

Format - 6 STERILIZATION DEATH AUDIT QUARTERLY REPORT (IIB)

State: Tamil Nadu

Reporting 3rd Quarter: October 2021 to December 2021

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	In case of Post Partum Sterilization specify if the delivery was Cesarean or Normal delivery	If Post abortion specify the trimester in which the abortion was done	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	Action Taken
									(Minilap/Abdominal Tubal ligation//Laparoscopic/Conventional Vasectomy/ NSV)													By DISC(Y/N)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	Sivagangai	1	Tmt.Tamilselvi	32	F	18.10.2021	GPHC., Pudukkottai	Fixed day/Static	Ele.LS	--	--	Yes	No	--	Yes	18.10.2021	3.15 PM	GH., Karaikudi	--	--	Sudden Cardio Respiratory Failure Consequent upon Pulmonary Embolism	yes	yes
2	Krishnagiri	2	Tmt.Sunitha	24	F	14.12.2021	Thally PHC., Krishnagiri	Fixed day/Static	NPS	--	--	Yes	No	--	Yes	16.12.2021		GMCH,Krishnagiri	--	--	P2L2/Post/NPS Exploratory laparotomy/Pelvic abscess drained/ Acute renal failure/Septic shock.	yes	yes

for Director of Family welfare

Death audit 2021-2022 (3rd Quarter –October 2021 to December 2021)

Name of the State	Number of Death reported	Number of Death audits conducted	Number of deaths attributed to Sterilization	Reasons of Death	Action taken
Tamil Nadu	2	-	-	-	-

Director of Family Welfare