



Hailey Potts, 01/07/2024

### **Informed Consent for Medication and Repair**

Client Name: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Allergies \_\_\_\_\_

I \_\_\_\_\_ (initial) understand that I have a laceration and have had it fully described to me. We have discussed the risks and benefits of repairing and leaving it unrepaired. I am choosing to have the following repair performed using numbing agents. I understand that a 3rd or 4th-degree laceration requires a transfer of care for repair as it is not in a midwife's scope of practice. I accept the responsibility of my decision and have had ample time for my questions to be answered.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Midwife Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Documentation of Tear and Repair Plan**

**Laceration Y/N?**

**Reason for Laceration/ Mode of Delivery**

\_\_\_\_\_  
\_\_\_\_\_

**Anal Sphincter Examined Y/N**

- Intact Y/N
- If no, degree and description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location, Type, and Degree of Tear:**

- Periurethral or labial lacerations Y/N
  - Degree/ Description

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- External/ Perineal Laceration Y/N
  - Degree and Description

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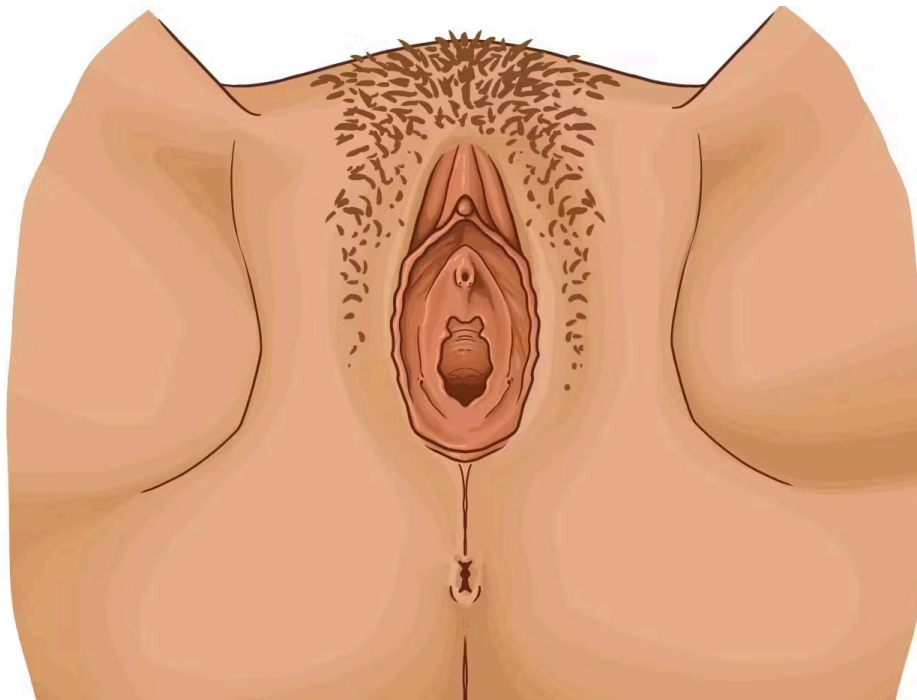
- Internal Vaginal Laceration Y/N
  - Degree and Description

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Mark the image where the lacerations are:



### **Additional Procedures Performed**

Cervix Examined: Y/N?

- Findings/Indication

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Catheter Placed Y/N?

- Blood in Urine Y/N?
- Findings/Indication

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### **Repair Plan**

<b>Suture Material</b>	<hr/>
<b>Medications Administered</b>	<hr/> <hr/>
<b>Plan for Repair</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Alternative Therapies</b>	<hr/> <hr/> <hr/>
<b>Special Instructions for Follow-up</b>	<hr/> <hr/> <hr/> <hr/>

**Additional Notes:**

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