

DR. BABA SAHEB AMBEDKAR HOSPITAL  
(GOVT. OF NCT OF DELHI)  
SECTOR VI, ROHINI, DELHI-85

F. No. 16(04)/2021/ Misc Correspondence/BSAH/

ORDER

Dated: 27/04/2021  
9661 — 9676  
512

It has been observed that the Case Sheets pertaining to COVID-19 death which are submitted to Death Review Committee are lacking in vital information/data – essential part of Death Audit Performa provided by the Competent Authority (copy enclosed).

It is making the task of Death Analysis Committee in-cumbersome. It is being viewed seriously by the Competent Authority.

All Incharges of the Covid Wards/ICU's are directed to ensure that all the information/data required as per the Death Analysis Performa are mentioned in the Case Sheets.

You are further directed to sensitize Resident Doctors to ensure that the Death Case Sheets are complete in all respect as per the Death Analysis Performa.

In case the relevant information's are not provided by the Department concerned due to which Death Analysis cannot be done the concerned department will be held responsible.

Dr Ashok Jaiswal  
Addl. Medical Superintendent (I)

**Enclosure- The Death Analysis Performa**

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Dated:

Copy to:-

1. PS to MD for information of Medical Director
2. AMS (A), MS (A & E),
3. All Members of Covid-19 Death Review Committee
4. All Clinical HODs
5. ALL Incharges COVID Wards/ICU's
6. Nodal Officer COVID 19
7. Nodal Officer NQAS
8. ANS and All Senior Nursing Officer Incharges through ANS
9. Suptd. Hospital Managers
10. Asst Programmer for uploading it on hospital website & Guard File

Dr Ashok Jaiswal  
Addl. Medical Superintendent (I)

"PLEASE USE OXYGEN RATIONALLY NAD JUDICIOUSLY"



### DEATH ANALYSIS PROFORMA

Name of Hospital	
Name of patient	
Age	
Gender	
Date of death	
Time of death	

#### Status of patient at admission:

Oxygen saturation (SPO2) on room air	
SPO2 on oxygen support (if patient is on oxygen)	

#### Origin

Referred from another hospital	Yes / No
If yes, name of the hospital	
If yes, duration of stay in the previous hospital(s)	
Direct from home	Yes / No
If yes, duration of stay in home after onset of symptoms	
If yes, duration of stay in home after testing positive	

#### Arrival of patient

Registration time	
Timing mentioned on <i>Receiving Notes</i>	
Duration between registration time & Receiving Note	
Oxygen Saturation mentioned in the Receiving Note	

#### Comorbidities: Yes / No

If yes, then tick the appropriate

DM	Chronic Liver Disease
HTN	Cerebro-vascular Disease
CAD	Cancer
CKD	On Immuno-suppressant drugs
Chronic Lung Disease	Others

#### Place of Admission:

Ward	Yes / No
ICU	Yes / No

#### Duration of Stay

Number of days of stay in the	
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hospital Day wise details	SPO2 Morning	SPO2 Evening	No. of Visits by JRs	No. of Visits by SRs	No. of Visits by Consultants
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

Mode by which oxygen given		Litres per minute
Mode		
By Mask/ Nasal prong		
HFNO		
Bi-pap		
NIV		

Invasive Mechanical Ventilation : Yes / No

**Details of Step-up (Ward to ICU)**

Condition when transfer to ICU requisitioned	
Condition when the patient was received in the ICU	

**Details of Step-down (ICU to Ward)**

Condition when transfer to Ward requisitioned	
Condition when the patient was received in the Ward	

**Details of treatment provided:**

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Death declared by (Tick the appropriate)

Junior Resident	
Senior Resident	
Consultant	

Event before death

Oxygen saturation 6 hours before death	
Time of death	

