

From

Director General Health Services,
Haryana, Panchkula

To

All Civil Surgeons,
Haryana

No. 32/3-IDSP-20/ 4182-4203

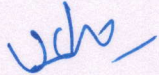
Dated: 10-07-2020

Subject: Revised Death Audit Performa

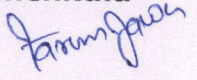
In reference to the vide letter no.32/3/IDSP/20/3700-24 dated 17th June 2020 and as per the feedback received From the Districts, minor changes have been made in the Death Audit Performa which are as under and is also placed as Annexure A:

1. Addition of New Columns
 - *Date of Admission (Point no 4A)*
 - *Time and date of death(Point no 5)*
 - On page no 2 "if not ,please fill date and time of admission in hospital where death occurred"
 - "Part C" on page no 3
2. Replacement of point (Point no 13 under the heading- Delay in hours and days) "From reporting to treatment initiation" with "from reporting date of admission"

Hence same may be used in the Districts for Death audit.

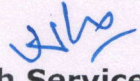

**Director Health Services (IDSP),
Haryana, Panchkula**

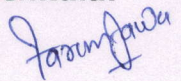
No. 32/3-IDSP/2020- 4204


Dated: 10-07-2020

A copy is forwarded to the followings for information please:

1. **Director General Health Services**


**Director Health Services(IDSP),
Haryana, Panchkula.**





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COVID-19 DEATH AUDIT PERFORMA-(HARYANA)

(Revised Vol.2 on 6th July 2020)

*Note for Medico legal purpose (Part-A) Health Facility based

Name of District	
Name of Hospital	

Socio-Demographic Information: -

1.	Name of the Deceased				
2.	Age				
3.	Sex				
4.	Occupation				
4A.	Date of Admission				
5.	Time & Date of Death				
6.	Place of Death				
	Indicator	Date & Time	Delay (In hours and Days)		Reason for Delay
7.	Symptoms Onset		NA	NA	NA
8.	First Contact with Health Care System for COVID-19 Treatment		From Onset of Symptoms to First Contact with Health care System for COVID-19 Treatment		
9.	Sample Collection		From Onset of Symptoms to Reporting		
10.	Sample Report Received				
11.	Home Isolation (if Applicable)		From Reporting to Date of Admission		
12.	Facility Isolation (if Applicable)				
13.	Admission in First Health Facility (if Applicable please tick)	DCCC DCHC DCH			

14. Mode of Identification of COVID-19 in Deceased (Tick the Appropriate): -

- Self-Reported through Telephone / Helpline
- Arogya Setu
- Passenger Quarantine
- Referral by Medical Practitioners (A. Govt. / B. Private)
- Patient come for the Treatment of other Morbidity
- Active Surveillance
- Passive Surveillance (Flu Corner / Facility Visit)
- Random Sampling
- Other (Specify).....

15. Condition at the Time of Admission (Tick the Appropriate):

- Pre-symptomatic/Asymptomatic/Mild/Very Mild
- Moderate
- Severe
- Brought dead

History of Multiple Referrals (If yes, fill the Table): -

If not, please fill Date & Time of Admission in Hospital where death occurred

	Facility / Place			Place / Facility Name	Date & Time
16.	OPD	Govt.	PHC/CHC/SDH/GH/MEDICAL COLLEGE		
		Private	Standalone OPD		
	Multispecialty hospital				
17.	Home Quarantine				
18.	Facility Quarantine				
19.	IPD	Govt.	PHC/CHC/SDH/GH/MEDICAL COLLEGE		
		Private	Standalone OPD		
	Multispecialty Hospital				
20.	COVID Health Facility	Dedicated COVID Care Center / DCCC			
		Dedicated COVID Health Center / DCHC			
		Dedicated COVID Hospitals / DCH			
21.	NON-COVID	Secondary / Tertiary Health Care Facility			
22.	Other Facility out of State	Govt.	COVID facility		
			Non COVID facility		
		Private	COVID facility		
			Non COVID facility		

**CLINICAL AUDIT OF DEATH DUE TO COVID-19
(PART-B)**

NOTE: - This part B is to be filled by treating Medical Officer by conducting verbal autopsy of the relative of deceased

Name of the Relative of Deceased: -

1. Relation with Deceased: -

**2. In your opinion were any of these following given factors presents?
(Information from relative of patient)**

Indicator	Activity	Yes / No /NA	Specify (if Yes)
Personal / Family	Awareness about COVID-19		
	Awareness about Treatment Option / Place		
	Stigma of COVID-19		
	Delay in Seeking Treatment		
Delay/Lack of Institutional Management to Capture the COVID-19 Case	Delay of Ambulance for Transport from Home to Facility		
	Refusal or Admission at Facility		
	If refusal at facility, Delay of Ambulance for Transport from Health Facility to Higher Centre		
	Multiple Referral of Deceased		
	Coordination Gap between health facilities		

**FOLLOWING INFORMATION IS REQUIRED FROM TREATING DOCTOR
(PART-C)**

3. Name of Treating Physician (Respondent): -

Details of Lab Test	Name of Lab (Govt or private)		
	Date of Sample Taken		
	Date of Sample report		
	Result of Lab Report		
Medical Intervention	Name of Drug/Procedure	Yes/No	Date of Start
Oral Medication or Injectable	Immunity Booster		
	HCQ		
	Azithromycin		
	Zinc		
	Vit-D		
	Ivermectin		
	PCM/NSAID		
	Tocilizumab		
Oxygen	Other		
	With Mask		
Duration of Stay	Nasal Catheter or Non-Invasive Mechanical Ventilation		
	In ICU		
	On ventilator		

4. Date of Time of Death:-

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5. Direct Cause of Death: -

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6. Co-morbidity (if yes, details): - Yes / No

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7. Suggestions for upgrading/up scaling/improving the protocol/management & Healthcare of COVID-19 patients.

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8. Signatures of Death Audit Committee members (with name and designation).

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