

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

Name of the state/ District

1	Name	Sakhubai Vishwal Nare
2	Age	26
3	Sex	female
4	Name of Spouse (his or her age)	Vishwal Sulcrum Nare
5	Address of the deceased	
6	Number of living children( with details concerning age and sex)	3 - male - 6 y male - 4 y female - 1 y
7	Whether operation was performed after delivery or otherwise	@ one year after last delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	No.
9	Whether tubectomy operation was done with MTP	No.
10	Whether written consent was obtained before the operation	yes

11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Camp
12	Place of operation	Phc manool
13	Date and time of operation (D/M/Y)	28/5/2024, 2:30pm
14	Date and time of death (D/M/Y)	29/5/2024, 3:30am
15	Name of surgeon	Dr. Ashok Belkade
16	Whether surgeon was empanelled or not	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	Yes, pt checked one day before surgery with all vitals stable
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of	12
20	Did any other client develop complications? If so, give details of complications?	No

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21	Name of the Anaesthetist, if present	Dr. Ashok Bellavode
22	Details of anesthesia drugs used	1mg pethidine, 1mg phenazone in 1mg Atropine 1cc in 1mg Xylocaine 1cc SC
23	Types of anesthesia/analgesia/sedation	Local & Sedation
	Post-operative complications (according to sequence of events)	Postoperative, after taken oral, approximately 3 hrs developed fever, given medicine orally, develop restlessness Bp: 90/60, 120/60, hence referred to LMC, Ahmed.
25	A. Details of symptoms and signs	- CBC - Hb: 10.1 PLT = 4.2 HBSAg = Non-reactive BSL = 149 mg/dl, Upt = Neg. Urine A/B -
26	B. Details of laboratory and other investigations	- Admitted 27/5/24, testing for Benarathu possible 1mg TT, Xylocaine test. Patient was in NBM 6 hr before surgery. After surgery, temperature 39 Elevated, after 6 hrs at 39.3 wpm oral heat 6 units given
27	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	pt developed fever at 12:55 am on 29/5/24 after 4 hrs given oral paracetamol - after that developed restlessness & anorexia Bp: 20/10 120/60 & hence refer to LMC for further management.
28	Additional Information	
29	Recommendations made	
30	Action proposed to be taken	

Name-

Date -

Designation - District Health Officer

Signature .....

*[Signature]*  
District Health Officer

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.



# Annexure - 14 (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

## Details of the deceased

1	Name	Pritam Amol Rathod
2	Age	26
3	Sex	Female
4	Name of Spouse (his or her age)	Amol Rangrao Rathod
5	Address of the deceased	Bendi tanda TA kinwat dist. Nanded
6	Number of living children (with details concerning age and sex)	Two Punam Amol Rathod 8yr female Pratik Amol Rathod 3yr male
7	Whether operation was performed after delivery or otherwise	Otherwise
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	No
10	Whether written consent was obtained before the operation	Yes





11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Camp
12	Place of operation	PHC Bodhadi bk Ta. kinwat
13	Date and time of operation (D/M/Y)	29/11/2024
14	Date and time of death (D/M/Y)	23/12/2024 11.50 PM
15	Name of surgeon	Dr. Ashok Belkhode
16	Whether surgeon was empanelled or not	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	Dr. Manohar Shinde (M.O.)
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted-62 Operated-62
20	Did any other client develop complications? If so, give detail of complications?	NO

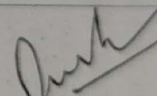
#### Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Present
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22	Details of anesthesia drugs used	Lignocaine , promethazine ,pentazosine,Atropine, Benzathenpeniciline,
23	Types of anesthesia/analgesia/sedation	Sedation
	Post-operative complications (according to sequence of events)	NO
25	A. Details of symptoms and signs	After 14 days TL patietnts brought by relatives to SdH Gokunda with Complaing of abdominal pain with abscees with perforation , Fever,sepsis,and WBC 30000 . Then reffered to Civil Hospital Nanded From SDH Gokunda urgently.
26	B. Details of laboratory and other investigations	CBC,HB,UPT,HIV,ECG,RBS,
27	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Exploratory Lapratomy with ICU Admission patient was given Ventilatry support until death
28	Additional Information	Patient was out of reach for next 14 days.
29	Recommendations made	
30	Action proposed to,be taken	

Name-Designation-District Health Officer

Date-Signature.....

  
 वैद्यकीय अधिकारी  
 शा.आ.से.बोधडी (बु.)  
 डा.किशोर वि.बांदे



## Annexure - 14 (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.....Maharashtra.....

### Details of the deceased

1	Name	Rani Givan Karad
2	Age	38 / F
3	Sex	Female
4	Name of Spouse (his or her age)	Givan Karad
5	Address of the deceased	Alhatwada, Karanjga, Washim
6	Number of living children( with details concerning age and sex)	P1 - MCH 18 yrs P2 - MCH 15 yrs
7	Whether operation was performed after delivery or otherwise	Yes, I
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	25/11/24, GMC Akola, NVD Dr. Neha Mirge
9	Whether tubectomy operation was done with MTP	Yes
10	Whether written consent was obtained before the operation	Yes ✓ D/M/Y 24/11/2024
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed day static procedure
12	Place of operation	GMC Akola
13	Date and time of operation (D/M/Y)	27/11/2024 time 12:30 to 1:00 PM
14	Date and time of death (D/M/Y)	30/11/2024 time 9:45 PM
15	Name of surgeon	Dr. Namita Raut
16	Whether surgeon was empanelled or not	No
17	If the operation was performed at a camp who primarily screened the client clinically	NA
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted - - Operated - 03
20	Did any other client develop complications? If so, give details of complications?	NO

### Anaesthesia/Analgesia

21	Name of the Anaesthetist, if present	Dr. Poonam Dr. Bhagyashree
22	Details of anesthesia drugs used	1mg Ropivacaine 0.5% 2.6 cc by Supraglottic bag
23	Types of anesthesia/analgesia/sedation	Spinal anaesthesia
24	Post-operative complications (according to sequence of events)	No complications
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	



25	Cause of death (Primary Cause)	to be declared after PM examination
26	Has postmortem been done? If yes, attach the post mortem report	yes,
27	Whether first notification of death was sent within 24 hours	Yes/No..... 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
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	
35	Action proposed to be taken	

Name Dr. Aparna Wahane Designation H.O.D., Dept of OBGY Akola

Date 11.12.2024 Signature [Signature]

Professor & Head

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

Department of Obsv. & Gyna  
Government Medical College, Akola

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.

1	Date of this report (D/M/Y)	13-02-2025
2	Date of death (D/M/Y)	11-02-2025
3	Name of the deceased	Mrs Sujata Pramod Bhagat
4	Age	40
5	Sex	Female
6	Address of the deceased	At Virahit, Post Ghota, Tq Murtizapur
7	Name of husband/father	Mr Pramod Gulabrao Bhagat
8	Where procedure performed (specify the name of the site) (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp...Sub District Hospital, Murtizapur</li> <li>• PP Center.....</li> <li>• District Hospital.....</li> <li>• Medical College.....</li> <li>• Accredited Private/NGO Facility.....</li> </ul>
9	Type of procedure A. Female Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Postpartum</li> <li>• Minilap</li> <li>• Laparoscopy (yes) <input checked="" type="checkbox"/></li> <li>• Any Other.....</li> </ul>
	B. Male Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS, etc (P) Tick the option	No. If yes, give details.....
10	Date of sterilization procedure	D/M/Y 04/02/2025
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an appropriate additional sheet of paper if more space is required)	<p>Patient was admitted at sub district hospital 03/02/2025, willing for Lap. TL. After presterilisation by Laparoscopy done on 04/02/2025 under I.M sedation (injection atropine, inj phenargan, inj fortwin). On 05/02/2025 patient was complaining of abdominal pain, low B.P., Low Oxygen, treated primarily with IV fluids injection dicyclovin injection norad oxygen supplementation and was referred to GMC Akola, for further management and evaluation. On 05/02/2025 at 11:00 pm patient was reoperated for laprotomy, under general anaesthesia. Patient was suffering from nasal, oral and drain bleeding her platelet count was low and TLC count was high her creatinine and blood urea was high. She was intubated and on ventilator. FFP, platelets, whole blood, packcells, inj. norad and analgesics were given to the patient. She was on ventilator and was responding well to the treatment but her urine output was decreasing so inj lasix was started. Her output improved but her creatinine and blood urea were rising. On 10/02/2025 evening extubation tried but she was not responding so reintubation done. She landed in pulmonary oedema. On relative request at 11:30 am on 11/02/2025 she was referred to Ozone Hospital Akola and on 11:30 pm 11/02/2025 she was declared dead.</p>
12	Cause of death	to be decided after P.M.
13	Contributing factor, if any	---
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr. Shyamkumar Sirsam (Professor, OBGY) GMC Akola
16	Name and Institution where death occurred	Ozone Hospital, Akola
17	Name and designation of reporting officer	Dr. Rajendra Nemade (M.S.) SDH Murtizapur

Designation .....

Signature .....

Medical Superintendent

also send scanned sign copy of this annexure  
Murtizapur, Dist. Akola



# Annexure - 14 (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 Bhandara

## Details of the deceased

1	Name	Megha Akash Banarase
2	Age	24
3	Sex	Female
4	Name of Spouse (his or her age)	Akash Banarase
5	Address of the deceased	At. Post- Virli Bk Ta. Lakhandur Dist. Bhandara
6	Number of living children (with details concerning age and sex)	2 1) 5 Year Male 2) 1 Year 5 Month Male
7	Whether operation was performed after delivery or otherwise	No
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	NA
9	Whether tubectomy operation was done with MTP	No



10	Whether written consent was obtained before the operation	Yes
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Yes
12	Place of operation	PHC Sarandi Bk Ta. Lakhandur
13	Date and time of operation (D/M/Y)	16/11/2024
14	Date and time of death (D/M/Y)	18/1/2025 at 9.10 PM
15	Name of surgeon	Dr. Roshani Raut
16	Whether surgeon was empanelled or not	Empanelled
17	If the operation was performed at a camp who primarily screened the client clinically	Yes, Medical Officer
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes (Partially)
19	Number of clients admitted and number of clients operated upon on the day of	10 Admitted 10 Operated

20	Did any other client develop complications? If so, give details of complications?	No
<b>Anaesthesia/Analgesia/Sedation</b>		
21	Name of the Anaesthetist, if present	No
22	Details of anesthesia drugs used	Local Xylocaine 2Y
23	Types of anesthesia/analgesia/sedation	Local Anesthesia <i>with analgesia (IM)</i>
	Post-operative complications (according to sequence of events)	Ileal Perforation with AKT with Septic Shock Later Developed Gastric Perforation with subdiaphragmatic abscess with Pleuroperitoneal Communication
25	A. Details of symptoms and signs	Abdominal Pain, Vomiting Vistenson & tenderness of Abodomer
26	B. Details of laboratory and other investigations	CBC, LFT, KFT, HIV, Hbs, Ag, CT Abdomen & Pelvis, ECG, X-ray Chest & Abdomen, ABG, Ueine routine & Microscopy, CRP, Sr. Eletrolyte, PTINR

27	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	Ileal Perforation repair , Treatment of Septic Shock on 18/11/2024 On 18/11/2024 INJ Cefotaxim 1gm BD Inj Metro 100cc IVBD On 13/12/2024 Exploratory Laprotomy done Date 17/01/2025 at 9.10 Megha Banarase got admitted to GMC Hospital Nagpur on 18/01/2025 at 5.43pm and She Dead at 9.10pm
28	Additional Information	Post tube ligation with pheriferal Circulation failure Sepsis with ARDS with Cordia resogogan Arrest with peripheral circulation failure
29	Recommendations made	MO Should observed post partum Complication and Timely referral Operative Surgeon also should take follow of TL cases
30	Action proposed to be taken	DQAC have given the claim of Rs 2,00,000/-



District Health Officer  
Zilla Parishad Bhandara

te 29/05/2025



# Annexure - 14 (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 GMC. Nandurbar. Maharashtra

## Details of the deceased

1	Name	Mahi Ambalal Shinde
2	Age	30Y
3	Sex	Female
4	Name of Spouse (his or her age)	Ambalal Totaram Shinde
5	Address of the deceased	Shahada Tal. Shahada Dist. Nandurbar
6	Number of living children (with details concerning age and sex)	Ist Male Child 5yrs IInd Female Child 3yrs IIRD Female Child 1yrs
7	Whether operation was performed after delivery or otherwise	Interval TL

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	NA
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	30-01-2024
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed Day Session
<b>Details of operations</b>		
12	Place of operation	GMC Nandurbar
13	Date and time of operation (D/M/Y)	31-01-2024 At 1:00PM
14	Date and time of death (D/M/Y)	01-02-2024 At 1.10AM
15	Name of surgeon	Dr.K.S.Chaure
16	Whether surgeon was empanelled or no	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	Fixed Day Session Anaesthetist Fitness And Physician Fitness Was Taken
18	Was the centre fully equipped to handle any emergency complications during the	Yes

19	Number of clients admitted and number of clients operated upon on the day of	5 Patients Posted, 4 Patients Operated
20	Did any other client develop complications? If so, give detail of	NO

### Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. Rahul Vasave MBBS DA
22	Details of anesthesia drugs used	Inj. Bupivacaine 0.5% 3ml
23	Types of anesthesia/analgesia/sedation	Spinal Anaesthesia
24	Post-operative complications (according to sequence of events)	Intra Operative Sudden Cardiac Arrest
	A. Details of symptoms and signs	NA
	B. Details of laboratory and other investigations	ON VENTILATOR WITH MULTIPARA MONITOR

	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Inj.TT0.5ml,Inj.Xylocaine Test, On 30-01-2024 Inj.Ceftriaxone 1gm At.6.00AM On 31-01-2024 Inj. Atropin 0.6mg, Inj.Bupivacaine 0.5% 3ml At.12.50PM Inj.Mephentine,Inj.Atropin 0.6mg,Ptn Intubated, CPR Started,DC Shock Given, Inj.Adrenalin 1ml, Inj.Norad 8mg 10ml/hr (Diluted) At.1.00PM On 31-02-2024
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DetailsofDeathAudit		
25	Causeofdeath(PrimaryCause)	Cerebropulmonary Edema
26	Haspostmortembeendone?If yes, attachthepostmortemreport	Yes
27	Whetherfirstnotificationofdeath wassentwithin24 hours	Yes
28	DetailsoftheofficersfromDistrictQual ityAssuranceCommittee(DQAC)who conductedtheenquiry	DR NARESH PADVI SIR C S NANDURBAR DR RAVINDRA SONAWNE SIR DHO ZP NANDURBAR DR PHUND SIR ADHO Z P NANDURBAR DR BAGUL MADAM RMO NANDURBAR DR RITU KUMARI PATHOLOGIST GMC NANDURBAR DR SHIRISH PARANDE PHYSICIAN GMC NANDURBAR DR K K RAJPUT MO OBGY

29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes
30	What factors could have helped to prevent the death?	THOROUGH PRE OP CHECK UP AND INVESTIGATIONS ARE NECESARY
31	Were the sterilization standards established by GOI followed?	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	NA
34	Recommendations made	NA
35	Action proposed to be taken	NO

**Name.....DR SONAWNE SIR Designation.....DHO ZP NANDURBAR**

**Date.....22/02/2024.....**



**Signature.....**

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.

## Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQA C and sent to State)

### Details of the deceased

1	Name	Deepali Navnath Shinde
2	Age	24 years
3	Sex	Female
4	Name of Spouse (his or her age)	Navnath Dattu Shinde
5	Address of the deceased	Sugar Factory, Palse, Shinde Mala, Tal. Dist. Nashik
6	Number of living children (with details concerning age and sex)	1. Male 5 Yrs. 2. Female 3 Yrs.
7	Whether operation was performed after delivery or otherwise	Gynac TL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	NA
9	Whether tubectomy operation was done with MTP	NA
10	Whether written consent was obtained before the operation	Yes
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	FDS
12	Place of operation	PHC Shinde
13	Date and time of operation (D/M/Y)	25/06/2024 11.30 am

14	Date and time of death (D/M/Y)	<b>27/06/2024 11.20 am</b>
15	Name of surgeon	<b>Dr. Madhav Ahire</b>
16	Whether surgeon was empanelled or not	<b>Empanelled</b>
17	If the operation was performed at a camp where primarily screened the client clinically	<b>Yes</b>
18	Was the centre fully equipped to handle any emergency complications during the procedure?	<b>Yes</b>
19	Number of clients admitted and number of clients operated upon on	<b>07</b>
20	Did any other client develop complications? If so, give detail of complications?	<b>No</b>

## Anaesthesia/A

21	Name of the Anaesthetist, if present	<b>Dr. Madhav Ahire</b>
22	Details of anesthesia drugs used	<b>Inj. Xylocaine 1 %</b>
23	Types of anesthesia/analgesia/sedation	<b>Sedation &amp; Local</b>
	Post-operative complications (according to sequence of events)	On 3 <sup>rd</sup> Day of Tubal Ligation Operation She had Complaint of Loose Motion one episode & Vomiting in morning at 4.00 am. Behaviour changes & irrelevant taking after 1 hour & all vital parameters normal. So referral for further management.
25	A. Details of symptoms and signs	<b>No Signs of Dehydration</b>
26	B. Details of laboratory and other investigations	<b>HB 12.04 UPT -ve Urine Albumin Nil Sugar nil HIV -ve</b>

27	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Tab. Furazolined, Cap. Omeprazole, Tab. Ondan, ORS, IV RL 1, IV Metro 1, Inj Amikacin 500 mg IV
28	Additional Information	
29	Recommendations made	
30	Action proposed to be taken	

**Name-Designation–District Health Officer**

**Date-**

**Signature.....**  
**.....**

**Note:**If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.



# Annexure - 14.

## 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.....Thane.....

Details of the deceased		
1	Name	Smt. LAKSHMI SUNIL PATIL
2	Age	26 Yrs
3	Sex	Female/Male.....Female
4	Name of Spouse (his or her age)	
5	Address of the deceased	Suresh Bhane chawl, Adivaligam, Badlapur
6	Number of living children( with details concerning age and sex)	Living children - 2 Male - 2.5 Yrs Female - 6 Months
7	Whether operation was performed after delivery or otherwise	Interval LabTL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	NA
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y.....06...../...03...../..2025
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Camp
Details of operations		
12	Place of operation	PHC Badlapur
13	Date and time of operation (D/M/Y)	Date - 06/03/2025
14	Date and time of death (D/M/Y)	Date - 14/03/2025, 9:30 PM
15	Name of surgeon	Dr. Amol Bidkar
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	yes
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	15
20	Did any other client develop complications? If so, give details of complications?	No



Anaesthesia/Analgesia/Sedation		
21	Name of the Anaesthetist, if present	
22	Details of anaesthesia drugs used	
23	Types of anaesthesia/analgesia/sedation	For Fordwin 1 For phenergan xylocain 1 Atropine
24	Post-operative complications (according to sequence of events)	No
	A. Details of symptoms and signs	No fever, breathless and giddiness
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	attached case sheet
Details of Death Audit		
25	Cause of death (Primary Cause)	Respiratory failure due to pul. TB
26	Has postmortem been done? If yes, attach the post mortem report	yes
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	Dr. Swati Shinde Dr. Reta
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No.....may be.....
30	What factors could have helped to prevent the death?	chest xray b-in - pre-op.
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	low wt pt should be done xray
35	Action proposed to be taken	-

Name ..... Dr. Swati Shinde ..... Designation ..... Dr. Reta .....  
 Date ..... Signature ..... Swati

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.



# Annexure - 14 (Proforma for Conducting Audit of Death)

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

Name of the State -Maharashtra ,District -Wardha

## Details of the deceased

1	Name	Sau Laxmi Moreshwar Kumbhekar
2	Age	28
3	Sex	Female
4	Name of Spouse (his or her age)	Moreshwar Devaji Kumbhekar - 34
5	Address of the deceased	At. Kolhapur(Rao), Post.Offi.Rohani, Ta.Deoli, District Wardha
6	Number of living children (with details concerning age and sex)	Female 2 (1st-9 Yrs, 2nd- 5 Yrs.) Male 0
7	Whether operation was performed after delivery or otherwise	Otherwise
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	Only TL done

10	Whether written consent was obtained before the operation	Yes
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed Day at PHC
12	Place of operation	Primary Health Center Gaul
13	Date and time of operation (D/M/Y)	05/08/2024    Time 06:45 pm
14	Date and time of death (D/M/Y)	09/08/2024
15	Name of surgeon	Dr Sanjay Shendre
16	Whether surgeon was empanelled or not	Empanelled
17	If the operation was performed at a camp who primarily screened the client clinically	Yes, Medical Officer
18	Was the centre fully equipped to handle any emergency complications during the procedure ?	Conducted at PHC
19	Number of clients admitted and number of clients operated upon	3 Done



20	Did any other client develop complications ? If so, give details of complications ?	No
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## Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr Pranjali Kamble Medical Officer
22	Details of anesthesia drugs used	Local Anesthesia Inj.Lignocaine 10ml local given
23	Types of anesthesia/analgesia/sedation	Local with sedation
	Post-operative complications (according to sequence of events)	Post op Day- 1 Nausea and Loose stool 1 episode
25	A. Details of symptoms and signs	Nausea and Loose stool 1 episode
26	B. Details of laboratory and other investigations	HB, RBS
27	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	Pre –op Inj.Cefotaxim 1gm IV Post op Inj. Taxim 1gm in 100ml NS IV Metro 100ml Inj.Diclo 2cc im stat Ivf- 1 RL, 1 DNS

28	Additional Information	Post mortem done. Cause of Death Sepsis
29	Recommendations made	Post operative Precautions at Facility
30	Action proposed to be taken	Selection criteria for client should be as per guidelines.

**Name-Designation–District Health Officer, Wardha**

**Date-Signature.(Dr. R.J.Paradkar).....**

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceeding soft his audit.

# Annexure - 14 (Proforma for Conducting Audit of Death)

Name of the District -- Kolhapur

## Details of the deceased

1	Name	Laxmi Yogesh Chandole
2	Age	29 years
3	Sex	Female
4	Name of Spouse (his or her age)	Mr. Yogesh Sudam Chandole
5	Address of the deceased	A/P-Rui, Tal-Hatkanangle, Dist. Kolhapur
6	Number of living children( with details concerning age and sex)	Two Akanksha Age 4 years Female, Aniket Age 1.2 years Male
7	Whether operation was performed after delivery or otherwise	NA

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	NA NA NA NA NA
9	Whether tubectomy operation was done with MTP	Yes MVA with TL
10	Whether written consent was obtained before the operation	Yes 18/04/2024
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed day session Minilap procedure
<b>Details of operations</b>		
12	Place of operation	Phc Pattan Kodoli Tal-Hatkanangle
13	Date and time of operation (D/M/Y)	19/04/2024 10.35 am To 11.15 am Total time spent 40 Min.
14	Date and time of death (D/M/Y)	24/04/2024 6.30 pm
15	Name of surgeon	Dr.H.V.Vaskkale MBBS DGO
16	Whether surgeon was empanelled or not	Yes



17	If the operation was performed at a camp who primarily screened the client clinically	NA
18	Was the centre fully equipped to handle any emergency complications during the procedure?	No
19	Number of clients admitted and number of clients operated upon on	Clients Admitted -8 Clients 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	NO
22	Details of anesthesia drugs used	Inj.Xylocaine skin test 8.05 am, Inj. Atropine 0.6 mg IM, Inj. Pentazocine 30 mg IM, Inj. Dizepam 5 mg IM.
23	Types of anesthesia/analgesia/sedation	Local with sedation

MVA with TL done by Dr H.V. Vaskale on 19/04/2024 at Phc P. Kodoli, Tal. Hatkanangle at around 10.30 in the morning. Pt. taken out of OT at about 11.30 am.

Date-19/04/2024 Time-12.30pm.

S/B Dr. Mayur Laxman Aundhkar MO Phc.

C/O- Nil. Pt. under sedation. O/E-TPR Normal. BP-110/70mm Hg. O/E-CVS, RS, CNS all NAD. L/E-Dressing over operation site.

Rx given-NBM till 5pm. Inj. Xone 1GM IV, Inj. Genta 2 cc IV, Inj. Panl 40mg IV, Inj. Ondem 2 cc IV, Inj. Dico 2cc IM, Tab. Para. 500.

Advice given-watch for vitals. Inform seriousness.

Date-19/04/2024 Time-07.30pm

C/O-Mild pain at sutured area. Vomiting episodes as taken food. Rx-sent diet. Rest CT all. Watch for vitals monitored. O/E-TPR Normal, BP-100/70mm Hg. O/E-CVS, RS, CNS all NAD, P/A-Dressing at operation site, PV-Nil.

Date-20/04/2024 Time-9.45am- S/B Dr. Mayur Laxman Aundhkar MO Phc.

C/O-Heavyness in abdomen, Nausea, O/E-TPR Normal. BP-140/90mm Hg. P-98/min, O/E-CVS, RS, CNS all NAD, P/A-Distension, Tenderness on even slight touch. Refer pt. to CPR for further management stat.

29/F Laxmi Yogesh Chandole reported to CPR Hospital labour room on 20/04/2024 at around 1pm referred from PHC Pattan Kodoli with post-operative day-2 acute abdomen (abdominal pain with distension). Patient according to history and referral paper was operated MVA+R sided Tubal Ligation on 19/04/2024. Obstetric score-G3P2L2 (Pr. 2LSCS) with 7.3 Weeks GA. On admission an urgent investigation panel was advised. USG(A+P) revealed hemoperitoneum with SLIUG of 7.3 weeks. Pt. was immediately after a high risk consent taken for Exploratory Laparotomy with intra-op surgeon assistance. Intra-op findings: Jejunal perforation was noted and repaired by Resection and Anastomosis. IOPW transformed intra-op. Pt. was shifted to Trauma ICU care post op on 20/04/2024 at around 11.30 pm. Pt. was maintaining on nasal prongs till day-2 post op. On day-2 was shifted to NIV due to shortness of breath & falling Spo2 with B/L coarse crepts in both lung fields. Pt. was febrile throughout her Trauma ICU stay. Pt. deteriorated on 24/04/2024 requiring Invasive ventilation and succumbed on 24/04/2024 at 6.30pm. Body kept for MLC PM.

Post-operative complications  
(according to sequence of events)


A. Details of symptoms and signs

-as mentioned in serial No.24



25	A. Details of symptoms and signs	-as mentioned above in Sr.No.24
26	B. Details of laboratory and other investigations	- as mentioned above in Sr.No.24
27	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	- as mentioned above in Sr.No.24

28	Additional Information	No any
29	Recommendations made	<p>1. Beneficiaries having history of Previous LSCS also LSCS with MTP Beneficiaries should not be operated at Phc Level.They should be referred to institute where Gynaecologists and Anesthetists are available..</p> <p>2.Being National Programme while arrangement of Fixed Day Sessions should be judicious for the benefit of beneficiaries.</p> <p>3. Medical Officers are required continual training regarding preoperative and postoperative care and how to manage any immediate complication or how to refer the patient to higher/tertiary care center along with medical staff accompanied. arrangements, implimentations and pre and post TL care,cautions and followup.</p>
30	Action proposed to be taken	<p>Issued show cause notice to Surgeon Dr.H.V.Hoskkale MO Rural Hospital Dattawad Tal-Shirol and Dr.M.L.Aundhkar MO Phc Pattan Kodoli and further action is in progress as proposed by the Enquiry Committee .</p>

  
**Dr.A.N.Pimple**  
 District Health Officer  
 Zilla Parishad Kolhapur

  
**Kartikeyan S.**  
 Chief Executive Officer  
 Zilla Parishad Kolhapur



# Annexure - 14 (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

## Details of the deceased

1	Name	Angali Dinesh Mendhakar
2	Age	22
3	Sex	Female
4	Name of Spouse (his or her age)	Dinesh Ashok Mendhakar
5	Address of the deceased	Naik Talaw, Bangalore Police Chokky, Nagar
6	Number of living children (with details concerning age and sex)	1st - Female - 3 1/2 yrs 2nd - Male - NR (DOB 19/12/2024)
7	Whether operation was performed after delivery or otherwise	Posted for PNC TL (TL not done)
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	19/17/24 DAEA Women's Hospital Full term normal vaginal delivery Dr. S. Cheluvuwa (MD)
9	Whether tubectomy operation was done with MTP	No



10	Whether written consent was obtained before the operation	Yes
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Posted for TL on 23/7/24 (At Dacca TL is done daily) (TL not done)
12	Place of operation	DACA women's hospital
13	Date and time of operation (D/M/Y)	23/7/2024 (morning at 8 to 3 PM) (spiral given at 12-01 noon)
14	Date and time of death (D/M/Y)	23/7/2024 at 5:00 PM
15	Name of surgeon	Dr. Anush Borkade
16	Whether surgeon was empanelled or not	Yes (empanelled)
17	If the operation was performed at a camp where primarily screened the client clinically	— NA. Pre-op screening done by anaesthetist & Mo.
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on	NA 3 Tubercular pts - Posted (2 Pre & 1 Interval TL)



20	Did any other client develop complications? If so, give details of complications?	No
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## Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. Hemlata Madani
22	Details of anaesthesia drugs used	Inf Bupivacaine (H)
23	Types of anaesthesia/analgesia/sedation	LSA
	Post-operative complications (according to sequence of events)	TL not done as after giving drug for spinal anaesthesia PT developed severe drug reaction.
25	A. Details of symptoms and signs	Severe backache followed by convulsions.
26	B. Details of laboratory and other investigations	<del>On 23/7/24 at 12:02 PM spinal anaesthesia</del>
27	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	On 23/7/24 at 12:02 PM spinal anaesthesia (9m Bupivacaine H 200 mg) given backache - jerky movement - convulsion → 12:15 PM decision for intubation (by Dr. Pradyumn) - in sedation (10m) ED technician done intubation (10m) as Midazolam and Glyco. as Atrocurium

→ Referred to GMC at 1:07 PM for TLN MLE — Died at GMC at 5:00 PM.



28	Additional Information	-	testical
29	Recommendations made		Drug used for spinal C6/6 paravertebral for the PDA
30	Action proposed to be taken	-	.

Name-Designation-District Health Officer

Date-Signature.....

Note: If any member of the SQAC/DQAChas performed the operation, he/she should direct himself/herself from the proceedings of this audit.