

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 Madurai DISTRICT/TAMILNADU

Details of the Deceased	
1	Name
2	Age
3	Sex
4	Name of Spouse (his or her age)
5	Address of the deceased
6	Number of living children (with Details concerning age and sex)
7	Whether operation was performed after delivery or otherwise
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
10	Whether written consent was obtained before the operation
11	Whether the operation was done at a Camp or as a fixed day static Procedure at the institution ✓
Details of operations	
12	Place of operation
13	Date and time of operation (D/M/Y)
14	Date of time of death (D/M/Y)
15	Name of Surgeon
16	Whether surgeon was empanelled or not
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?
19	Number of clients admitted and number of clients operated upon on the day of surgery
20	Did any other client develop complications? If so, give details of complications?



# Anaesthesia/Analgesia/Sedation

1	Name of the Anaesthetist, if present	DR. GAYATHRI M.D
22	Details of anaesthesia drugs used	SPINAL ANAESTHESIA, 2 BUPIVACAINE
23	Types of Anaesthesia/analgesia/sedation	SPINAL ANAESTHESIA
24	Post-operative complications (according to sequence of events)	Pt. developed DIC due to heart disease
	A. Details of symptoms and signs	DIC -
	B. Details of laboratory and other investigations	Prolonged coagulation profile
	C. Details of treatment given, with Timings, dates, etc from time of Admission until the death of client	DIC - Emergency Laparotomy & total abdominal hysterectomy done
Details of Death Audit		
25	Cause of death (Primary cause)	Post AVR / mild MS / mild HTN / DIC
26	Has Postmortem been done? If yes, attached the post mortem report	NO
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	Dr. Parimala Devi Dr. Josephine Hem Dr. Bakumali Dr. Narayana
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes
30	What factors could have helped to prevent the death?	-
31	Were the sterilisation standards Established by GOI followed?	Yes
32	Did the facility meet the follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
33	Additional Information	
34	Recommendations made	Recommend for Compensator as per GO.
35	Action Proposed to be taken	-

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