

Format - 6 STERILIZATION DEATH AUDIT QUARTERLY REPORT (IIB)

State: Tamil Nadu

Reporting 1st Quarter: April 2023 to June 2023 (2023-24)

S. No	District	S. 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)	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
NIL											

Whether written consent obtained or not	Atropine used in preanaesthetic 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)	If Yes write the signs & symptoms	Under-lying/Primary cause of death	Death Audited By DISC(Y/N)	Action Taken
NIL											

Death Audit 2023-2024 (1st Quarter - April 2023 to June 2023)

Name of the State	Number of Death reported	Number of Death audits conducted	Number of deaths attributed to Sterilization	Reasons of Death	Action taken
NIL					