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Contact: Clinical_Pathways_Program@health.qld.gov.au

Queensland Government

Neonatal 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 Clinical Pathway (SW232).* This additional page must be kept with the original *Neonatal Clinical Pathway.*

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

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v3.00 - 03/2015

SW232b

NEONATAL CLINICAL PATHWAY CLINICAL EVENTS / VARIANCES (ADDITIONAL PAGE)

Queensland Government

Neonatal Clinical Pathway
Clinical Events / Variances
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