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Contact: Clinical_Pathways_Program@health.qld.gov.au

Queensland Government

Neonatal Abstinence Syndrome Clinical Pathway Clinical Events / Variances

(Additional Page)

Facility: ....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Every person documenting in this clinical pathway **must** supply a sample of their initials in the signature log on the *Neonatal Abstinence Syndrome Clinical Pathway (SW246)*. This additional page **must** be kept with the original *Neonatal Abstinence Syndrome Clinical Pathway.*

DO NOT WRITE IN THIS BINDING MARGIN

Clinical events / variances

Date	Time	Variance code	Expand on variances to clinical pathway for clinical relevance, clinical history, consultations and data collection. Document as **Variance / Action / Outcome**. *(Include name, signature, date and staff category with all entries)*	Initials

Continue documentation on next page ▶

N:	**Neonate**	B:	**Pathway**
N:01	Weight loss more than 10%	B:09	Self care difficulties / delay
N:02	Jaundiced - treatment initiated	B:11	Timely access to services
N:03	Breastfeeding initiated within 1 hour of birth	B:13	Clinical judgement required
N:00	Other	B:00	Other

v1.00 - 02/2017

SW246b

NAS CLINICAL PATHWAY CLINICAL EVENTS / VARIANCES (ADDITIONAL PAGE)

Queensland Government

Neonatal Abstinence Syndrome Clinical Pathway Clinical Events / Variances *(Additional Page)*

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