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Annexure-VIII

PROFORMA FOR CONDUCTING DEATH AUDIT FOLLOWING STERILIZATION


(to be submitted within one month of sterilization)

Name of the State/District/Union Territory: Uttar Pradesh/Meerut District.

Details of Deceased		
i	Full name	Smt. Pintosh Devi
ii	Age	34 years
iii	Name of spouse and his age	Shri Mintu
iv	Address	272, Govindpur Urf Ghasoli, Dabka, Meerut
v	Number of living children (with details concerning age and sex)	1- Kiran (Daughter) 8 Years
		2- Khushi (Daughter) 7 Years
		3- Rakshit (Son) 6 Years
		4- Dixit (Son) 4
		5- Shakshi (Daughter) 6 Months
vi	Whether the operation was performed after delivery or otherwise	Yes
vii	If after delivery: Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Yes
		13-11-2018
		District Women Hospital, Meerut. Normal Delivery
		Dr. Ishwar Devi Batra, Senior consultant District Women Hospital, Meerut.
viii	Whether tubectomy operation was done along with MTP	No (Normal Delivery)
2	Whether written consent was obtained before the operation	Yes
3	Whether the operation was done at a camp or as a routine procedure at the institution	Routine procedure at District Women Hospital, Meerut
4	Details	
a	Place of operation	District Women Hospital, Meerut
b	Date and time of operation (D/M/Y)	14-11-2018, 2:00 P.M.
c	Date and time of death (D/M/Y)	15-11-2018 03:00 A.M.
d	Name of surgeon	Dr. Ishwar Devi Batra, Senior consultant District Women Hospital, Meerut.

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f	e	—
f	Whether surgeon was empanelled or not	Yes
	If the operation was performed at a camp, who primarily screened the client clinically?	N/A
g	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
h	Number of clients admitted and number of clients operated upon on the day of surgery	Four/Four
i	Did any other clients develop complications? If so, give details of complications.	No
5	Anesthesia/Analgesia/Sedation	Anesthesia (Spinal)
a	Name of anesthetist, if present	Dr. Mahaveer Singh, Anesthetist, Distt. Women Hospital Meerut
b	Details of anesthesia drugs used	Bupivacaine
c	Type of anesthesia/analgesia /sedation	Spinal
6	Post-operative complications(according to sequence of events)	Symptoms of Myocardial Infection
i	Details of symptoms and signs	Anxiety (<i>Ghabrahat</i> as told by Smt Pintosh & attendant) Difficulty in breathing, sweating, Patient was breathless, P/R 38/Min. feeble, R/R Rapid shallow, SPO ₂ 33%, B.P. Un-recordable.
ii	Details of laboratory and other investigations done	No
iii	Details of treatment given, with timings, dates, etc. from time of admission until the death of the patient	Oxygen inhalation. Inj, Atropin, Inj Hydrocortisone, Inj mephentin, Inj soclobicarbonate. Inj. drip with RL running.
7	Cause of death (primary cause)	Myocardial Infection
8	Has post-mortem been done? If yes, attach the post-mortem report	Not Done  मुख्य चिकित्सा अधिकारी
9	Whether first notification of death was sent within 24 hours. If not, give reason:	Death reported by Asha Mrs. Santosh Devi on 15-11-2018 to SIC District Women Hospital, Meerut. Reported by Mr. Mintu 26-11-2018 at CMO office, Meerut.

10	Details of the officers from the District Quality Assurance Committee (QAC) who conducted the enquiry	Dr. Rajkumar, CMO, Meerut Dr. Manisha Verma, SIC Female Hospital, Meerut Dr. Pooja Sharma, ACOMO, RCH, Meerut. Dr. Veer Singh, Impaneled surgeon, Distt. Male Hospital, Meerut.
11	In the opinion of the chairman of the District QAC, was death attributable to the sterilization procedure?	Yes
12	What factors could have helped to prevent the death?	Regular ANC, Checkups required.
13	Were the sterilization standards established by 601 followed?	Yes
14	Did the facility meet and follow the sterilization standards established by GOI? If no, list the deviation[s].	Yes
15	Additional information	Despite above treatment Pt. Pintosh couldn't improve referred to higher centre, LLRM Medical College, Meerut in equipped ambulance with co patient management & ventilator support at 2:55AM 15.11.18 suspicion of Myocardial Infection.
16	Recommendations made	Recommended for payment as per rule.
17	Action proposed to be taken	Payment as per rule.

Date: 05/12/2018

Signature
Designation


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क्रम संख्या:

20322019000897

S.No:



प्रपत्र सं. - 6

Form No. - 6



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उत्तर प्रदेश सरकार

Government Of Uttar Pradesh

मेरठ नगर निगम

Meerut Municipal Corporation

(जन्म-मृत्यु रजिस्ट्रीकरण अधिनियम 1969 की धारा 12/17 एवं उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियमावली 2003 के नियम 8 के अर्धीन जारी)

(Issued under the Section 12/17 of the Registration of Births and Deaths Act 1969 and under rule 8 of Uttar Pradesh, Registration of Births and Deaths Rules 2003)

(मृत्यु प्रमाण पत्र)

(Death Certificate)

प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल अभिलेख से ली गयी है जो (स्थानीय क्षेत्र) मेरठ नगर निगम, राज्य उत्तर प्रदेश के रजिस्टर में अंकित है।

This is to certify that the following information has been taken from the original record of death which is in the register for Meerut Municipal Corporation State U.P.

नाम	
Name	PINTOSH DEVI
पिता/पति का नाम	
Name of Father/Husband	MINTU
लिंग	
Sex	FEMALE
मृत्यु का दिनांक एवं स्थान	15/11/2018-271 GOVINDPUR URF GHASOLI
Date of Death & Place	DABKA, MEERUT
पंजीकरण संख्या	
Registration No	20322019000897
पंजीकरण का दिनांक	
Date of Registration	04/02/2019
जारी दिनांक	
Issued Date	04/02/2019
स्थान/जिला	
Place/District	MEERUT



True copy attested

[Signature]
मुख्य चिकित्सा अधिकारी
मेरठ।

रजिस्ट्रार जन्म मृत्यु

Registrar Birth & Death

Digitally Signed by

Dr Gajendra Singh

Signed on: 04/02/2019 Code: 992589

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे / Ensure registration of every birth and death

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