

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 Tamil Nadu, Ramnathapuram.

Details of the deceased

1	Name	Ms. Geetha
2	Age	22 y.o.
3	Sex	Female/Male.....
4	Name of Spouse (his or her age)	Mr. Sathish Kumar
5	Address of the deceased	Maruthur, Athangudi, Ramnath (Dt)
6	Number of living children(with details concerning age and sex)	2 living children - 1. Selvi Madhuvish 12 y.o. 2. Selvan Harshith 3 months
7	Whether operation was performed after delivery or otherwise	Laparoscopic interval Sterilization
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.....15...../.....02...../.....2024
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	at camp - Nainarkovil PHE

Details of operations

12	Place of operation	GPHE, Nainarkovil
13	Date and time of operation (D/M/Y)	16.2.2024, 10.45 AM
14	Date and time of death (D/M/Y)	16.2.2024, 12.05 PM (Brought dead)
15	Name of surgeon	Dr. N. KARLIN SATHIYA PRABA
16	Whether surgeon was empanelled or not	Yes/No.....
17	If the operation was performed at a camp who primarily screened the client clinically	Dr. Nivethitha
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	Admitted - 11 Operated - 9
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. C. Gayathri MBBS MD
22	Details of anaesthesia drugs used 5ml 0.5% propofol 0.2ml IV by midazolam by
23	Types of anaesthesia/analgesia/sedation sedation
24	Post-operative complications (according to sequence of events)
	A. Details of symptoms and signs Pt drowsy, hypotension, pulse faint.
	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 IV fluids at 11:45 am CPR at 11:20 am 1st cycle of CPR at 11:20 am 2nd cycle of CPR at 11:25 am Endotracheal triple support initiated
Details of Death Audit	
25	Cause of death (Primary Cause) Shock and haemorrhage due to
26	Has postmortem been done? If yes, attach the post mortem report yes Post mortem done
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 1. Dr. S. Sivanandaveli DPFw Ramnath 2. Dr. Malavannan HOD Lungen 3. Dr. Gnanaprakasam HOD Adra
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? Stringent Pre op Screening and
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) yes
33	Additional Information
34	Recommendations made FPIS Sterilization death Compensation
35	Action proposed to be taken recommended

Name Dr. S. Sivanandaveli Designation Deputy Director of Medical and Rural Health Services and Family Welfare, District Family Welfare Bureau Ramanathapuram - 623 501.

Date 20.02.2024 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.