STERILIZATION DEATH AUDIT REPORT (IIB)

STATE: TAMIL NADU

ANNUAL REPORT : July to September 2023(2nd Quarter)

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	**Thirupathutr**	**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	Madurai	1	mt.Semmal	30	F	31.08.2023	GH, Madura	Fixed	ar LSCS wit

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	02.09.2023	-	Govt. Rajaji Hospital, Madurai	Yes

If Yes write the signs & symptoms	Under-lying/ Primary cause of death	Death audited	Action Taken
		By DISC (Y/N)	
21	22	23	24
--	**? Pulmonary Edema,? Cardiogenic shock Postpartum, Cardio Myopathy**	**y**	**y**
-	Acute Pulmonary Edema of Uncertain cause	Y	Y

-	Post AVR/ Mild/MS/ Mild PHTN / DIC (Dissiminated Intra Vascular Congubtion)		