



**Queensland
Government**

**Maternal Postnatal
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 and signature in the Signature Log (pg 1) on the *Maternal Postnatal Clinical Pathway (SW1308)*. This additional page **must** be kept with the original *Maternal Postnatal Clinical Pathway*.

Abbreviations

EPPM	Endorsed Private Practice Midwife	OGTT	Oral Glucose Tolerance Test	SUDI	Sudden Unexpected Death in Infancy
IDC	Indwelling catheter	PCA	Patient Controlled Analgesia	VTE	Venous Thromboembolism
MMR	Measles, Mumps, Rubella	PIVC	Peripheral Intravenous Catheter		
NRT	Nicotine Replacement Therapy	SIDS	Sudden Infant Death Syndrome		

Clinical Events and Variances

[illegible]

MATERNAL POSTNATAL CLINICAL PATHWAY EVENTS/VARIANCES (ADDITIONAL PAGE



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[illegible]