Queensland Government

Vaginal Birth 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 *Vaginal Birth Clinical Pathway (SW233)*. This additional page **must** be kept with the original *Caesarean Birth 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

Continue documentation on next page ▶

© The State of Queensland (Queensland Health) 2015
Licensed under: http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en
Contact: Clinical_Pathways_Program@health.qld.gov.au

DO NOT WRITE IN THIS BINDING MARGIN

v3.00 - 03/2015

SW233b

VAGINAL BIRTH CLINICAL PATHWAY CLINICAL EVENTS / VARIANCES (ADDITIONAL PAGE)

Queensland Government

Vaginal Birth Clinical Pathway
Clinical Events / Variances
(Additional Page)

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

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

DO NOT WRITE IN THIS BINDING MARGIN