

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 Maharashtra. Amravati.

Territory.....

Details of the deceased

1	Name	Smt.Reshma Parvin Mohammad Ashfak
2	Age	32 Years
3	Sex	Female
4	Name of Spouse (his or her age)	Shri. Mohammad Ashfak Sheikh Ismail 30 Years
5	Address of the deceased	At.Post.Mahuli Jahagir Ta.& Dist.Amravati.
6	Number of living children(with details concerning age and sex)	1) Simbul Bakhtiyar Mohd.Ashfak F/7 Year. 2) Sujen Ajahar Mohd.Ashfak. M/5 Year. 3)Hasanain Ajahar Mohd.Ashfak. M/3 Year
7	Whether operation was performed after delivery or otherwise	LSCS With TL (after delivery)

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	31/08/2019. District Woman Hospital Amravati. LSCS Doctor.
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	Yes D/M/Y...31/ 08/ 2019.....
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	District Woman Hospital Amravati. daily done on 31/08/2019

Details of operations

12	Place of operation	District Woman Hospital Amravati.
13	Date and time of operation (D/M/Y)	31/08/2019 time 1.10 pm to 1.45 pm
14	Date and time of death (D/M/Y)	01/09/2019 8.00 pm
15	Name of surgeon	Dr.Sushma Shendre Medical Officer Class-II
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the	Medical officer

18	Was the centre fully equipped to handle any emergency complications	-----
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted – 7 Tub-3 Operated - 7
20	Did any other client develop complications? If so, give details of complications?	No

21	Name of the Anaesthetist, if present	Dr.Swapnil Bhowalu MBBS. MD.Aneshhesia
22	Details of anesthesia drugs used	1)Inj. Bupivacaine 0.5% (H) 1.8 cc Inj.Ranitidine 50 mg Iv,Inj.Ondensatron 4 mg Iv.Inj.Pitocine 20 Units Iv.
23	Types of anesthesia/analgesia/sedation	Spinal Anesthesia
24	Post-operative complications (according to sequence of events)	No any complication identified during the period of Hospitalisation.
	A. Details of symptoms and signs	Nil

	B. Details of laboratory and other investigations	Nil
	C. Details of treatment given,with timing,dates,etc from time of admission until the death of client	(31/08/2019) Since Admission to (01/09/2019) Reffer to GMC Nagpur following Medication were given to patient.on admission on 31/08/2019 Inj.Taxim 1gm Stat. After shifting to OT managed in OT.Post LSCS Day-1 2 point RL.2 point DNS 2 point 5%Dextrose. Inj Ampiciline 2 cc 2 days BD. Inj Gentamycine 80 mg 2 days.Inj diclofenac 3 cc 2 days BD. Inj.Ranitidine 2 cc BD Iv 2 days. Inj.Pause 500 mg on 01/09/2019 Single Dose. Inj.Lasix 10 mg on 01/09/2019 Single Dose.1point BT given.

Details of Death Audit

25	Cause of death (Primary Cause)	Post LSCS with Severe Anemia with DIC with Respiratory Distress.
26	Has postmortem been done? If yes, attach the post mortem report	No
27	Whether first notification of death was sent within 24 hours	Yes/No.....No..... If not,give Reasons:- District Hospital Amt. not give information 24 hours
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	DISC Committee under C.E.O.
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

32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
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33	Additional Information	-----
34	Recommendations made	-----
35	Action proposed to be taken	-----

Name ...Dr.Dilip T.Ranmale Designation ...D.H.O.Amt.....

Date ...18/10/2019.....Signature

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 Maharashtra Amravati

Territory.....

Details of the deceased

1	Name	Smt.Seema Shankar Belsare
2	Age	28 Years
3	Sex	Female
4	Name of Spouse (his or her age)	Shri.Shankar Kamal Belsare 28 Years
5	Address of the deceased	At.Post.Mariyampur.Ta.Chikhaldara.Dist.Amravati.
6	Number of living children(with details concerning age and sex)	1) Vishal Shankar Belsare 6 Year 2) Bharti Shankar Belsare 3 Year 3) Radhika Shankar Belsare 1 Year .
7	Whether operation was performed after delivery or otherwise	1 Year after delivery.

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	05/02/2019. R.H.Chikhaldara. Normal. Doctor.
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	Yes D/M/Y...19/ 02/ 2019.....
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	R.H.Chikhaldara Fixed day static Minilap done on 20/02/2020

Details of operations

12	Place of operation	R.H.Chikhaldara
13	Date and time of operation (D/M/Y)	20/02/2020 time 12.20 pm to 12.30 pm
14	Date and time of death (D/M/Y)	07/03/2020 8.15 am
15	Name of surgeon	Dr.Amol Nalat.
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the	Medical officer Dr.Ravindra Chavan

18	Was the centre fully equipped to handle any emergency complications	-----
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted – 17 Clients Operated No.16 th Operated – 17
20	Did any other client develop complications? If so, give details of complications?	No

21	Name of the Anaesthetist, if present	Dr.Amol Nalat.
22	Details of anesthesia drugs used	1) Inj Atropine 1 ml Im stat.2)Inj Phenergan 2cc Im stat. 3)Inj Pentazotine-1 ml Im stat.Inj.Xylocain 1% locally 10 ml.
23	Types of anesthesia/analgesia/sedation	sedation
24	Post-operative complications (according to sequence of events)	No

	<p>A. Details of symptoms and signs</p>	<p>Patient reffer from DWH Amravati on 2/3/2020 at 6 pm. opreted case of Abd .TL done on 20/2/2020 at RH. Chikhaldard with complaint of mass protruding out of tubectomy wound site since 2 days.O/E GC moderate,Afebrile,Pulse 90/mm,BP-110/80 RS/ CVS/CNS-NAD.P/A examination midline suprapubic abdominal wound dehiscence +. through which omentum was protruding which was infected preoperative investigations done and posted for emergency surgary Exploratomy.laparatomy done,SA on 2/3/2020 ,11.30 pm Protruded infected omentam mass clamped ,cut and ligated and repositied. small and large intestine omentum found normal,uterus normal size/both fallopian tube found cut and ligated stump healthy.No pelvic/peritonal collection-peritonal caviti washed with normal saline and tube drain kept in pelvic cavity through (R) flank and incision close in layers after closing compleate heamostasis.intra oprative procedure uneventful.</p>
	<p>B. Details of laboratory and other investigations</p>	<p>Details of investigation,operation notes and clinical notes attached with casepaper .</p>

C. Details of treatment given,with timing,dates,etc from time of admission until the death of client

02/03/2020 Inj.Diclo 2 ml Im.Inj-Taxim 1gm-Im.Inj.Avil with Dexa 2 ml Im.Inj.Genta-80 mg. 03/03/2020-NBM ,ROA, IV fluids 3 (point) RL,DNS,D-5.Inj.Taxim 1 gm Iv BD. IV Metrogyl 100 ml 8 hourly.. Inj.Pentop 40 mg stat.. Inj.Dyclo 3 cc OD.2 point NS.Inj.pipzo-4.5 gm BD.Date 04/03/2020 Treatment same as per surgens.oral fluids.of rest.Date 05/03/2020 soft diet given.plenty of oral fluids.Inj.Pipzo 4.5gm IV BD.IV Metrogyl-100 ml.Inj. Pentop -40 mg OD.Inj.Dyclo-3 cc .Date- 06/03/2020.full diet given.plenty of oral fluids. Inj.Pipzo 4.5gm IV BD.IV Metrogyl-100 ml.Inj. Pentop -40 mg OD.Inj.Dyclo-3 cc OD.Date- 07/03/2020. Inj.Pipzo 4.5gm IV BD.IV Metrogyl-100 ml. Inj.Dyclo-3 cc OD Inj.Moi lomp OD.Syp kesol 2 tsp. Inj.Onden 2 cciv.Inj.Adrenaline 1 cc.inj. Atropin 1 cc.In mornind patient suddenly became restless and went in gasping condition and cardiac arrest.patient resusestated but could not be revived and declaired dead at. 8.25 am.

Details of Death Audit

25	Cause of death (Primary Cause)	The Probable Cause of Death is due to Pulmonary Thromboembolism.
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	DISC Committee under C.E.O.
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

32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
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33	Additional Information	-----
34	Recommendations made	-----
35	Action proposed to be taken	-----

NameDr.Dilip T.Ranmale.....Designation D.H.O.Amt.....

Date .23/03/2020.....Signature

Details of the deceased

1	Name	Smt.Ashvini Videsh Chavhan.
2	Age	26 Years
3	Sex	Female
4	Name of Spouse (his or her age)	Shri. Videsh Janrao Chavhan. 30 Years
5	Address of the deceased	At.Pariharpura Wadali Post.Camp Amravati.Ta.& Dist.Amravati.
6	Number of living children(with details concerning age and sex)	1) Anika Videsh Chavhan F/2 Year. 2) Gargi Videsh Chavhan F/2 Months.
7	Whether operation was performed after delivery or otherwise	LSCS With TL (after delivery)
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	23/04/2019. District Woman Hospital Amravati. LSCS Doctor.
9	Whether tubectomy operation was done with MTP	No

10	Whether written consent was obtained before the operation	Yes D/M/Y...23/ 04/ 2019.....
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	District Woman Hospital Amravati. daily done on 23/04/2019
Details of operations		
12	Place of operation	District Woman Hospital Amravati.
13	Date and time of operation (D/M/Y)	23/04/2019 time 11.25 am to 11.50 am
14	Date and time of death (D/M/Y)	06/05/2019 2.00 pm
15	Name of surgeon	Dr.Monali Kalambe Medical Officer Class-II
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the	Medical officer
18	Was the centre fully equipped to handle any emergency complications	-----
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted – 13 Tub-3. Operated - 13
20	Did any other client develop complications? If so, give details of complications?	No

21	Name of the Anaesthetist, if present	Dr.Anup Bondre. MBBS. MD.Aneshhesia
22	Details of anesthesia drugs used	1)Inj. Bupivacaine 0.5% (H) 1.8 cc Inj.Ranitidine 50 mg Iv,Inj.Ondensatron 4 mg Iv.Inj.Pitocine 20 Units Iv.
23	Types of anesthesia/analgesia/sedation	Spinal Anesthesia
24	Post-operative complications (according to sequence of events)	No any complication identified during the period of Hospitalisation.
	A. Details of symptoms and signs	Nil
	B. Details of laboratory and other investigations	Nil

	<p>C. Details of treatment given,with timing,dates,etc from time of admission until the death of client</p>	<p>(23/04/2019) Since Admission to (29/04/2019) Discharge following Medication were given to patient.Date 23/04/2019 to 25/04/2019 Inj.Taxim 1gm IV 3 Days BD.Inj.Metrogyl 400 mg IV 3Days TDS.Inj.Ranitidine 2 cc 3 Days BD.Inj.Diclofenac Sodium 2 cc Im 2 Days BD.Inj Ampiciline 2 cc.Inj Gentamycine 2 cc.Date 26/04/2019 to 29/04/2019 Tab Cifrofloxain 500 mg oral 4 Days BD.Tab.Metrogyl 400 mg oral 4 Days TDS. Tab.Ranitidine 150 mg oral 4 Days BD.TAB.diclofenac 50 mg oral 4 Days BD. Tab.Folic Acid oral 5 Days OD.Tab.Calciam Lacted oral 5 Days OD. Patient's Condition is good ,Discharge date 29/04/2019 at 2.00 pm.</p>
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Details of Death Audit

25	Cause of death (Primary Cause)	Probable Cause Of Death due to Thromboembolism.
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.....No..... If not,give Reasons:- Muncipal Carporation not give information 24 hours
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	DISC Committee under C.E.O.
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?	If Pt.Reaching appropriate facility in time then Pt.life save.
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
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33	Additional Information	-----
34	Recommendations made	-----
35	Action proposed to be taken	-----

NameDr.Dilip T.Ranmale Designation D.H.O.Amt.....
Date ...10/07/2019..... Signature

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.....Latur.....

Details of the deceased		
1	Name	Smt.Malan Ahemad Shekh
2	Age	30
3	Sex	Female/Male.....
4	Name of Spouse (his or her age)	Ahmad Shabir Shekh
5	Address of the deceased	Eslampura latur
6	Number of living children(with details concerning age and sex)	3
7	Whether operation was performed after delivery or otherwise	MTP with Leproscopy
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Not after delivery
9	Whether tubectomy operation was done with MTP	Yes
10	Whether written consent was obtained before the operation	D/M/Y02/05/2019
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	In Instutation Govt.Medical Collage Latur
Details of operations		
12	Place of operation	Govt.Medical Collage Latur
13	Date and time of operation (D/M/Y)	03/05/19 at 12.30 PM
14	Date and time of death (D/M/Y)	03/05/2019 at 8.30 pm
15	Name of surgeon	Dr.Ravindra Surwase
16	Whether surgeon was empanelled or not	Yes/No YES
17	If the operation was performed at a camp who primarily screened the client clinically	Not In Camp
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes/No...No.
19	Number of clients admitted and number of clients operated upon on the day of surgery	I Idmeeted and the Same Parformed
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.Venktesh Joshi
22	Details of anaesthesia drugs used	Heavy Bupivacaine 0.5% Midazolam 1gm,Nalbuphine 5mg,Mephentermine 6mg Dopamine,Ketamine 100mg,succinylcholine 100mg,atracurium,Noradrenaline
23	Types of anaesthesia/analgesia/sedation	Spinal anaesthesia during MTP&TL General anaesthesia during Exploratory Laparotomy
24	Post-operative complications (according to sequence of events)	Unexplained Hypotension
	A. Details of symptoms and signs	Pulse rate 120/min,Blood pressure(systolic)90mmHg
	B. Details of laboratory and other investigations	Hb10.6gm%,WBC 7000,platelets 2.85lakh CPKMB 164(Normal 0-25),Chest X-ray shows pulmonary complications
	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)	"Death due to Hemorrhagic Shock with Pulmonary Odema in a operated case of Medical Termination of Pregnancy and Tubal Ligation with Obstetric Hysterectomy"
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
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr.Sagar,Dr.Saundale,Dr.Chamle,Dr.Patil,Dr.Gurude,Dr.Kapse
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?	Better case selection
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	
35	Action proposed to be taken	

Name Designation

Date

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.

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 mandatorily.

- 1 Date of this report (D/M/Y) 05/01/2020
- 2 Date of death (D/M/Y) 05/01/2020 at 12:30 Am
- 3 Name of the deceased Mamita Bhojraj Zade
- 4 Age 25 yrs
- 5 Sex Female/ Male
- 6 Address of the deceased AT + post - Fokurdi T. Saohi Dist- Gadchiroli
- 7 Name of husband/father Bhojraj Rohidas Zade
- 8 Where procedure performed (specify the name of the site) (P) Tick the option
- Camp
 - PP Center
 - District Hospital
 - Medical College
 - Accredited Private/NGO Facility
 - Postpartum
 - Minilap
 - Laparoscopy
 - Any Other
 - Conventional
 - NSV
- 9 Type of procedure
- A. Female Sterilization (P) Tick the option
- B. Male Sterilization (P) Tick the option
- C. Other with MTP/CS, etc (P) Tick the option
- Yes/No
- If yes, give details
- 10 Date of sterilization procedure D/M/Y 01/01/2020
- 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 appropriate additional sheet of paper if more space is required)
- TL operated on date 01/01/2020
Date 03/01/2020 at 9:30 PM
Pt complaints vomiting T/t given
Tuy vomitane
Date 04/01/2020 at 9:25 AM
Pt complaints Rashosh T/t given
Tuy Am ice Then Pt Refer
at 10:30 AM GH Gadchiroli.
- 12 Cause of death
- 13 Contributing factor, if any

- 14 Postmortem examination performed? Yes/No.....
- 15 Name and designation of surgeon who performed the DR. Nandakumar Malakolikan
- 16 Name and Institution where death occurred Gadchiroli G.H.
- 17 Name and designation of reporting officer DR. Manohar G. Madavi, MO. PHE Vahat BK

Name: Dr. Manohar G. Madavi.....

Designation Medical officer

Date 05/01/2020

Signature (MGM)

वैद्यकिय अधिकारी
प्राथ.आरोग्य केंद्र, व्याहड

Instructions: 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. Copies of the records and the autopsy report and other pertinent information if available shall be forwarded with this report to the convener of the DOAC.

1 Date of this report (D/M/Y) 06.01.2020

Type of Institution where the death occurred
(P) Tick the option

- Camp.....
- PPCentre.....
- PHC/CHE.....
- District Hospital.....
- Medical College Hospital.....
- Accredited private/NGO Facility.....

Name of the institution Address
Village/Town/City
District/State

P.H.C., VYAHAD
TAN, Saoli
Dist: Chandrapur
Dr. Nandkumar Shivram Malakolkar

2 Name of the person filling out the report

Designation

Signature

Medical officer G.A.
[Signature]
01.01.2020

3 Date of Sterilization (D/M/Y)

4 Location where the procedure was performed
(P) Tick the option

- Camp.....
- PPCentre.....
- PHC/CHE.....
- District Hospital.....
- Medical College Hospital.....
- Accredited private/NGO Facility.....

(Also specify the name of the facility).....

5 Type of surgical approach
(P) Tick the option

- Minilap.....
- Laparoscopy.....
- Post-Partum Tubectomy.....
- Conventional Vasectomy.....
- NSV.....

6 Date of death

7 Time of death

05.01.2020
12.30 AMam/pm

[Signature]
बैद्यकिय अधिकारी
प्रा. आ. केंद्र. व्याहाड (ब.)

Client Details

8 Name Mamata Bhojraj Zade
 9 Age 25 year
 10 Sex Female
 11 Spouse Name Bhojraj Rohidas Zade
 12 Address At Fokurdi, Post. Bhenda, Tal. Chamorsli, Dist. Gadchiroli
 13 Relevant past medical history -
 14 Pertinent postoperative physical and laboratory findings Within normal limit

Sterilization Procedure

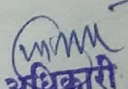
15 Timings of procedure (Females only) as per standard (P) Tick the option
 • Upto 7 days postpartum.....
 Interval (42 days or more after delivery or abortion).....
 • With Abortion, Induced or spontaneous
 ♦ Less than 12 weeks.....
 ♦ More than 12 weeks.....
 • Local without sedation.....
 Local with sedation.....
 • Spinal/Epidural/General.....
 Yes/No NO
 Time given 2.00 PM
 Drug Name 2g. Diazepam 2g. Pentazocin 2g. Atropine 2g
 Dosage 10mg 30mg 0.6mg 10g
 Route IM IM IM LOC
 19 Vital signs during surgery
 Time..... BP 110/70 Pulse 78 Resp 16/min
 Rate.....
 20 Duration of surgery
 Time of starting..... 2.30 PM am/pm
 Time of closure..... 2.55 PM am/pm
 Total Time spent..... 25 mins min/hrs
 21 Vital signs after surgery
 Time 3.00 BP..... Pulse 78/min Resp 16/min
 ... Resp Rate.....
 Available/Non available.....

22 Emergency equipments/ drugs available in facility as per standards
 23 Overall Comments
 24 Name and signature of operating surgeon

Patient was conscious at the time of operation and after the operation was good
 Dr. NANDKUMAR SHIVRAM MALAKOLIKER
 (Signature)

Name Dr. N.S. Malakoliker
 Date 06.01.2020

Designation Medical Officer Gr. A.


 वैद्यकीय अधिकारी
 प्रा. आ. केंद्र. व्याहाड (व.)

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.....MAHARASHTRA.....

Details of the deceased		
1	Name	Mamita Bhojraj Zade
2	Age	25yr
3	Sex	Female/Male.....Female
4	Name of Spouse (his or her age)	Mrs Bhojraj Ravidas Zade
5	Address of the deceased	At+Post. Fokurdi Tah. Chamorshi
6	Number of living children(with details concerning age and sex)	1) male child 2 1/2 yr chitrag 2) female child 1/2 month -
7	Whether operation was performed after delivery or otherwise	1 1/2 month after delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	13/11/2019. Subcenter, Samda. P.H.C Vyahad. Normal Delivery.
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y...31...../.....12...../...2019
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	fixed day static procedure
Details of operations		
12	Place of operation	P.H.C. Vyahad (Bu)
13	Date and time of operation (D/M/Y)	1/1/2020
14	Date and time of death (D/M/Y)	5/01/2020 at 12-30 am.
15	Name of surgeon	Dr. Nandkumar Madhukholkar
16	Whether surgeon was empanelled or not	<input checked="" type="radio"/> Yes/No.....Yes.....
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?	<input checked="" type="radio"/> Yes/No.....
19	Number of clients admitted and number of clients operated upon on the day of surgery	13
20	Did any other client develop complications? If so, give details of complications?	No

21	Name of the Anaesthetist, if present	No.
22	Details of anaesthesia drugs used	
23	Types of anaesthesia/analgesia/sedation	Sedation
24	Post-operative complications (according to sequence of events)	None
	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	Yes
27	Whether first notification of death was sent within 24 hours	<input checked="" type="radio"/> Yes/No..... If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr. Sandip Gedam Dr. Prakash sathe Dr. Dipiti Shirame Dr. Rajgopal Dr. Parag
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No..... NO
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	<input checked="" type="radio"/> 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	-
35	Action proposed to be taken	-

Name Dr. Sandip Gedam Designation DRCHO
 Signature [Signature]
 Date

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

REPORT OF STERILIZATION DEATH.

A

GENERAL INFORMATION

- (1) Name : - Mamita Rohidas Zade
(2) Age : - 25 yrs.
Address :- Permanent Address - At + Post. fokurdi tah. Chormoshi
(3) Living issues :- Temp. ADR. Washoli tah. Vasli Dist. Chandrapur
(4) Age of last living issue : - i) 2 1/2 yrs.
(5) Menstrual history : - ii) 1 1/2 month.
(6) Date & place of last delivery : -
(7) Delivery conducted by : - Subcenter
(8) Past history :-
(9) Date & place of admission : - 31/12/2019.
(10) Date & place of operation : - 01/01/2020
(11) Place of operation Govt./private : - Govt. PHC Vyahad (Bu)
(12) Date, time & place of death : - 12:30 pm on 4/01/2020 at Civil Hos
Chandrapur.
(13) Type of operation :- Minital
(14) Whether operation was done in the camp : - NO
(15) If so, how many operations done in the camp :-
(16) How many surgeons were present for the camp :-
(17) Name of surgeon :- Bro Nandkumar mala Khoskar.
Qualification :- M.B.B.S., D.G.O. appearing
Experience :- 20 yrs.
No. Of operations done up till now :-
Previous deaths due to sterilization : - Nil

ममम
वैद्यकीय अधिकारी
प्रा. आ. केंद्र. व्याहड (बु.)

B

Pre-Operative, Operative and Post Operative Care

(1) Pre-Operative Examination: -

(1) Name of doctor: - Dr. S.S. Bhatti

Qualification: - B.A.M.S.

Experience: -

Abnormalities detected: -

(2) Pre Operative Investigation: -

Hemoglobin - 9.4 gm%

Urine examination - Nil

Albumin - Nil

Sugar - 106 mg/dl

Pregnancy Test :- -ve

Other Investigation done :- ECG, HCV

(3) Pre-Operative Sensitivity test :- inj Xylorin 2%. 31.12.19

(4) Status of T.T. Immunization :- Raj 0.5 cc 31.12.19

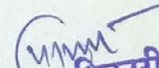
(5) Pre-medication used :-

(6) Anaesthesia used :-

(8) Surgical Procedure :-

(9) Complications during Operation. :-

(10) Post - Operative care:-


बैद्यकिय अधिकारी
प्रा. आ. केंद्र. व्याहड (बु.)

C

Post Mortem Report

- (1) Post Mortem Examination: -
 - (a) Date, time & place:
 - (b) Name of Doctors: -
 - (c) Important Post Mortem findings:
- (2) Histopathological report: -
- (3) Cause of death: -

D

District Quality Assurance Committee

- (1) Date of Meeting :-
- (2) Opinion Regarding :-
 - (a) Cause of death :-
 - (b) Ex-gratia Assistance :-
 - (c) Negligence :-

E

Ex-Gratia Assistance

- (1) Date of initial ex-gratia Assistance :-
- (2) Date of final Ex-gratia Assistance :-
(Mention Name of beneficiary
and cheque details)

Opinion: - As per recommendation of QAC

~~नैयतिक अधिकारी
प्रा. आ. केंद्र. व्याडाड (बु.)~~

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.....Jalgaon.....

Details of the deceased	
1	Name <u>Smt. Shetabai Padamsing Thakore</u>
2	Age <u>30 yr</u>
3	Sex <input checked="" type="checkbox"/> Female/Male:.....
4	Name of Spouse (his or her age) <u>—</u>
5	Address of the deceased <u>Palasthed Tal. Soyagan Dist- 154</u>
6	Number of living children (with details concerning age and sex) <u>1 male and 1 female</u>
7	Whether operation was performed after delivery or otherwise <u>operation was perform. after delivery i.e MTP ETC.</u>
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery <u>—</u> <u>—</u> <u>—</u> <u>—</u>
9	Whether tubectomy operation was done with MTP <u>Yes (MTP & Tubectomy)</u>
10	Whether written consent was obtained before the operation D/M/Y..... <u>19/7/2019</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution <u>fix day clinic</u>

Details of operations	
12	Place of operation <u>D.H. Jalgaon</u>
13	Date and time of operation (D/M/Y) <u>dt 22/7/2019 Time 10.45 Am.</u>
14	Date and time of death (D/M/Y) <u>22/7/2019 Time 4.15 pm</u>
15	Name of surgeon <u>Dr. Nakhade D.GMC Jalgaon</u>
16	Whether surgeon was empanelled or not Yes/No..... <u>Govt Hosp. Surgeon</u>
17	If the operation was performed at a camp who primarily screened the client clinically <u>NO</u>
18	Was the centre fully equipped to handle any emergency complications during the procedure? Yes/No..... <u>NO</u>
19	Number of clients admitted and number of clients operated upon on the day of surgery <u>NO</u>
20	Did any other client develop complications? If so, give details of complications? <u>NO</u>

Anaesthesia/Analgesia/Sedation		
21	Name of the Anaesthetist, if present	Dr. Sagar
22	Details of anaesthesia drugs used	Inj Propofol 20mg. Inj Ketorolac 60mg/100ml
23	Types of anaesthesia/analgesia/sedation	As above
24	Post-operative complications (according to sequence of events)	G.C. Poor. Acute respiratory distress
	A. Details of symptoms and signs	RR - 40 to 50 moderate GRTT
	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	Oral Suction, Hi Administration by Dr. Sagar Inj Fentanyl
Details of Death Audit		
25	Cause of death (Primary Cause)	Septicemic shock due to Peritonitis
26	Has postmortem been done? If yes, attach the post mortem report	Yes Report attached
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	Yes Dr. Samedha, Dr. B. K. Datta
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. Pramod Pandhare Designation ADHO
 Date 28/07/2019 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.

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..... Jalgaon.....

Details of the deceased		
1	Name	Sonali sunil surwade
2	Age	20 / F
3	Sex	Female/Male... <u>F</u>
4	Name of Spouse (his or her age)	Sunil Shamataw surwade
5	Address of the deceased	At Zts surwade Nagar Dekari Tal. Bhusawal
6	Number of living children(with details concerning age and sex)	1 male / 3 female 9 year, 8 year, 4 year, 2 month
7	Whether operation was performed after delivery or otherwise	Yes / Minib Lab
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	16/06/19 : 11:50 AM Municipal Dispensary Bhusawal Normal Delivery, PIND Mrs. Seema Jadhav. (ANM)
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y... <u>21</u> .../... <u>06</u> .../... <u>2019</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	At camp
Details of operations		
12	Place of operation	Nagar Palik Hospital Bhusawal
13	Date and time of operation (D/M/Y)	21/06/2019 7:35 AM
14	Date and time of death (D/M/Y)	21/06/2019 9:44 AM on Road
15	Name of surgeon	Dr. Arun Chudhari
16	Whether surgeon was empanelled or not	Yes/No..... <u>Yes</u>
17	If the operation was performed at a camp who primarily screened the client clinically	Primarily screened before operation
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes/No..... <u>✓</u> Emergency kit medicine or oxygen
19	Number of clients admitted and number of clients operated upon on the day of surgery	10 Pt Admitted 2 Reject 8 Pt Planned
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. Pramod, Dr.
22	Details of anaesthesia drugs used Dr. Promethazine, Dr. Atropine, Dr. Paraldehyde, Dr. Atropine
23	Types of anaesthesia/analgesia/sedation Local Anaesthesia
24	Post-operative complications (according to sequence of events) Post-operative, 7.30 operated and sent to ward.
	A. Details of symptoms and signs Breathness
	B. Details of laboratory and other investigations BP pulse recorded
	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) Pt refer to Civil Hosp for PM done
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 Required document attached herewith
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. Pramod Pandhare Designation ADHO

Date 26/06/2019 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.

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.....Jalgaon.....

Details of the deceased	
1	Name <u>Sanita Girish Patel</u>
2	Age <u>30 yrs</u>
3	Sex Female/Male.....
4	Name of Spouse (his or her age) <u>-</u>
5	Address of the deceased <u>Afpa Kingaon Gas yard Dist-Jalgaon</u>
6	Number of living children(with details concerning age and sex) <u>1 Male, 1 Female 5 yrs. 8 yrs</u>
7	Whether operation was performed after delivery or otherwise <u>otherwise</u>
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery <u>-</u> <u>-</u> <u>-</u>
9	Whether tubectomy operation was done with MTP <u>NO</u>
10	Whether written consent was obtained before the operation D/M/Y..... <u>22/11/2019</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution <u>Camp</u>
Details of operations	
12	Place of operation <u>PHC Kingaon</u>
13	Date and time of operation (D/M/Y) <u>23/11/2019</u>
14	Date and time of death (D/M/Y) <u>3/12/2019 4 PM</u>
15	Name of surgeon <u>Dr Samadhan Wagh (D.Keto)</u>
16	Whether surgeon was empanelled or not Yes/No.....
17	If the operation was performed at a camp who primarily screened the client clinically <u>Dr Manish Mahajan M.O PHC Kingaon</u>
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 <u>13 15</u>
20	Did any other client develop complications? If so, give details of complications? <u>NO</u>

Anaesthesia/Analgesia/Sedation		
21	Name of the Anaesthetist, if present	-
22	Details of anaesthesia drugs used	Xylocaine 1%.
23	Types of anaesthesia/analgesia/sedation	-
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	Tab aipro, Tab Pan, Cab omeprazole, Dicyclomine s.o.s.
Details of Death Audit		
25	Cause of death (Primary Cause)	Septicemia
26	Has postmortem been done? If yes, attach the post mortem report	Yes (Report attached)
27	Whether first notification of death was sent within 24 hours	Yes/No <input checked="" type="checkbox"/> If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr. Shankaram Thakur
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No..... <input checked="" type="checkbox"/>
30	What factors could have helped to prevent the death?	-
31	Were the sterilization standards established by GOI followed?	Yes/No..... <input checked="" type="checkbox"/>
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. Pramod Pandhre Designation ADHO

Date 24/12/2019 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.

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-- Kolhapur

Details of the deceased

1	Name	Mrs.Alka Shankar Kamble
2	Age	24 years
3	Sex	Female
4	Name of Spouse (his or her age)	Mr.Shankar Balu Kamble
5	Address of the deceased	A/P-Prayag Chikhali,Tal-Karveer
6	Number of living children(with details concerning age and sex)	Two Aroshi age 1.6 years Female,Shourya age 2 months Male
7	Whether operation was performed after delivery or otherwise	47 days after delivery

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	28/03/2019 CPR Hospital Kolhapur FTND CPR Hospital Kolhapur staff
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	Yes 14/05/2019
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	fixed day session Minilap procedure
Details of operations		
12	Place of operation	Phc Bhuye
13	Date and time of operation (D/M/Y)	14/05/2019 8.22 am To 8.35 am Total time spent 13 Min.
14	Date and time of death (D/M/Y)	25/05/2019 3.30 pm
15	Name of surgeon	Dr.G.B.Gavali
16	Whether surgeon was empanelled or not	Yes

17	If the operation was performed at a camp who primarily screened the client clinically	NA
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	Clients Admitted -14 Clients Operated - 13
20	Did any other client develop complications? If so, give details of complications?	No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Surgeon self Dr.G.B.Gavali.
22	Details of anesthesia drugs used	Inj.Xylocaine skin test 8.05 am,Inj.Atropine 0.6 mg IM,Inj.Pentazocine 30 mg IM,Inj.Dizepam 5 mg IM.
23	Types of anesthesia/analgesia/sedation	Inj.Xylocaine skin test 8.05 am,Inj.Atropine 0.6 mg IM,Inj.Pentazocine 30 mg IM,Inj.Dizepam 5 mg IM.

		Pt.was discharged from Phc on 5 th day.She c/o generilised weakness since 8 days,c/o fever with chill since 4 days (21/05/2019),pain in abdomen since 4 days, c/o altered sensorium since 1 day(24/05/2019),c/o difficulty in breathing and talking since morning of admission to CPRH and death (25/05/2019) On admission pt.was unconscious B/L pupils semidilated, not responsive to painful stimuili,P-feeble not felt,BP not recordable. Ionotropics+IV fluids started and pt.intubated on Ambu bag ventilation started immediately after making ventilator available.Pt.was shifted to ICU but,She went in CRA at 3pm and succumbed to death.L/E of T.Ligation wound pus about 10 ml came on pressing suture line.
25	Post-operative complications (according to sequence of events)	
26		
27		
28		
	A. Details of symptoms and signs	-as above
	B. Details of laboratory and other investigations	- as above
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	- as above -

33	Additional Information	No any
34	Recommendations made	1.Proper post operative care 2.proper sterilization technique.
35	Action proposed to be taken	1.Issued Guidelines to MO Phc 2.Training and Discussion in Monthly MO Meeting

Name- Dr.Y.R.Sale

Date -4/06/2019

Designation –District Health Officer

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.

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 Maharashtra. Amravati.
 Territory.....

Details of the deceased

1	Name	अशोभेड शिवाजी पिंगळे
2	Age	28 years
3	Sex	स्त्री
4	Name of Spouse (his or her age)	शिवानी शेकाजी पिंगळे
5	Address of the deceased	सोमनागा सा डबरी जि कावेड
6	Number of living children(with details concerning age and sex)	1) कृष्णा शिवाजी पिंगळे 9 वर्ष पुत्री 2) चांदणी शिवाजी पिंगळे 2 " क. पुत्री 3) बलराम " 2 मासिन क.
7	Whether operation was performed after delivery or otherwise	प्रसवोपरान्त शल्यक्रिया केली-

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	है।
9	Whether tubectomy operation was done with MTP	आयुर्वेद अस्पताल है। व्याजो अस्पताल है।
10	Whether written consent was obtained before the operation	है।
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	है।
12	Place of operation	आयुर्वेद अस्पताल है।
13	Date and time of operation (D/M/Y)	6/11/2019
14	Date and time of death (D/M/Y)	3/11/2019 11:50 PM.
15	Name of surgeon	डॉ. पंडे है।
16	Whether surgeon was em panelled or	डॉ. पंडे है।
17	If the operation was performed at a camp who primarily screened the	है।

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	होय
9	Whether tubectomy operation was done with MTP	होय कामठी रुग्णालय नाशिक
10	Whether written consent was obtained before the operation	होय
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	होय
12	Place of operation	कामठी रुग्णालय नाशिक
13	Date and time of operation (D/M/Y)	6/11/2019
14	Date and time of death (D/M/Y)	3/11/2019 11:50 PM.
15	Name of surgeon	डॉ. पोहरे व्हाट. एम.
16	Whether surgeon was empanelled or	डॉ. पोहरे. व्हाट. एम.
17	If the operation was performed at a camp who primarily screened the	होय

18	Was the centre fully equipped to handle any emergency complications	Yes
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?	Yes
21	Name of the Anaesthetist, if present	Dr. Ashok Belkhole, Yes.
22	Details of anesthesia drugs used	Xylocaine 1% Local anesthesia
23	Types of anesthesia/analgesia/sedation	Postoperative Hypoglycemia, Hypoglycemia shock
24	Post-operative complications (according to sequence of events)	As fluid electrolyte deficits rapidly increased the patient has dry mucus and hot.
A. Details of symptoms and signs		

	<p>B. Details of laboratory and other investigations</p>	<p>CBC, Biochemistry screens.</p>
<p>C. Details of treatment given, with timing, dates, etc from time of admission until the death of client</p>	<p>Attach - Document -</p>	

Details of Death Audit

25	Cause of death (Primary Cause)	"Septicaemia in an operatal case for tubal ligation how ever organs kept for histopathological examination"
26	Has postmortem been done? If yes, attach the post mortem report	"yes"
27	Whether first notification of death was sent within 24 hours	- family -
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	"civil surgeon - chairman DRCHO - secretary All respective members -
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	- Delay Lamin -
30	What factors could have helped to prevent the death?	- Decision late to Risk factors - History not reading -
31	Were the sterilization standards established by GOI followed?	yes

6

32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	- Yes -
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33	Additional Information	---
34	Recommendations made	---
35	Action proposed to be taken	---

NameDr. Dilip T. Ratnale..... DesignationD.H.O.Amt.....-ed-

Date ...18/10/2019.....Signature[Signature].....

Dr. Shirshakti Pawar.
District Health Officer
Z-P. Nanded.

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.....Nashik.....		
1	Name	Varsha Amol Ahire
2	Age	24 Years
3	Sex	Female
4	Name of Spouse (his or her age)	Amol Sahebrao Ahire
5	Address of the deceased	At.Post.Khamgaon, Tal.Yeola, Dist.Nashik
6	Number of living Children (with details concerning age and sex)`	2 Male 1) 5 Years 2) 2Years
7	Whether operation was erformed after delivery or otherwise	Yes
8	If after delivery	NA
	Date of Delivery	
	Place of delivery	
	Type of delivery	
	Person who conducted the delivery	
9	Whether tubectomy operation was done with MTP	NA
10	Whether written consent was obtained before the Operation	13.05.2019
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fix Day Static
Details of operation		
12	Place of Operation	PHC Andarsul
13	Date and time of operation	13.05.2019 06:45 PM
14	Date and time of death (D/M/Y)	14.05.2019 03:30 AM
15	Name of surgeon	Dr.Hitendra Ramsing Gaikwad
16	Whether surgeon was empanelled	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	Yes
18	was the center fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of client admitted and number of client operated upon on the day of surgery	14 Clients
20	Did any other client develop complications? If so give details of complications?	NO

21	Name of the Anaesthetist if present	Local anaesthesia
22	Details of anaesthesia drugs used	Inj.Promepazine, Inj.Pentazocine,Inj.Atropin
23	Types of anaesthesia/analgesia/	Local anaesthesia
24	Post-operative complications (according to sequence of events)	No
	A. Details symptoms and signs	Breathlessness,Chest Pain
	B. Details of laboratory and other	HB,UPT,Urine-Albumin,Sugar,HIV
	C. Details of treatment given, eith timings, dates, ettime of admission until the death of client	Adrenaline,Hydrocort,Atropin
Details of Death Audit		
25	Cause of death (Primary Cause)	DIC
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
		If not, give reasons.....
28	Detail of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Yes
29	In opinion of the chairman of DAQC was death attributable to the sterilization procedure	Yes
30	What factors could have helped to prevent the death?	Yes
31	Were the sterilization standards	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	to instrction GOI Guide Line of Sterlization
34	Recommendations made	-
35	Action Proposed to be taken	Notice Issued

Name:- Dr.Vijay Dekate

Designation:- District Health Officer,Zilla Parishad, Nashik

Date:- 22.05.2019

Signature:.....

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

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.....

Details of the deceased

1	Name	Ranjana Raviraj Patil
2	Age	25yrs
3	Sex	Female/Male :- Female
4	Name of Spouse (his or her age)	Raviraj Vijay Patil
5	Address of the deceased	A/p :- Pasalewadi, Tal – Mohol
6	Number of living children(with details concerning age and sex)	1. 9 years female 2. 7 years male
7	Whether operation was performed after delivery or otherwise	Lmp 01/03/2020

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	:- 12/03/2020
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	:- Yes at PHC Angar fixed day

Details of operations

12	Place of operation	:- PHC Angar
13	Date and time of operation (D/M/Y)	:- 12/03/2020 at 1.30 pm
14	Date and time of death (D/M/Y)	:- 13/03/2020 at 2.35pm
15	Name of surgeon	Dr Mulla S.S.
16	Whether surgeon was empanelled or	:- Yes
17	If the operation was performed at a camp who primarily screened the	:- Yes

18	Was the centre fully equipped to handle any emergency complications	Yes/No :- Yes
19	Number of clients admitted and number of clients operated upon on	Admitted 3& Operated 3
20	Did any other client develop complications? If so, give details of	No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. Mulla S.S.
22	Details of anesthesia drugs used	Inj. Xyocaine 2%
23	Types of anesthesia/analgesia/sedation	Local
24	Post-operative complications (according to sequence of events)	No
	A. Details of symptoms and signs B.	On 12/03/2020 Tubectomy done at PHC Angar Patient Felldown in Bathroom 1.30 pm accompanied by her sister patient taken to ward by phc staff,CPR Given emergency
	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	As per Indoor Paper
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Details of Death Audit

25	Cause of death (Primary Cause)	
26	Has postmortem been done? If yes,	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 :- Yes
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	Yes/No :- Yes

32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
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33	Additional Information	--
34	Recommendations made	
35	Action proposed to be taken	

Name :-

Designation :-

Date

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.

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.....

Details of the deceased

1	Name	Laxmibai Raju Gavali (Pujari)
2	Age	26
3	Sex	Female/Male :- Female
4	Name of Spouse (his or her age)	Raju Mahipati Gavali
5	Address of the deceased	A/p :- Sadlapur, Tal – Akkalkot
6	Number of living children(with details concerning age and sex)	1. 8 years female 2. 6 years male 3. Female 4 Years, 4 Female 2 Years 5 Female 7 months
7	Whether operation was performed after delivery or otherwise	1 & Half month PNC

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	:- 18/02/2019 :- Home :- Normal :-
9	Whether tubectomy operation was done with MTP	:- No
10	Whether written consent was obtained before the operation	:- 03/04/2019
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	:- Yes at PHC Karjagi fixed day

Details of operations

12	Place of operation	:- PHC Karjagi
13	Date and time of operation (D/M/Y)	:- 04/04/2019 at 12.30 pm
14	Date and time of death (D/M/Y)	:- 08/04/2019 at 8 pm
15	Name of surgeon	Dr Menthe S.S.
16	Whether surgeon was empanelled or	:- Yes
17	If the operation was performed at a camp who primarily screened the	:- Yes

18	Was the centre fully equipped to handle any emergency complications	Yes/No :- Yes
19	Number of clients admitted and number of clients operated upon on	Admitted 23 & Operated 23
20	Did any other client develop complications? If so, give details of	No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. Menthe S.S.
22	Details of anesthesia drugs used	Inj. Xyocaine 2%
23	Types of anesthesia/analgesia/sedation	Local
24	Post-operative complications (according to sequence of events)	No
	A. Details of symptoms and signs	Abdominal pain patient went to Medical practioner at Tadwal & he referred to Civil Hospital Solapur
	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	As per Indoor Paper
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Details of Death Audit

25	Cause of death (Primary Cause)	Septicemia due to perforative peritonitis
26	Has postmortem been done? If yes,	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 :- Yes
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	Yes/No :- Yes

32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
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33	Additional Information	--
34	Recommendations made	
35	Action proposed to be taken	

Name :-

Designation :-

Date

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.