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Contact: Clinical_Pathways_Program@health.qld.gov.au

Queensland Government

Caesarean 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 Caesarean Birth Clinical Pathway (SW231). 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

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