

Format - 6 STERILIZATION DEATH AUDIT QUARTERLY REPORT (IIB)

State: Tamil Nadu

Reporting 4th Quarter: January 2022 to March 2022

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 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 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	Cuddalore	1	Tmt.Vijayalakshmi	32	F	28.01.2022	GPHC., Orathur	Fixed day/Static	LS	--	--	Yes	No	--	Yes	28.01.2022	5.10 PM	Govt.Raja Muthaiah Medical College Hospital, Chidambaram	--	--	? Pulmonary Embolism	yes	yes
2	Chennai	2	Tmt.Sharmiladevi	27	F	14.03.2022	ISO and Kasthuriba Gandhi Hospital, Chennai	Fixed day/Static	PS	--	--	Yes	No	--	Yes	18.03.2022	8.45 AM	ISO and Kasthuriba Gandhi Hospital, Chennai	--	--	Hypoxic Ischaemic Encephalopathy Post Puerperal Sterilization	yes	yes
3	Dharmapuri	3	Tmt.Surya	27	F	26.03.2022	PHC., Bairalatham	Fixed day/Static	TAT	--	--	Yes	No	--	Yes	28.03.2022	3.05 AM	Dharmapuri Medical College Hospital	--	--	1) ? Post Aspiration Pulmonay Edima with Hypoxic brain Injury sequelae 2) ? Acute Pulmonary Embolism	yes	yes

for Director of Family welfare

Death audit 2021-2022 (4nd Quarter –January 2022 to March 2022)

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	3	3	3	Enclosed	Yes

Annexure - 14.

Proforma for Conducting Audit of Death

(To be submitted within one month of sterilization by DQAC and sent

Name of the state/ District/Union Territory.....TAMIL NADU

Details of the deceased		
1	Name	SHARMILA DEVI
2	Age	27 years
3	Sex	Female/Male.....FEMALE
4	Name of Spouse (his or her age)	VASUDEVAN, 32 years
5	Address of the deceased	No: 3140, NUTHALANMAN KOIL STREET, 2nd STREET, KOTTIVAKKAN, CHENNAI-41
6	Number of living children(with details concerning age and sex)	2 (2 1/2 yrs & 5 days)
7	Whether operation was performed after delivery or otherwise	YES
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	9/3/22 GOVT ISO-KQH LABOUR NATURAL WITH EPIDURAL Dr. NARMADHA
9	Whether tubectomy operation was done with MTP	-
10	Whether written consent was obtained before the operation	D/M/Y.....12...../.....03...../2022 YES
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	ISO-GOVT. KQH
Details of operations		
12	Place of operation	ISO-GOVT. KQH
13	Date and time of operation (D/M/Y)	14/03/2022, 11 AM
14	Date and time of death (D/M/Y)	18/03/2022, 1.02 PM
15	Name of surgeon	Dr. ARUNAVA K
16	Whether surgeon was empanelled or not	Yes/No.....
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?	Yes/No.....
19	Number of clients admitted and number of clients operated upon on the day of surgery	2
20	Did any other client develop complications? If so, give details of complications?	NO

[Signature]
Additional City Medical Officer /
Joint Director
Medical Services Department
Mee
Greet

Anaesthesia/Analgesia/Sedation		
21	Name of the Anaesthetist, if present	Dr. UMA NATHANWAR
22	Details of anaesthesia drugs used	I.V SEDATION
23	Types of anaesthesia/analgesia/sedation	1) Glycopyrrlate, 2) Midazolam 3) Fentanyl
24	Post-operative complications (according to sequence of events)	Patient did not respond to oral commands. pulse weak, BP not responding, RR - 12 breaths/min
	A. Details of symptoms and signs	IVF rushed, CPR started, intubated and patient revived & shifted to ICU.
	B. Details of laboratory and other investigations	Blood parameters - within normal limits.
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	Patient was on mechanical ventilation. Empiric antibiotics given. ECG - OK USG abdomen & pelvis - OK
Details of Death Audit		
25	Cause of death (Primary Cause)	HYPoxic ISCHAEMIC ENCEPHALOPATHY
26	Has postmortem been done? If yes, attach the post mortem report	YES, REPORTS AWAITED
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.....
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. ARCHANA K. Designation ASSISTANT PROFESSOR
Date 22/3/22 Signature [Signature] Reg. No. 106189

Note: If any member of the SQAC/DQAC has performed the operation, he/she should not be involved in the audit and himself/ herself from the proceedings of this audit.

Assistant Surgeon
Govt. Kasturba Gandhi Hosp.
and Children, Chennai-600 005.

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.....TAMIL NADU / CUDDALORE Dist.

Details of the deceased	
1	Name Vijayalakshmi
2	Age 32
3	Sex Female/Male.....
4	Name of Spouse (his or her age) Thirunavukarasu
5	Address of the deceased 1/8 A North St Koolapadi, Vazhaikollai (Po) Cuddalore.
6	Number of living children(with details concerning age and sex) 3 children
7	Whether operation was performed after delivery or otherwise Interval sterilisation
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
10	Whether written consent was obtained before the operation D/M/Y.....28/1/2022 Yes.
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution At camp in Orathan PHC.
Details of operations	
12	Place of operation PHC, Orathan
13	Date and time of operation (D/M/Y) 28/1/2022 at 12.45 Noon
14	Date and time of death (D/M/Y) 28/1/2022 at 5.10pm
15	Name of surgeon
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 Dr. M. Siva Thangam Orathan medical officer.
18	Was the centre fully equipped to handle any emergency complications during the procedure? Yes/No.....Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery Admission - 11 Operated - 8
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. K. Sathesh Kumaravel DA
22	Details of anaesthesia drugs used 1. Pentazone 30mg IV 2. lignocaine 7ml Local 3. midazolam IV
23	Types of anaesthesia/analgesia/sedation Local with sedation 1. Glycylglycylate 0.2mg IV 2. Diazepam 1mg IV
24	Post-operative complications (according to sequence of events) enclosure attached
A. Details of symptoms and signs Pre op	
B. Details of laboratory and other investigations Hb - 10.3g, Bt - 2' CT 4.52 m/s Blood gr - B positive U/S Alb / Nil RES - SSC	
C. Details of treatment given, with timings, dates, etc from time of admission until the death of client enclosure attached	
Details of Death Audit	
25	Cause of death (Primary Cause) ? Pulmonary embolism
26	Has postmortem been done? If yes, attach the post mortem report Yes (b) Unknown (Pending PM Report) Yes (CPM Report attached) cause of death ↓ D. uterine Perforation
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 1) Dr. Natarajan MD (Gen) CCS 2) Dr. A. S. Latha DHO CCS, OA 3) Dr. Suganthi MSOG (KAL Adms) MS
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? 1) Avoid High risk case in camp 2) Do
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
33	Additional Information
34	Recommendations made 1) To AVOID High risk (Prev Cases / prev Abnormal surgery in camp)
35	Action proposed to be taken

Name Designation
Dr. A. S. LATHA, Chief Gynecologist N. J. Latha DHO

Date Signature
Dr. SUGANTHI, Project Officer. SLFP MS.04

Note: If a member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.
Joint Director of Medical & Rural Health Services and Family Welfare
District Family Welfare Bureau
Cuddalore District

Sterilization Death Audit Report

Name of the state/union territory.....TAMIL NADU

Sr No	Name and address of the client	Date of sterilization	Place of sterilization	Type of sterilization	Qualification of surgeon who operated the case	Date and place of death	Underlying cause of death	Death audited by	Remedial action initiated for correction
1.	Vijaya Lakshmi 32 yr	28/1/2022	PHC Erathur	Lap sterilisation	DGO, DNB CG	28/1/2022 RMXXH chidambaram		DPAC	
							↓ ? Pulmonary embolism ? Unknown cause CPM - urine perit sepat Broad li hemat Fluid c B in A Obs Final PM Pen		

Dr. A.S. LATTA, Chief Gynecologist A. S. Latta
Date: Signature:

Dr. SUGANTHI, Project Officer SLFP

Joint Director of Medical & Rural
Health Services and Family Welfare
District Family Welfare Bureau
Cuddalore District