

Annexure - 1

CHECK LIST TO BE FILLED IN BEFORE STERILISATION OPERATION OF A MALE / FEMALE BY THE DOCTOR CONCERNED

1. Whether the age of the client is within laid down norms (Male clients should be below the age of 45 years & above 22 years) Yes / No
2. Whether information relating to marital status, No. of living children and age of youngest child obtained. Yes / No
3. Whether the client has been counseled regarding sterilisation so as to help the clients make informed and voluntary decision Yes / No
4. Consent form whether the client has understood the consent for and the following relative contraindications. Yes / No
5. Whether the client has been examined for excluding medical contraindication i.e. Psychiatric disorder and physical illness. The surgeon / doctor should examine for the following relative contraindications. Yes / No
 - a) Psychiatric disorder
 - b) Physical illness
 - i) Acute febrile illness
 - ii) Jaundice or other chronic liver disease
 - iii) Anaemia (haemoglobin less than 8 gm.%)
 - iv) Chronic systemic disease, including tuberculosis, bronchial asthma, blood dyscrasias, heart disease, uncontrolled diabetes, Hypertension and thyrotoxicosis
 - v) Malignancy
 - vi) Skin conditions, including infection involving operative site
 - vii) Pelvic infection, adhesions or mass
 - viii) Severe nutritional deficiency, such as generalized oedema, anaemia and vitamin deficiency
 - a) Allergy to local anaesthesia (alternative anaesthesia or procedure must be provided)
 - b) Gross obesity
 - c) The following conditions in post partum clients ;
 - i) Puerperal fever
 - ii) Prolonged rupture of membranes (24 hrs.)
 - iii) Pre-eclampsia or eclampsia
 - iv) Ante-partum or post partum haemorrhage resulting in haemoglobin less than 8%
 - v) Trauma to the genital tract
 - vi) History of post partum psychosis.

6. Whether assessment and screening of the client has been done as follows:
 - 6.1 Whether the client has been physically examined - pulse, blood pressure, respiratory rate, temperature, body weight, general condition and nutritional status, auscultation of heart, lungs, examination of abdomen, pelvic examination and other examination as indicated by the clients medical history or general physical examination. Yes / No
 - 6.2 Laboratory Examination : Blood test for haemoglobin, urine analysis for sugar, and albumin and other laboratory examinations. Yes / No
 - 6.3 Final medical assessment of the operating surgeons : Whether surgeon has verified fitness of the client including abdominal / pelvic examination before conduction the surgery. Yes / No
7. Whether instructions relating to prevention of infection has been followed? Yes / No
 - 7.1 Whether cleaning and fumigation of the OT has been done. Yes / No
 - 7.2 Proper arrangement for decontamination of articles after surgery is available for items that come in contact with blood or other body fluids by placing in solution of disinfectant for 10 minutes (surgical instruments, gloves, needles & syringes, cotton gauze etc.) Yes / No
 - 7.3 Sterilisation procedure of equipments / insturments required for Surgery has been carried out as laid down in the guidelines. Yes / No

Signature

Name of the Surgeon

Date :