

STERILIZATION DEATH AUDIT REPORT (IIB)

STATE: TAMIL NADU

ANNUAL REPORT : April 2023 TO March 2024

Sl. No	Name of the District	Sl. No.	Name of the Deceased Client	Age	Sex	Date of operation	Type of Facility where operation was conducted (PHC/CHC /DH/ Medical college/ Accredited PVT/NGO Facility)	Fixed day/ Static	Type of Procedure
									(Minilap/ Abdominal Tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)
1	2	3	4	5	6	7	8	9	10
1	Thirupathur	1	Gomathy W/o Samikannu, Sengapalayam (v) Rajapalayam (p) Thirupathur District.	23	F	17.08.2023	GPHC Aandiappanur	Fixed day	PS
2	Theni	1	Tmt.Murugeswari	38	F	29.09.2023	GH, Chinnamanur	Fixed Day	LS
3	Ramanathapuram	1	Tmt. Geetha	22	F	16.02.2024	PHC, Naynarkoil	Fixed	P.S

4	Madurai	1	nt.Semmal	30	F	31.08.2023	SH, Madura	Fixed	ar LSCS wit
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In case of Post Partum Sterilization specify if the delivery was Ceasarean or Normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether written consent obtained or not	Atropine used in pre-anaesthetic medication (Y/N)	Surgery under Anesthesia(LA/GA)	Empanelled Provider (Y/N)	Date of death	Time of death	Place of Death (Health facility, Home, on way to hospital/home)	Any Post operative complication (Y/N)
11	12	13	14	15	16	16	18	19	20
--	--	Yes	No	--	Y	17.08.2023		GHQH Thirupathur	--
-	-	Yes	No	-	Y	30.09.2023	-	GH, Theni	-
-	-	Yes	No	-	Yes	16.02.2024	-	Ramanathapuram	Yes

-	-	Yes	No	-	Yes	02.09.2023	-	Govt. Rajaji Hospital, Madurai	Yes
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If Yes write the signs & symptoms	Under- lying/ Primary cause of death	Death audited	Action Taken
		By DISC (Y/N)	
21	22	23	24
--	? Pulmonar y Edema,? Cardiogen ic shock Postpartu m, Cardio Myopath y	y	y
-	Acute Pulmonar y Edema of Uncertain cause	y	y

-	Post AVR/ Mild/MS/ Mild PHTN / DIC (Dissimina ted Intra Vascular Congubtio n)		
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