



**Perineal Injury Repair Record**

**MUST ATTACH PATIENT LABEL HERE**

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please ensure you attach the correct visit patient label**



(Complete for all repairs)

**NB THIS FORM ALSO SERVES AS A REFERRAL TO PERINEAL TEAR CLINIC IF REQUIRED**

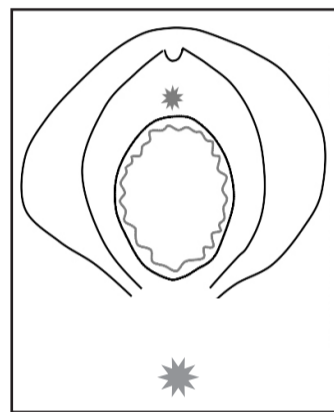
LMC \_\_\_\_\_ Delivered by \_\_\_\_\_

G \_\_\_\_\_ P \_\_\_\_\_ (including this birth) \_\_\_\_\_

Spontaneous vaginal birth     Ventouse     Forceps     Shoulder Dystocia    Baby Weight \_\_\_\_\_ g

**Perineal Injury – Also document on diagram**

- Episiotomy
- First degree (perineal skin only)
- Second degree (perineal body and skin)
- 3a < 50% External Anal Sphincter (EAS) thickness torn
- 3b > 50% EAS thickness torn
- 3c EAS & Internal Anal Sphincter (IAS) torn
- Fourth degree (above plus rectal mucosa)



**Anaesthetic**

- Local infiltration
- Pudendal block
- Epidural
- Spinal
- General

**Repair Location**

- Birthing room
- Operating theatre

**IV Antibiotics**

**Procedure**

**Suture Material Used / Techniques / Comments**

- Vaginal mucosa \_\_\_\_\_
- Perineal muscles \_\_\_\_\_
- Perineal skin \_\_\_\_\_
- Anal sphincter(s) \_\_\_\_\_
- Rectal mucosa \_\_\_\_\_
- Rectal examination (before and after suturing) \_\_\_\_\_
- Analgesia given \_\_\_\_\_

Total Post Partum Blood Loss \_\_\_\_\_ mL    PPH     Yes     No

Sutured by: \_\_\_\_\_

SWABS, INSTRUMENTS & NEEDLE COUNT						
	Instruments		Swabs	Vaginal Packs	Needles	
	Delivery Set (4)	Suture Set (3)				
1 <sup>st</sup> Count						
2 <sup>nd</sup> Count						
<b>Transfer to OR</b>	<b>Left Insitu</b>	<b>SWAB</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>V. Pack</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
1 <sup>st</sup> Checker	Name: _____			Signature: _____		
2 <sup>nd</sup> Checker	Name: _____			Signature: _____		

**PLEASE COMPLETE OVERLEAF FOR ANY 3<sup>RD</sup> OR 4<sup>TH</sup> DEGREE TEAR**

**PERINEAL INJURY REPAIR RECORD**

**CR4097**



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FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please ensure you attach the correct visit patient label**

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(Complete for all repairs)

**POST-PARTUM CHECKLIST FOR THIRD AND FOURTH DEGREE TEARS ONLY**

- ACC45 online form commenced by Ward Clerk (only if Episiotomy or Instrumental birth)
- Manual ACC forms completed by surgeon
- Foley catheter for 12 hours
- Stool softeners: Lactulose 15 ml bd and Metamucil 10 ml bd
- Analgesia
- IV Cefuroxime 1.5g. stat and metronidazole 500mg
- Oral antibiotics prescribed for 7 days (Augmentin)
- Patient given information leaflet 'Third or Fourth Degree Perineal Tear'
- Physiotherapy and Senior Obstetric team review on ward / arranged

**3RD or 4th degree Repair performed by:**

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervised by: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

**Discharge Checklist for 3rd or 4th degree tears**

- Perineal tear clinic referral completed and faxed to Central Referral Office (6380402)
- Letter to Woman
- Prescription to complete 7 days of antibiotics and laxatives for 2 weeks
- Seen by Physiotherapist
- Seen by Surgeon
- Hand-back to Midwife

**Discharged by Doctor**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

**CR4594**