

Annexure-13

Proforma for Death following sterilization

1	Date of this report (D/M/Y) Type of institution where the death occurred. Name of the institution: Address: Village / Town / City:	31 / 08 / 2023 • Camp..... • PP centre..... • PHC/CHC..... • District Hospital..... • Medical college Hospital..... • Accredited private / NGO facility..... Block PHC, Andippanur, Tirupathur District
2	Name of the person filling out the report Designation Signature	Dr. P. Soundarya, MBBS., Senior Assistant Surgeon
3	Date of sterilization (D/M/Y)	17.08.2023
4	Location where the procedure was performed.	• Camp..... • PP centre..... • PHC/CHC..... CHC • District Hospital..... • Medical college Hospital..... • Accredited private / NGO facility.....
5	Type of surgical approach	• Minilap..... • Laproscopy..... • Post-partum Tubectomy..... • Conventional Vasectomy..... • NSV..... • Any other specify.....

6	Date of death	17/08/2023
7	Time of death	02:30 am/pm

CLIENT DETAILS

8	Name	Giomathi
9	Age	22
10	Sex	Female / Male
11	Spouse Name	Samirannu
12	Address	Singapalayam Village, Rajapalayam Post, Tirupathur District.
13	Relevant past medical history	-
14	Pertinent postoperative physical and laboratory findings.	Difficulty in Breathing.

STERILIZATION PROCEDURE

15	Timings of procedure (Females only) as per standard.	<ul style="list-style-type: none"> Upto 7 days postpartum.....✓ Interval (42 days or more after delivery or abortion).....— With abortion, Induced or spontaneous <ul style="list-style-type: none"> Less than 12 weeks.....— More than 12 weeks.....— Any other specify.....—
16	Type of anesthesia	<ul style="list-style-type: none"> Local without sedation.....— Local with sedation.....✓ Spinal / Epidural / General.....—
17	End tracheal intubation	Yes / No.....NO.
18	List all anesthetic agents, analgesics sedatives and muscle relaxants.	Time given 10.00 AM Drug name } Atropine - 0.6 mg. Pentozocaine - 30mg. Dosage } Promethazine - 12.5mg. Route IV

19	Vital sign during surgery	Time <u>10:15</u> BP <u>120/80 mmHg</u> Pulse <u>80/min</u> Resp. Rate <u>20/min</u>
20	Duration of surgery	Time of starting <u>10:15</u> am / pm Time of closure <u>10:30</u> am / pm Total time spent <u>15 minutes</u> am / pm
21	Vital signs after surgery	Time <u>10:40 AM</u> BP <u>120/80 mmHg</u> Pulse <u>80/min</u> Resp. Rate <u>20/min</u>
22	Emergency equipments / drugs available in facility as per standards. If not available, give details.	Available / Non available <u>Available</u>
23	Overall comments	Death may be due to cardiogenic shock leading to pulmonary edema.
24	Name and signature of operating surgeon.	Dr. K. Manonmani, MBBS., DGO., <u>K. Mani</u>

Name.....

Date:

Designation: Senior Asst Surgeon

Signature: P. Slef

MEDICAL OFFICER

Govt. Community Health Centre

Andiyappanur-635 702

Tirupattur District.