

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, Gangaiyamman 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. Fentanyl, 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