proforma for conducting Audit of Death

(To be submitted one month of Sterilizaion by DQAC and sent to state)

Name of the State / District / Union Territory -----Tamil Nadu-----

Details of the Deceased	
1.	Name Mrs. M. Jothi
2.	Age 27 yrs
3.	Sex Female
4.	Name of the spouse (his or her age) Mr. Mugesh Kumar
5.	Address of the deceased w/o Mugesh Kumar no 8/242 Maruthampatti colony, Mainavadi Kovur, Dt
6.	Number of living children (with details concerning age and sex) Two G1 - FCH 5 yrs G2 - FCH 1 yr 10 months
7.	Whether operation was performed after delivery or otherwise -
8.	It after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery -
9.	Whether tubectomy operation was done with MTP No -

10	Whether written consent was obtained before the operation	D/M/Y.....
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Admitted for Leys. Sterilisation at GIBPHE - Uppitaimangalam. (Surgery not done - comp started during Anaesthesia)
Details of operation		
12	Place of operation	-
13.	Date and time of operation (D/M/Y)	-
14.	Date and time of death (D/M/Y)	7. 11. 2022 at 12.06 PM
15	Name of surgeon	-
16	Whether surgeon was empanelled or not	✓ Yes/No.....
17	If the operation was performed at a camp who primarily screened the client clinically	At fixed day camp in GIBPHE - Uppitaimangalam Kannur Dt
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?	Two
20	Did any other client develop complications? If so, give details of complications	No

Anesthesia / Analgesia / Sedation		
21	Name of the Anesthetist, if present	DR. R. Raj Surya LSAS Dr Keerthana LSAS
22	Details of the Anesthesia drugs used	At 11.03am Inj. Glycopyrrolate 0.2mg Inj. midazolam 2mg IV 11.05am Inj. Propofol 20mg slowly followed by Inj. Propofol 25mg (2.5ml)
23	Types of Anesthesia / Analgesia / Sedation	TIVA (Total Intravenous Anesthesia)
24	Post – operative complications (according to sequence of events)	-
	A. Details of symptoms and signs	Sudden cardio - Respiratory Arrest.
	B. Details of laboratory and other investigations	Haemoglobin 10.3mg, UPT - Negative Bld amp A the, BT 2' 30" HIV/VDRL Non-reactive CT 5' 10" Urine Alb. sy - nil RBS 9mmHg. Hbs Ag Negative.
	C. Details of treatment given with timings, dates etc from time of admission until the death of client	Mm. Jothin 27yrs. admitted for Sep. st in <u>CPR</u> - <u>upridermenyalem</u> . Pre-opernm. (6/11/22) Inj. T.O. Steiro Inj. Taxero (test on 7/11/22 Inj. Tegnocaine 2ml) done. IVF Re e Inj. Fenitn 2cc IV Inj. Ondansetron 2cc IV In op. theatre i. Inj. Glycopyrrolate 0.2mg IV 11.03am Inj. midazolam 2mg IV 11.05am Inj. Propofol 20mg (2.5ml) Sudden Cardio arrest Inj. Kmett - pt Intubated e 7mm ET tube + CPR 30min. but pt dead at 12.6pm on 7/11/22.

Details of Death Audit		
25	Cause of death (Primary cause)	Sudden Cardio- Respiratory Arrest.
26	Has postmortem been done? If yes attach the post mortem report	Yes
27	Whether first notification of death was sent within 24 hours	Yes / No If not give reasons Yes
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	JDHS - Kann DT Deam - Kann medical college Hospital DDHS - Kann DT DDFW - Kann DT HOD-OB (DR. Nayabul Bari) HOD-ANES (DR. Vandanther Neelam)
29	In opinion of the chairman of DQAC was death attributable to the Sterilization procedure	Yes / No <i>death by</i> <i>unexpected sudden drug reactions</i> <i>during Anesthesia</i>
30	What factors could have helped to prevent the death?	
31	Were the Sterilization standards established by GOI followed	✓ Yes / No

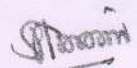
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32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
33	Additional information	
34	Recommendations made	
35	Action proposed to be taken	DQAC Enquiry Report submitted to MD, NHM on 14/11/22.


Name :

Designation :

Date :


 DEPUTY DIRECTOR
 Medical and Rural Health Services and
 Family Welfare
 Tiruchirappalli - 620 001

Note : if any member of the SQAC/DQAC has performed the operations, he/she should recuse himself/herself from the proceeding of this audit.


 DEPUTY DIRECTOR
 Medical and Rural Health Services and
 Family Welfare
 Tiruchirappalli - 620 001

Name of the state/ District/Union Territor. Tamilnadu, Tiruvannamalai District

Conducting Audit of Death

Details of the deceased

1	Name	Mrs.G.Meena
2	Age	23 Years
3	Sex	Female
4	Name of Spouse (his or her age)	Mr.Govindharaj (Age: 25)
5	Address of the deceased	Palayapalayam Village, Thirupathur District, Tamil Nadu
6	Number of living children(with details concerning age and sex)	1. 2 Years Male 2. 54 Days Male
7	Whether operation was performed after delivery or otherwise	After 53 Days
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Nil
9	Whether tubectomy operation was done with MTP	Nil
10	Whether written consent was obtained before the operation	Yes, 21/04/2022
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed Day

Details of operations

12	Place of operation	UPHC, Jamunamarathur, Tiruvannamalai District
13	Date and time of operation (D/M/Y)	22/04/2022 @ 10.35 AM to 10.45 AM
14	Date and time of death (D/M/Y)	22/04/2022 @ 02.30 PM
15	Name of surgeon	Dr.Shruthi Priya, MBBS., DGO.,
16	Whether surgeon was empanelled or not	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	Dr.G.Iyappan, MBBS.,
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	Client admitted - 5, Client operated - 3
20	Did any other client develop complications? If so, give details of complications?	No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. V.Yogesh babu, MBBS., Trained Anaesthetist
22	Details of anaesthesia drugs used	Inj.Glycopyrolate 0.2 mg IV, Inj.Fortwin 30 mg IV, Inj.Diazepam 10 mg IV, Local Infiltration, 1% Lignocaine with the help of surgeon
23	Types of anaesthesia/analgesia/sedation	Local with intravenous anesthesia
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	<p>On 22.04.2022 at 10.45 AM at the end of procedure, while awakening, patient did not respond to oral commands , responded to deep painful stimuli and spontaneous respiration maintained. PR : 90/min SPO2: 98% with 5 litres of O2.</p> <p>At 10.49 AM patient developed desaturation with SPO2- 65 % and PR:122/min. Immediately ventilated with 10 liters of O2 with Bag and Mask (BAIN'S CIRCUIT) through Boyle's Apparatus.</p> <p>At 10.54 AM, patient underwent further desaturation with apnea and bradycardia with HR:35/min with SPO2 40% with 10 liters if O2 and IPPV continued. Immediately. Inj.Atropine 0.6mg IV followed by Inj.Hydrocortisone 100 mg IV were given. Patient was intubated with 6.5 mm cuffed endotracheal tube and IPPV continued. CPR continued.</p> <p>Around 11.00 AM Inj.Adrenaline 1mg IV (1in 1000) was given. HR picked upto 154/min., SPO2:88% with 10 liters of O2 PINK FROTHY SECRETIONS were noted in the Endotracheal tube and suctioning was done immediately. Diagnosis of "PULMONARY EDEMA" was made. Since BP was not recordable.Inj.Dopamine 200 mg in 500 ml of NS infusion started at the rate of 10-12 drops /min. through the II IV line. After few minutes of dopamine infusion, BP was recorded as 100/70 mm Hg.</p> <p>At 11.15 am Inj.Lasix 20 mg IV was given and another 20 mg IV was given after 5 minutes.</p> <p>At 11.20 AM, patient unconscious and not responding to painful stimulus with PR:96/min., BP:100/60 mg Hg ,SPO2 : 88% with 10 liters of O2 (IPPV).</p> <p>At 11.30 AM patient shifted to Government Tiruvannamalai Medical College by 108 Ambulance. Patient unconcious, not responding to painful stimuli. PR:92 / min. BP : 100 / 60 mm of Hg (with dopamine support) , SPO2 : 84 % with 10 liters of O2 (IPPV). Patient was accompanied by Dr. Yogesh Babu (Trained Anesthetist) ,Dr.Jaganathan (Medical Officer), Mrs.Sumathy, Staff Nurse and Mrs.Dharani, Staff Nurse, Ventilation continued with 10 litres of O2 with the help of Ambu Bag .On transit PR was 84/min., SPO2 was maintained between 65 % to 71 %. Patient reached Tiruvannamalai Government Medical College Hospital at 1.45 PM . On admission at Government Tiruvannamalai Medical College Hospital at Labour Casualty, patient was unconscious PR: ? BP? SPO2 : not recordable. CPR started with the help of anesthetist & continued for 30 minutes, 3 doses of inj.Adrenaline was given. In spite of effective resuscitation patient could not be revived and declared dead on 22.04.2022 at 2.30 PM.</p>

	Cause of death (Primary Cause)	Probable case of Death - Intra Operative Respiratory Depression followed by Hypoxia leading to pulmanary oedema followed by Cardia Arrest.
26	Has postmortem been done? If yes, attach the post mortem report	Yes, waiting for Visceral analysis Report
27	Whether first notification of death was sent within 24 hours	Yes
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	No
30	What factors could have helped to prevent the death?
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 deviation(s)	Yes
33	Additional Information	
34	Recommendations made	1) Anaesthesia / Operation Theatre technician can be posted to help anaesthetist during crisis. 2) Defibrillator to be provided in the Operation Theatre. 3) Qualified Anaesthetist may be posted for Family Welfare Surgeries.
35	Action proposed to be taken	-

Dr.P.Jeyarani, MD., OG.,
Project Officer,
Government Medical College and
Hospital,
Tiruvannamalai.

for Dr. I. Yasmin, MBBS., DGO.,
Joint Director of Health Services,
Tiruvannamalai.

Dr.S.Sridharan, MD., DA.,
Senior Assistant Professor of Anesthesiology,
Government Medical College and Hospital,
Tiruvannamalai.

Dr.A.S.Anbarassi, MBBS., DPHM.,
Deputy Director of Medical and Rural Health Services
and Family Welfare,
District Family Welfare Bureau,
Tiruvannamalai.

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

PROFORMA FOR CONDUCTING DEATH AUDIT FOLLOWING STERILIZATION
(to be submitted within one month of sterilization)

Name of the State/District/Union Territory: TN / Salem

1	Details of the Deceased	
i	Full name	<u>SONIYA</u>
ii	Age	<u>24 years FEMALE</u>
iii	Name of spouse and his/her age	<u>SHANMUSAN</u>
iv	Address	<u>Kelhinalli Kanyampalay Kalyanpatti Taluk Salem.</u>
v	Number of living children (with details concerning age and sex)	<u>15 MACE CHILD 4 years</u> <u>2 MALE CHILD 1 year</u> <u>2 MALE CHILD</u>
vi	Whether the operation was performed after delivery or otherwise	<u>After Delivery</u>
vii	If after delivery: Date of delivery Place of delivery Type of delivery Person who conducted the delivery	<u>09.09.22 03:15 Am</u> <u>male child 2.7 kg weight</u> <u>GOVERNMENT HOSPITAL OMALUR</u> <u>Dr. SENTHILNAYASI 3 SN</u>
viii	Whether tubectomy operation was done along with MTP	<u>NO STERILIZATION</u>
2	Whether written consent was obtained before the operation	<u>- Yes -</u>
3	Whether the operation was done at a camp or as a routine procedure at the institution	<u>at the institution</u> <u>GOVERNMENT HOSPITAL OMALUR</u>
4	Details	
a	Place of operation	<u>SH. OMALUR</u>
b	Date and time of operation (D/M/Y)	<u>12/09/22 11:45 Am</u>
c	Date and time of death (D/M/Y)	<u>13.9.22 at 10:30 Am</u> <u>@ Sankarajalem</u>
d	Name of surgeon	<u>Dr. SENTHILNAYASI</u> <u>DCO</u>

e	Whether surgeon was empanelled or not	Yes... <input checked="" type="checkbox"/> No.....
f	If the operation was performed at a camp, who primarily screened the client clinically?	Yes... <input checked="" type="checkbox"/> No.....
g	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes... <input checked="" type="checkbox"/> No.....
h	Number of clients admitted and number of clients operated upon on the day of surgery	Yes... <input checked="" type="checkbox"/> No.....
i	Did any other clients develop complications? If so, give details of complications.	Yes... <input checked="" type="checkbox"/> No.....
5	Anaesthesia/Analgesia/Sedation	Yes... <input checked="" type="checkbox"/> No.....
a	Name of anaesthetist, if present	Yes... <input checked="" type="checkbox"/> No.....
b	Details of anaesthesia drugs used	Yes... <input checked="" type="checkbox"/> No.....
c	Type of anaesthesia/analgesia /sedation	Yes... <input checked="" type="checkbox"/> No.....
6	Post-operative complications (according to sequence of events)	Yes... <input checked="" type="checkbox"/> No.....
i	Details of symptoms and signs	Yes... <input checked="" type="checkbox"/> No.....
ii	Details of laboratory and other investigations done	Yes... <input checked="" type="checkbox"/> No.....
iii	Details of treatment given, with timings, dates, etc. from time of admission until the death of the patient	Yes... <input checked="" type="checkbox"/> No.....
7	Cause of death (primary cause)	Yes... <input checked="" type="checkbox"/> No.....
8	Has post-mortem been done? If yes, attach the post-mortem report	Yes... <input checked="" type="checkbox"/> No.....
9	Whether first notification of death was sent within 24 hours. If not, give reason:	Yes... <input checked="" type="checkbox"/> No.....

10	Details of the officers from the District Quality Assurance Committee (QAC) who conducted the enquiry	Dr. mvalamethi DDFW Dr. opimicelai MDDuo Dr. Kayaughili MDDA
11	In the opinion of the chairman of the District QAC, was death attributable to the sterilization procedure?	Yes..... <input checked="" type="checkbox"/> No..... <input type="checkbox"/>
12	What factors could have helped to prevent the death?	
13	Were the sterilization standards established by GOI followed?	Yes..... <input checked="" type="checkbox"/> No..... <input type="checkbox"/>
14	Did the facility meet and follow the sterilization standards established by GOI? If no, list the deviation[s].	Yes..... <input type="checkbox"/> No..... <input checked="" type="checkbox"/> D. not under T. ven Local
15	Additional information	
16	Recommendations made	
17	Action proposed to be taken	

Date: 14.05.2022
Name: R. K. ERANSO

Signature
Designation

Note: If any member of the QAC has performed the operation, he/she should not act as a chairman/member for this report.

Form 1

Death Notification Form

Instructions:

- * The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the District Quality Assurance Committee (DQAC) within 24 hours of death.
- * The information is to be provided by telephone, telegram, or in person.

1	Date of this report (D/M/Y)	15.09.22.
2	Date of death (D/M/Y)	13.09.22 at 10.30 AM.
3	Name of the deceased	Mrs. SONIA.
4	Age	24 yrs.
5	Sex	Female <input checked="" type="checkbox"/> Male.....
6	Address of the deceased	Kanjanaichen pathy Kadayanpatty, Salem.
7	Name of husband/father	MR. Shanmugam.
8	Place where procedure performed (specify name of site)	Camp:..... PP Centre: G.H. Omahur PHC/CHC: District Hospital:..... Medical College Hospital:..... Accredited private/NGO facility:
9	Type of procedure	Postpartum: Sterilization
A	Tubectomy	Minilap: Laparoscopy: Any other (specify):
B	Vasectomy	Conventional: NSV:
C	Other with MTP/CS, etc.	Yes. No. <input checked="" type="checkbox"/> If yes, give details:
10	Date of sterilization procedure (D/M/Y)	12, 09, 22.

11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication(s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an additional sheet of paper if more space is required.)	separate sheet is attached.
12	Cause of death	
13	Contributing factors (if any)	
14	Was a post-mortem examination performed?	Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> If yes, describe the pertinent findings
15	Name and designation of surgeon who performed the sterilization operation	DR. SENTHILNAYAGI.D Asst. Surgeon GH method cor depu
16	Name and address of Institution where death occurred	Govt. Mohan Kumar manigalam medical college hospital Salur.
17	Name and designation of reporting officer	DR. NAGAPUSHPAN, chief medical officer GH. omalur.

Date
Name

15.09.22.

Signature of Reporting Officer
Designation

[Signature]
15/9/22

13.09.22. at 8.00 am

As per case sheet and
attended staff nurse S. JOYHIMANI JERA,
statement,

during her routine rounds at
8.00 am, Mrs. Sonia is found unconscious
and not responded to oral calls +
stimulants. checked vitals. BP - 60/20,
PR - feeble, SpO₂ - not recordable.

call for help - other staff nurses
duty on duty, duty anaesthetist, duty
physician. IV line is started.

Nasal O₂ - 6.8 lt. 3 dexta, 3 dextro,
3 hydrocortisone, 2 mg dopamine infusion,
3 adrenaline IV given. catheterization
done. Resuscitation in Ambu bag started.

108 called. Salim Lomone +
duty ICU informed. (Gilt Salim).

All docs attended. Nasal O₂ - 8 ltr
pt intubated with 6mm cuff. ET tube fixed.

Proforma on Death following Sterilization
 {To be filled in by the Operating Surgeon}
 (Death within one month of Sterilization)

Instructions:

- a) The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO In charge (I/c) of the centre where the death occurred.
- b) Copies of the records and the autopsy report, and other pertinent information if available, shall be forwarded with this report (Form 2) to the convener of the DQAC.

1	a. Date of this report (D/M/Y) b. Type of Institution where the death occurred	15 / 9 / 22 Camp..... PP Centre..... PHC/CHC..... District Hospital..... Medical College Hospital. ✓ Accredited Private Hospital/NGO facility.....
	Name of the Institution Address village/Town/City District/State	Salem City Salem
2	Name of the person filling the report Designation & Signature	Dr. D. SENDHILNAYAKI D.S.O. Assistant Surgeon D. Sendhil Nayaki
3	Date of Sterilization (D/M/Y)	12 / 9 / 22
4	location where the procedure was performed	Camp..... PP Centre. OMALUR GH PHC/CHC..... District Hospital..... Medical College Hospital..... Accredited Private Hospital/NGO facility.....
5	Type of surgical approach	Minilap..... laparoscopy..... Post-partum Tubectomy. ✓ Conventional Vasectomy..... NSV..... Any other (specify).....
6	Date of Death (D/M/Y)	13 / 9 / 22
7	Time of Death	10.30 a.m./p.m.

Client Details

8	Name	Mrs. Sonig
9	Age	24 years
10	Sex	Female <input checked="" type="checkbox"/> Male <input type="checkbox"/>
11	Spouse's name	Mr. Shanmugam
12	Address	Kaatur, Kanjanayakanpatti Kadayampatti (TK) Salem
13	Relevant past medical history	Nil Significant medical/ Surgical illness in past No h/e drug/food allergies
14	Pertinent preoperative physical and laboratory findings	Hb 13.1 gm HIV <input type="checkbox"/> PCV - 32 VDRL/NR PL - 2.98/lake Urine (AB/SG/MS) BT 1.50 ECG CT 5.50 Cardiac P/R Bg - B+ve Covid RPR Bilirubin Direct - 0.3 - Negative Indirect 0.4 Cr - 0.6 Urea - 22, RB3 - 87mg

Sterilization Procedure

15	Timing of procedure (females only) as per standards	24 hours to 7 days post-partum <input checked="" type="checkbox"/> Interval (42 days or more after delivery or abortion) <input type="checkbox"/> With abortion, induced or spontaneous less than 12 weeks <input type="checkbox"/> More than 12 weeks <input type="checkbox"/> Any other (specify) <input type="checkbox"/>
16	Type of Anaesthesia	local without sedation <input type="checkbox"/> local with sedation <input type="checkbox"/> Spinal/Epidural <input checked="" type="checkbox"/> General <input type="checkbox"/>
17	Endotracheal intubation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<p>18 List all Aesthetic agents, Analgesics, Sedatives, and Muscle relaxants</p>	<table border="1"> <thead> <tr> <th>Time given</th> <th>Drug Name</th> <th>Dosage</th> <th>Route</th> </tr> </thead> <tbody> <tr> <td>11:45am</td> <td>0.5% Bupivacaine</td> <td></td> <td>Spinal anesthetic</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Time given	Drug Name	Dosage	Route	11:45am	0.5% Bupivacaine		Spinal anesthetic																
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12:15pm	80	16/min																							
<p>20 Duration of Surgery</p>	<p>Time of starting... 12:45 a.m./p.m. Time of closure... 12:15 a.m./p.m. Total time spent... 30 min/hrs</p>																								
<p>21 Vital signs after Surgery</p>	<table border="1"> <thead> <tr> <th>Time BP</th> <th>Pulse</th> <th>Resp. Rate</th> </tr> </thead> <tbody> <tr> <td>12:15pm</td> <td>110</td> <td>78/min</td> </tr> <tr> <td>12:15pm</td> <td>78/min</td> <td>16/min</td> </tr> </tbody> </table>	Time BP	Pulse	Resp. Rate	12:15pm	110	78/min	12:15pm	78/min	16/min															
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<p>22 Emergency Equipment/Drugs available in facility as per standards If not available, give details</p>	<p>Available... Yes Not available.....</p>																								
<p>23 Overall Comments</p>	<p>Before surgery, patient was stable. Intra op events during surgery uneventful. Immediate post op uneventful. Patient started on orals around 6pm. Patient was ambulatory, self voiding morning on 13/9/22 around 6:30am. Patient was stable, respirating well ambulatory, till 7:30am no complaints, uneventful.</p>																								
<p>24 Name and Signature of Operating Surgeon</p>	<p>Dr. D. SENDHILNAYAKI, D. Sendhil</p>																								

Date 15.9.22

Signature: D. Sendhil

Name: Dr. D. SENDHILNAYAKI

Assistant Surgeon S.

Annexure - 14.

Proforma for Conducting Audit of Death

(To be submitted within one month of sterilization by DQAC and sent

Name of the state/ District/Union Territory.....TAMIL NADU.....

Details of the deceased		
1	Name	VINODHINI
2	Age	31
3	Sex	Female/Male.....Female
4	Name of Spouse (his or her age)	BATHISH KUMAR /33yrs
5	Address of the deceased	2/880, moaha kivil street Mugaliyakkam, Chennai : 600125
6	Number of living children(with details concerning age and sex).	2
7	Whether operation was performed after delivery or otherwise	INTERVAL TAT
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	—
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	D/M/Y.....29...../.....5...../2022 Yes
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	PORUR UCHC
Details of operations		
12	Place of operation	PORUR UCHC
13	Date and time of operation (D/M/Y)	30.5.2022 ; 1:30pm
14	Date and time of death (D/M/Y)	4.6.2022 ; 2:11pm
15	Name of surgeon	DR. AKILA AYAPPAN
16	Whether surgeon was empanelled or not	Yes/No...../.....
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 of clients operated upon on the day of surgery	INTERVAL TAT : 1 EMERGENCY LSCS : 1 MTP & TAT : 1 (RRIM) INTERVAL LAP : 1 (laparoscopy)
20	Did any other client develop complications? If so, give details of complications?	NO

Anaesthesia/Analgesia/Sedation		
21	Name of the Anaesthetist, if present	Dr. EZITHMANI
22	Details of anaesthesia drugs used	Inj. FORTUIN 30mg + Inj. ATROPINE 0.6mg + Inj. DIAZEPAM 5mg + Inj. KETOROLAC (100mg + 50)
23	Types of anaesthesia/analgesia/sedation	TOTAL INTRAVENOUS ANAESTHESIA
24	Post-operative complications (according to sequence of events)	-
	A. Details of symptoms and signs	-
	B. Details of laboratory and other investigations	ASSESSMENT: NO COMORBID CONDITIONS HYPOTHYROID (ON T. THYRONORM 100mcg)
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	INVESTIGATION: NORMAL
Details of Death Audit		
25	Cause of death (Primary Cause)	
26	Has postmortem been done? If yes, attach the post mortem report	Yes
27	Whether first notification of death was sent within 24 hours	Yes/No..... Yes If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
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?	
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)	
33	Additional Information	
34	Recommendations made	
35	Action proposed to be taken	

Name Dr. Alula Syyappa Designation Medical Officer
Date 30/6/22 Signature Alula Syyappa

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

MEDICAL OFFICER
PORUR UHC
VALASARAVAKKAM ZONE-XI
CORPORATION OF CHENNAI

Sterilization Death Audit Report

(Report from State to Centre)

Name of the state/union territory.....

Report for the quarter ending

[illegible]

Medical death audit report must be annexed for each case.

Date: 30/0/22

Signature.....

MEDICAL OFFICER
PORUR UCHC
VALASARAVAKKAM ZONE-XI
CORPORATION OF CHENNAI