



OFFICE OF THE MEDICAL OFFICER INCHARGE

BLOCK PROGRAMME MANAGEMENT UNIT

COMMUNITY HEALTH CENTRE BARAPADA

DIST-BHADRAK

Letter no-

408

Date-

24.8.16

To

The Chief District Medical officer ,Bhadrak.

Sub:-Death report of Nayana Mallick W/o-Ranjan Mallick of village Jalanga.

Sir ,

Nayana Mallick 27 yrs w/o -Ranjan Mallick was undergone laproscopy sterilization operation at PPC Bhadrak on 23.8.2016.Regular follow up done by Hw (f) .As per the statement of Manjulata Nayak hw(F) Geltua SC removed her stitche on 30.8.2016 at 9.30am and Nayana Mallick was alright till that time .

On that day I e on 30.8.2016 about 2.30pm she had vomiting,loose motion and trembling of body .so her family member with the ASHA took her to DHH Bhadrak and admit there, On the next day i.e on 31.8.2016 her health condition worsend and she got treatement in the line of septicemia and DHH Bhadrak refered her SCB Medical collage Cuttack.

She reached at SCB cuttack about 8.30pm and treated there .then she was declared as death at 10.30pm.

Then 1.10.2016 the post mutom done at dhh Bhadrak which report is not available with us.

This is for your kind information.

MEDICAL OFFICER INCHARGE
CHC BARAPADA
Medical Officer W/C
C. H. C., Barapada
Dist.-Bhadrak.

To be submitted within one month of sterilization by DISC and forwarded to SISC

Copy of this report has to be sent to the MOHFW Mandatorily

Name of the State/District/Union Territory:

Details of the Deceased	
1	Full name <u>Mayana Mallick</u>
2	Age <u>27 yrs</u>
3	Sex <u>Female</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/>
4	Name of spouse (his/her age) <u>Ranjan Mallick - 35 yrs</u>
5	Address of the deceased <u>At - Tahata, Talanga - Dist Bhatkal</u>
6	Number of living children (with details concerning age and sex) <u>Adyasha Mallick - 4 yrs daughter</u> <u>Pravat Mallick - 14 months son</u>
7	Whether the operation was performed after delivery or otherwise <u>Other wise</u>
8	If after delivery: Date of delivery Place of delivery Type of delivery Person who conducted the delivery
9	Whether tubectomy operation was done along with MTP <u>No</u>
10	Whether written consent was obtained before the operation <u>Yes</u>
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution. <u>Camp</u>

Details of the Operation	
12	Place of operation <u>PHC Bdk</u>
13	Date and time of operation (D/M/Y) <u>23/8/16</u> <u>11 AM</u>
14	Date and time of death (D/M/Y) <u>31/8/16</u> <u>10.35 AM</u>
15	Name of surgeon <u>Dr. Marali dhar Padhi</u>
16	Whether surgeon was empanelled or not <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>
17	If the operation was performed at a camp, who primarily screened the client clinically? <u>Dr. Fazudin Khan</u>
18	Was the centre fully equipped to handle any emergency complications during the procedure? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>

19 Number of clients admitted and number of clients operated upon on the day of surgery 24 Yes

20 Did any other clients develop complications? If so, give details of complications. NO

Anaesthesia/Analgesia/Sedation

21 Name of anaesthetist, if present N.A.

22 Details of anaesthesia drugs used Local xylocaine infiltration and Sedation.

23 Type of anaesthesia/analgesia/sedation Local.

24 Post-operative complications (according to sequence of events)

A. Details of symptoms and signs vomiting and loose motion on 8th post operative day.

B. Details of laboratory and other investigations done

C. Details of treatment given, with timings, dates, etc. from time of admission until the death of the patient Admitted with RBS on 27/24/30.8.14 in fluids. Antibiotics @ PPI anti Emetics.

Death of the Patient

25 Cause of death (Primary cause) Septicemic shock.

26 Has post-mortem been done? If yes, attach the post-mortem report Yes

27 Whether first notification of death was sent within 24 hours. Yes

28 Details of the officers from the District Quality Assurance Committee (QAC) who conducted the enquiry report como. Bhadrak attached.

29 In the opinion of the chairman of the DQAC, was death attributable to the sterilization procedure? Yes

30 What factors could have helped to prevent the death? better Post op. Care.

31 Were the sterilization standards established by GOI followed? Yes

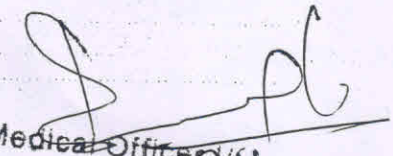
32 Did the facility meet and follow up the sterilization standards established by GOI? If no, list the deviation[s]. Yes

33 Additional information

34 Recommendations made

35 Action proposed to be taken

Date:
Name

Signature 
Designation C. H. Chakrapada
Dist. Bhadrak

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


Chief District Medical Officer
BHADRAK