

SECTION:
ORGANIZATION

SUBJECT:
MEDICAL STAFF: COLLABORATIVE PRACTICE/PRESCRIPTIVE AUTHORITY AGREEMENT

ADVANCE PRACTICE PROFESSIONAL COLLABORATIVE AGREEMENT / PRESCRIPTIVE AUTHORITY AGREEMENT

COGDELL FAMILY CLINIC

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I. INTRODUCTION

This Collaborative Practice/Prescriptive Authority Agreement (CP/PAA) applies to Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) hereinafter referred to as Advances Practice Providers (APPs) who are associated with or employed by the Scurry County Hospital District dba Cogdell Memorial Hospital.

Purpose

This CP/PAA authorizes the APP to perform medical acts, including prescribing and ordering drugs and medical devices and receiving and distributing drug samples, in accordance with the Nursing Practice Act, §301.152, Texas Occupations Code and the Medical Practice Act, §157.051 – 157.060, Texas Occupations Code. This CP/PAA delegates certain medical acts, as authorized or required by Texas law, and sets forth guidelines for collaboration between the delegating physician(s) and the APP. This agreement is not intended to limit the healthcare services the APP shall provide under his or her scope of practice, based on the advanced practice role and specialty authorized by the Texas Board of Nursing (BON).

Development, Revision, Review and Approval

This CP/PAA is developed collaboratively by the APP and delegating physician(s). The CP/PAA will be reviewed annually, dated, and signed by all the parties named in the CP/PAA. Alternate physician(s), if designated, are not required to sign the document. The CP/PAA may be revised more frequently as necessary. With the exception of amending the list of alternate physicians, if designated, amendments must be signed and dated by all parties. Any changes to documents referenced in the CP/PAA, must also be approved by all parties to the agreement.

Signing the "Statement of Approval" signifies the parties approve the agreement and all policies, protocols and/or procedures referenced in this document. The parties are entering into a collegial relationship in which each party understands and will fulfill his/her legal responsibilities under the terms of the agreement. APPs and any delegating physicians who join the staff after approval or renewal of this agreement will also review and sign the agreement. APPs must sign the agreement before prescribing or ordering any drugs or medical devices.

Each APP and physician must retain a signed copy of the agreement until the second anniversary after the delegating relationship is terminated.

Requirements and Disclosures

The APP must be licensed in good standing as a PA with the Texas Physician Assistant Board Registered Nurse or as an APRN with prescription authorization from the Texas Board of Nursing in a role and population focus area appropriate to the population of patients for whom the APP will perform medical acts, prescribe or order drugs and medical devices.

APPs shall not be a party to a CP/PAA if under a Board Order prohibiting their participation.

If prescriptive authority for controlled substances is delegated, the APP must also have a Texas Department of Public Safety Controlled Substances Permit and a Drug Enforcement Agency (DEA) certificate.

The APP must also possess a valid Basic Life Support (BLS) in accordance with facility or practice policies in which they practice.

Each delegating physician must hold a full and unencumbered Medical License issued by the Texas Medical Board. The physician is limited to delegating to no more than the full-time equivalent (1 FTE = 50 hours) of seven APPs.

Before executing this agreement, the physician and APP must disclose to all other prospective parties any prior disciplinary action taken by the respective licensing board. Within 30 days of executing this agreement, the physician and APP must complete the Texas Medical Board's "Prescriptive Delegation Registration." Any party to this agreement will notify the other parties immediately if, at any time while this CP/PAA is in effect, a licensing board notifies the person he/she is under investigation.

II. GENERAL PROVISIONS

General Plan for Consultation and Referral:

The delegating physician(s) (or designated physician(s)) are available for consultation at any time. However, the APP may seek consultation and refer patients directly to the most appropriate health care provider to treat the patient's condition when, in the APP's judgment, such steps are necessary for optimal resolution of the patient's problem. Whenever a physician is consulted or patient referred, a notation to that effect, should be recorded in the patient's medical record. Consultations and referrals may also be discussed at quality assurance and improvement meetings.

Plan for Patient Emergencies

If the APP determines that the immediate health and wellbeing of the patient is at risk, the APP must take immediate steps to stabilize the patient while having a staff member initiate emergency protocols. This may include, but is not limited to, calling 911 for response by emergency medical services and transport to an emergency room or calling appropriate hospital code for response of emergency medical services. [As soon as possible, the APP is to report any emergency situation of this nature to the delegating physician].

For emergencies that require immediate treatment, but the life of the patient is not in immediate danger, the APP must take steps to assure the patient's safety and comfort. If the patient's condition is beyond the usual type of conditions treated by the APP, he/she immediately consults the authorizing or alternate physician, or a physician specialist, as most appropriate. [If the authorizing physician was not notified, the APP reports the emergency to the authorizing physician as soon as possible].

In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of patient is in immediate danger, the APP may provide care to stabilize a patient's condition and/or prevent deterioration of a patient's condition, to the degree authorized by the APP's licensure, registration or certification. This includes providing care to patients outside the type of practice and population listed in this agreement until another a physician or other appropriate profession is available.

General Communication Process Concerning Patient Care and Treatment

The delegating physician will be available by telephone or secure electronic messaging i.e., facility-managed email and messaging applications. If discussions reveal the patient's identity, HIPPA complaint forms of communication will be used. Daily communication between the APP and the delegating physician is not required, but the physician will be available to discuss patient care and treatment upon the request of the APP. At a minimum, at the quality assurance and improvement meetings specified below, the APP and authorizing physician or if designated, an alternate physician will discuss patient care and treatment plans for patients with complex problems, or problems the APP does not have experience treating. The physician or APP will have additional meetings, when either party thinks patient care would benefit from more frequent communication and requests additional time to discuss patient care and treatment.

Medical Records

The APP is responsible for the complete, legible documentation of all patient encounters in a manner consistent with Cogdell policy as well as state and federal laws.

III. DUTIES AND SCOPE OF PRACTICE

The APP may work in any setting consistent with the collaborating physician's areas of practice and function within the APP's population-focused scope of practice. The APP's scope of practice shall be defined as those functions and procedures for which the APP is qualified by formal education, clinical training, area of certification, and experience to perform.

The collaborating physician and APP will document and validate that the APP has received: education, training, and competency (to include demonstrated competency with respect to specialty legend drugs) to comply with the rules and regulations pertaining to the APP's duties and physician's collaborative practice. The skills, functions, and formulary taught in Advanced Practice Provider's academic education do not require individual documentation. Additional specialty skills may be requested for the APP (i.e., diagnostic or therapeutic Skill and Formulary requiring additional training, monitoring, and/or onsite physician availability), as allowed by set regulating body (i.e., Texas Medical Board/Texas Board of Nursing). *See Delineation of Privileges.*

IV. DELEGATION OF PRESCRIPTIVE AUTHORITY

The APP may order or prescribe: Nonprescription and Dangerous Drugs (The term includes a device or a drug that bears or is required to bear the legend: "Caution: federal law prohibits dispensing without prescription" or "RX only" or another legend that complies with federal law)

- A The APP may order and prescribe all categories of nonprescription drugs and dangerous drugs that are within the APP’s scope of **practice without limitations** on dosage units or refills **except** those listed elsewhere in this protocol.

- The APP may order and prescribe all categories nonprescription drugs and of dangerous drugs that are within the APP’s scope of **practice without limitation** on dosage units or refills, **except** those listed elsewhere in this protocol **and** for the following:

NOTE: BON Rule 222.4 (e) limits the drugs APP s may prescribe to those that are FDA approved unless the APP can show evidence-based research that prescribing the drug is within the standard of care for the disease or condition being treated

When prescribing dangerous drugs, generic substitution for all drugs is permitted.

- 2. Controlled Substances, Schedules III – V *[These limitations are required per Texas Administrative Code §193.6]*
 - 1 Limited to a 90-day supply or less
 - 2 No new prescriptions or refills after the initial 90-day supply without prior consultation with the physician.
 - 3 No prescription for children under 2 years of age without prior consultation with the physician.
 - 4 Prior consultation must be noted in the patient’s record.
 - 5 In accordance with §481.071, Health & Safety Code, an APP may not prescribe an anabolic steroid or human growth hormone listed in Schedule III.
 - 6 Access the prescription monitoring database before prescribing benzodiazepines, barbiturates or carisoprodol (required after 03/01/2020).

Drug Samples

The APP may accept, sign for and distribute prescription drug samples. The APP must retain any receipt they sign when receiving drug samples. In addition, the APP must note in the patient’s chart any sample distributed and comply with BHCS facility policy on the documentation and/or distribution of drug samples. The date, drug, dosage, frequency and duration of treatment must be noted in the patient’s chart and included on the sample distributed to the patient. The APP may also wish to maintain a record of distribution that includes the date of distribution, the patient’s name, the name and strength of the drug, the lot number, and/or directions for use.

Persons Who May Call Prescription to the Pharmacy as Directed by the APP

The physician designates any licensed vocational nurse or registered nurse working or volunteering in this site as a person who may orally transmit a prescription into a pharmacy on behalf of the APP(s). A list of the person authorized to orally communicate prescriptions to the pharmacy must be maintained at the practice site and will be made available to a pharmacist upon request.

V. DELEGATION OF MEDICAL ACTS

The APP may establish medical diagnoses for patients who are, and order or prescribe drugs.

The APP may order/prescribe medical devices, including medical supplies, durable medical equipment, prosthetics or orthotics.

The APP may perform medical functions and procedures consistent with the APP's scope(s) of practice, as authorized by the Texas Board of Nursing and the Texas Medical Board rules and regulations, and as privileged by the facility in which the APP provides care.

Core privileges include, but are not limited to:

- performing physical examinations and medical histories;
- ordering and interpreting laboratory tests and radiologic exams;
- formulation of medical diagnoses;
- planning and initiation of a therapeutic regimen according to diagnosis and individual patient needs including: ordering medications, medical devices, nutrition, and supportive services in accordance with established protocols, standard practice guidelines according to AAFP clinical practice guidelines (<https://www.aafp.org/patient-care/browse/all-recommendations-topic.html>), and institutional policies;
- initiation of emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning, and allergic reactions, as indicated
- providing health promotion and safety instructions;
- evaluation and management of acute episodic illnesses and stable chronic diseases; and
- referrals to other health care providers, appropriate health care facilities and/or agencies; and other resources of the community as needed.

These services/functions are not an exhaustive description of the APP practice but rather illustrative of the types of medical aspects of care the APP will perform.

Medical Procedures

The collaborating physician and APP determine whether a procedure on the protocol is necessary for their collaborative practice site(s). The physician must be qualified to provide medical direction for the procedure; the APP who lacks current proficiency is responsible and accountable for obtaining sufficient education, guidance and/or supervision for safe practice prior to performing a procedure. The APP should have on file the documented training, education, and competency validation for all of the skills/procedures listed below and agreed upon with the collaborating physician. *See Delineation of Privileges.*

VI. DELINEATION OF PRIVILEGES

Delineation of Privileges: Advanced Practice Professional Cogdell Family Clinic (Rural Health Clinic)	Physician Initials Indicate Status of Privilege Requested		Education & Competency Validation <i>N/A = Not Applicable</i>		
	Granted	Denied	Basic APP Education	Previous Validation	Requires Instruction
Abscess/Cyst - Incision, Drainage and care					
Administering local anesthetic agents					
Audiometry / Audiogram, Interpretation					
Bartholin Gland, I & D cyst; Placement of Word Catheter					
Bimanual pelvic exam					
Biopsies (Skin) Shave/Punch: Allowed to perform shave excisions/biopsies not to exceed 5mm in diameter and not below the level of the full dermis. <i>(If on anatomically sensitive areas such as, eyes and ears must be evaluated by a physician prior to treatment. On other areas of the body, limited to a depth which can be closed with a simple single layer closure)</i>					
Cardiac Stress Testing					
Cast application and removal					
Chest Tube/Pleural Catheter removal					
Cryotherapy of non-pigmented superficial lesions <i>(Cryotherapy on anatomically sensitive areas, such as eyes or face, must be evaluated by the physician prior to treatment.)</i>					
Diaphragm Fitting					
Digital Nerve Block proximal and distal phalangeal					
Ear Lavage					
EKG 12 Lead interpretation with subsequent physician interpretation					
Endometrial Biopsy/Sampling Pipelle					
Foreign Body removal					
Fracture/dislocation management under physician direction					
Initial x-ray, CT, US, and MRI interpretation with subsequent physician interpretation					
Insertion of Intrauterine Devices					
Joint/Soft tissue injection or aspiration					
Nasal Cautery with Silver Nitrate Applicator for Epistaxis					
Nasal Packing, Anterior for Control of Epistaxis					
Peripheral Venous Access (IV & blood draw)					
Pulmonary Spirometry, Interpretation					
Removal of Benign Lesions after Physician Evaluation					
Removal skin tags					
Removal of Toenails					
Suturing of superficial lacerations					
Tympanogram with Interpretation and Treatment					
Ultrasound – Pelvic & OB/GYN					
Ultra Sonography, (OB) Ultrasound Limited & Level I					
OTHER (See Section VII)					
Medical Verifications for Disabled Parking Placards					
Authorizing and Ordering Certain Services Reimbursed by the Texas Medicare Program, CHIP or Early Childhood Intervention (ECI) Programs					

VII. OTHER AUTHORIZATION/DELEGATION**Medical Verifications for Disabled Parking Placards**

[If delegation is not included, the APP is unable to sign verification for initial application of disabled parking placard]

The APP may sign a prescription or notarized statement for patients that meet the legal requirements for a temporary disabled parking placard. The APP is limited to signing verifications that will accompany the initial application for patients. Subsequent renewals for temporary parking placards must be signed by the physician.

Qualifying conditions:

1. Persons with a mobility problem that substantially impairs the ability to ambulate including:
 - a. cannot walk 200 feet without stopping to rest
 - b. cannot walk without the use of or assistance from an assistance device, including a brace, cane, a crutch, another person, or a prosthetic device
 - c. cannot ambulate without a wheelchair or similar device
 - d. is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest
 - e. uses portable oxygen
 - f. has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association
 - g. is severely limited in the ability to walk because of an arthritic, neurological or orthopedic condition
- 2) Persons with visual disabilities including:
 - a. visual acuity of 20/200 or less in the better eye with correcting lenses
 - b. a limited field of vision in which the widest diameter of the visual field subtends an angle of 20 degrees or less.

Authorizing and Ordering Certain Services Reimbursed by the Texas Medicare Program, CHIP or Early Childhood Intervention (ECI) Programs.

[The APP would normally be able to order these services for patients of any age as part of their independent scope of practice. However, a Texas Medicare Rule requires physician delegation of authority to order the services].

The APP may determine medical necessity and sign any documentation related to providing the following services to persons insured by Texas Medicaid, CHIP or ECI who are age 20 years or younger:

1. Private Duty Nursing
2. Physical therapy
3. Occupation therapy
4. Speech therapy

VIII. QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

Chart Review: the delegating physician or in the absence of the authorizing physician, an alternate will review a randomly selected 10% of electronic health records for patients receiving care from the APP. The APP may present any additional charts the APP wishes to review based on questions about diagnosis and treatment plan. The APP will document the number of charts reviewed by maintaining a log of the records of his/her patients reviewed by the authorizing or alternate physician. If the physician and APP are practicing in separate locations, the authorizing physician will also retain a copy of any documentation verifying the chart review. Copies of this documentation will be retained while this CP/PAA is in effect and for two years after the date the CP/PAA is terminated

QAPI Meetings: The delegating physician, or if unavailable, the alternate physician will convene a QAPI meeting each month to share information related to patient treatment and care, changes needed in patient care plans, issues related to referrals, and patient care improvement. The APP will record the date and time of each meeting, and the meeting forum (i.e. face-to-face or HIPPA compliant phone/video conferencing). All records of meetings will include the patients/topics discussed. If the physician and APP are practicing in separate locations, the authorizing physician will retain a copy in addition to the copy the APP retains. Copies of the documentation will be retained while this CP/PAA is in effect and for two years after the date the CP/PAA is terminated. The day, time and forum for the monthly QAPI meeting will be agreed upon by the APP and physician, but may be changed at the prior request of either party with the other's consent as long as the statutory requirements for meetings are met.

In addition to QAPI meetings, evaluation of the APP may be provided in the following ways:

- Informal evaluation during consultations and case review
- Weekly rounds
- Department meetings
- Chart reviews

IX. PARTIES INVOLVED IN COLLABORATIVE AGREEMENT / PRESCRIPTIVE AUTHORITY AGREEMENT

<i>Delegating Physician</i>			
Delegating Physician's Name and Professional Title	TMB License #	Tx DPS #	DEA #
Address	City	State	Zip Code

<i>Advanced Practice Professional</i>			
APP's Name	<input type="checkbox"/> APRN	<input type="checkbox"/> PA	License Number
*DPS Permit #:	DPS Exp. Date:	*DEA Permit #:	DEA Exp. Date:

Online TMB registration of supervision or delegated prescriptive authority completed

_____ Date TMB Registration Completed

_____ Date TMB Notified of Agreement Termination

If the delegating physician is unavailable for any reason, alternate physician(s) may assume the consultation, supervisory and quality assurance and improvement responsibilities of the authorizing physician. The authorizing physician may amend this list by written notice to all parties. The following may serve as alternate physicians:

<i>Alternate Physician</i>			
Alternate Physician's Name and Professional Title	TMB License #	TX DPS #	DEA #
Address	City	State	Zip Code

Alternate Physician's Name and Professional Title	TMB License #	TX DPS #	DEA #
Address	City	State	Zip Code

X. COLLABORATIVE AGREEMENT / PRESCRIPTIVE AUTHORITY AGREEMENT PRACTICE/SITE INFORMATION

Practice Site	Name	Address	Type of Practice
Site #1	Cogdell Family Clinic	1700 Cogdell Boulevard Snyder, Texas 79549	Rural Health Clinic - Primary Care for Families and Individuals across the life span
Site #2			
Site #3			

XI. APPROVAL OF COLLABORATIVE AGREEMENT / PRESCRIPTIVE AUTHORITY AGREEMENT

I, one of the undersigned, affirm I reviewed and agree to the term of this Collaborative Practice / Prescriptive Authority Agreement. I agree to fulfill the responsibilities set forth in the document. I declare that I meet the requirements to be a party to this agreement and have disclosed any prior disciplinary actions taken by my licensing board. I will inform other parties to the agreement if I am notified my licensing board is investigating my practice while this CP/PAA is in effect.

_____	_____
APP's Signature	Date

_____	_____
Delegating Physician's Signature	Date

_____	_____
Alternate Physician's Signature	Date

_____	_____
Alternate Physician's Signature	Date

_____	_____
Alternate Physician's Signature	Date

_____	_____
Alternate Physician's Signature	Date

_____	_____
Alternate Physician's Signature	Date

_____	_____
Alternate Physician's Signature	Date

SECTION: PATIENT CARE	SUBJECT: PERINATAL SERVICES
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I. Title

Postpartum Hemorrhage.

II. Policy

Nursing staff will assess risk and monitor patients in the postpartum stage (from delivery until discharge) for excess bleeding. If it is determined that the patient is having a postpartum hemorrhage then the Postpartum Hemorrhage Algorithm will be followed. Postpartum patients that return to the hospital within six weeks of delivery will be monitored and if a PPH is determined the following steps will apply.

III. Procedures

1. Call for physician and additional nursing assistance.
2. Obtain PPH cart, if not in room, and additional meds from med station.
3. Measure & weigh all bloody items including clots.
4. Administer medications as physician orders.
5. Ensure someone is recording procedure.
6. Assist physician as necessary.
7. Follow the PPH algorithm as the physician directs.
8. Debrief as soon as possible after the event.

IV. Definitions

Postpartum hemorrhage is defined as bleeding of 500ml or more on a vaginal delivery or 1000ml or more on a cesarean section.

V. Related CMH Documents

See the Postpartum Hemorrhage Algorithm. [Postpartum Hemorrhage Algorithm.docx](#)

VI. Dates Approved or Amended

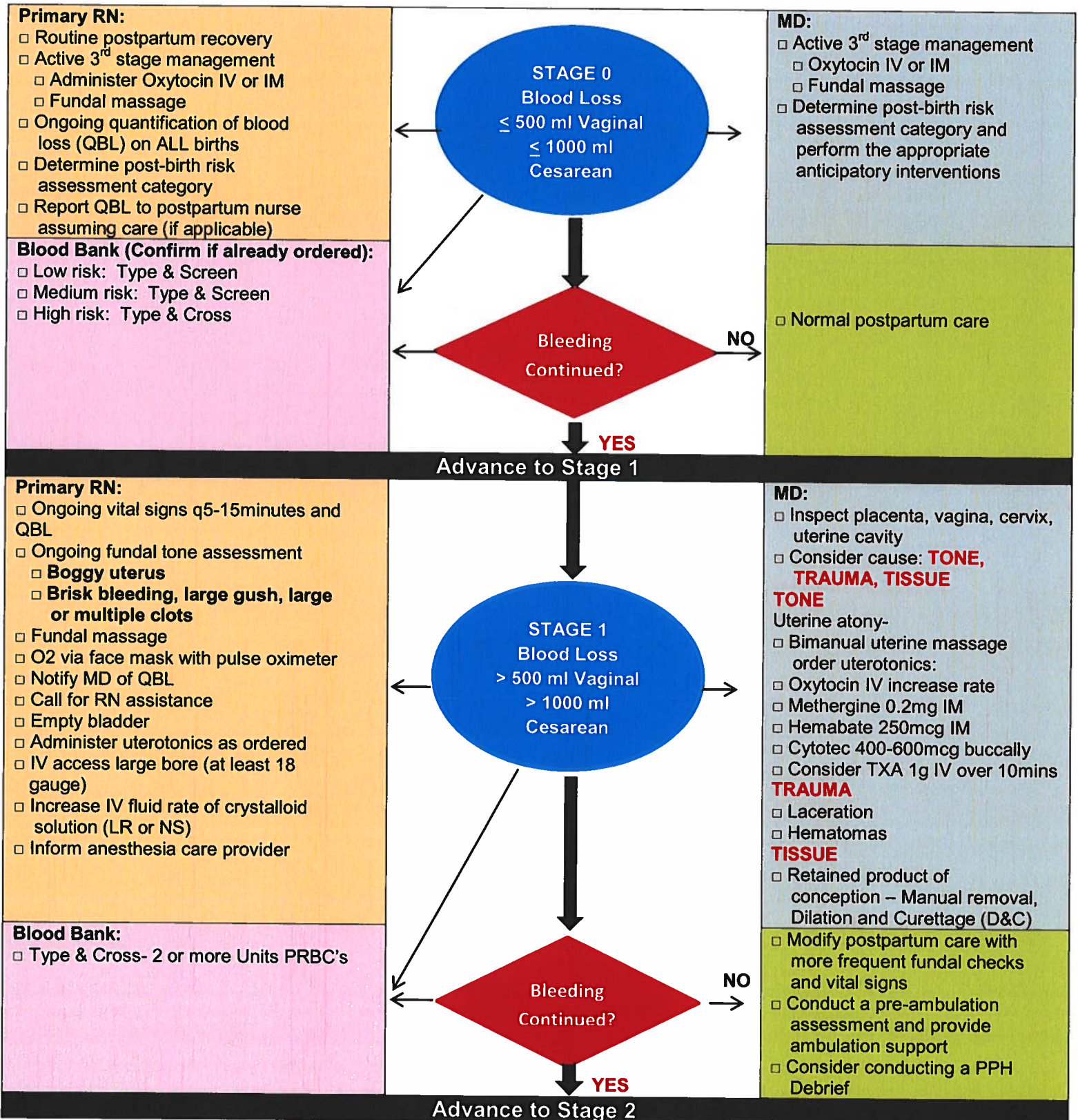
Include origination date, dates of major or minor revisions and dates reviewed without changes.

<i>Originated:</i>	<i>Effective:</i>
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>

VII. Contact Information

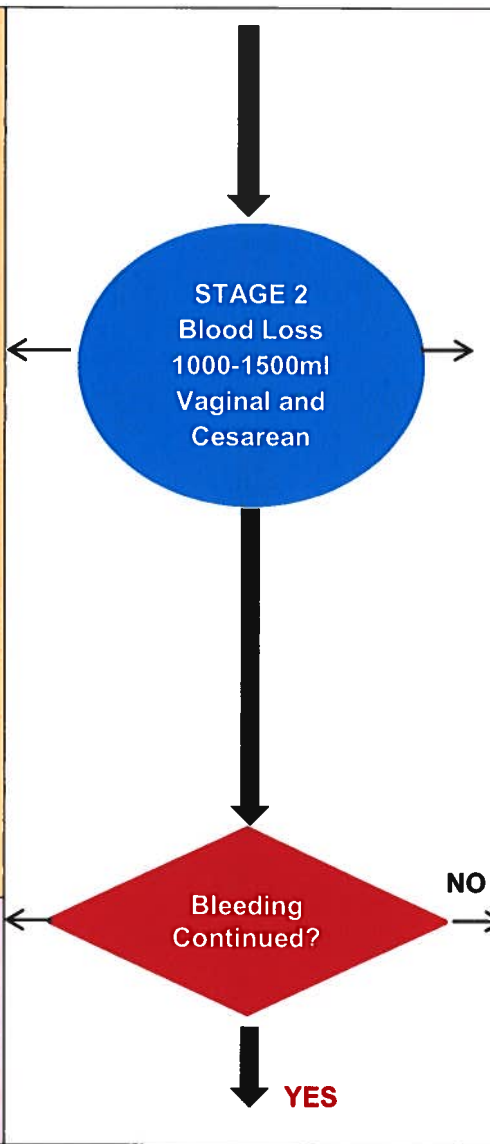
The Director of Perinatal Services.

POSTPARTUM HEMORRHAGE (PPH) STAGES ALGORITHM



- Primary RN:**
- Ongoing vital signs q 5-15 Minutes and QBL
 - Ongoing fundal tone assessment
 - Notify MD of QBL and request to bedside
 - Notify Charge RN and request assistance
 - Notify OR Team
 - Anesthesia to bedside
 - Start 2nd IV access (16 or 18 g)
 - Place PPH Medication kit with uterotonic meds at bedside
 - Insert Foley catheter with urometer
- Second RN:**
- Ensure Hemorrhage Cart with supplies near room
 - Document timeline of events and QBL

- Blood Bank and Labs:**
- Notify blood bank
 - Type & Cross
 - Transfuse with PRBCs based on QBL, clinical signs and responses – DO NOT WAIT FOR LABS
 - CBC with platelet count, PT, PTT, fibrinogen, electrolytes and creatinine



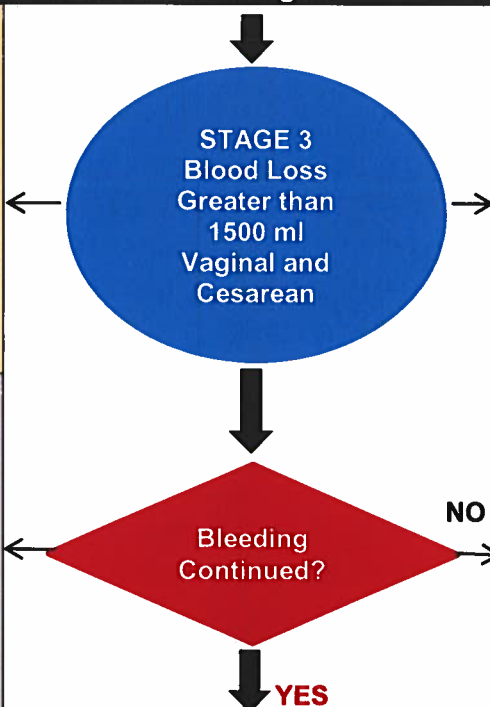
- MD:**
- Consider cause: **TONE, RAUMA, TISSUE, or THROMBIN**
 - TONE**
 - Uterine atony-
 - Bimanual uterine massage
 - Insert uterine balloon tamponade
 - Order uterotonics:
 - Oxytocin IV increase rate
 - Methergine 0.2mg IM
 - Hemabate 250mcg IM
 - Cytotec 400-600mcg buccally
 - Consider 2nd dose TXA 1g IV over 10mins
 - Insert uterine balloon tamponade
 - TRAUMA**
 - Laceration
 - Hematomas
 - TISSUE**
 - Retained product of conception
 - Manual removal, Dilation and Curettage (D&C)
 - Consider internal bleeding from uterine rupture or broad ligament tear (if vital signs worse than QBL) – Laparotomy
 - Inverted uterus – Administered relaxation meds, perform manual reduction of inverted uterus

- Modify postpartum care with more frequent fundal checks and vital signs
- Conduct a pre-ambulation assessment and provide ambulation support
- Consider conducting a PPH debrief

Advance to Stage 3

- Primary RN:**
- Ongoing vital signs and QBL q 5-15 min
 - Notify MD, Anesthesia, and team of QBL
 - Circulator in OR if surgeon available.
- Second RN:**
- RN support to the bedside for supplies
 - Bring Hemorrhage Cart with supplies and additional uterotonic meds to bedside
- Third RN:**
- Document events and QBL

- Blood Bank and Labs:**
- Activate MTP
 - Aggressively transfuse units in the ratio of 2 PRBC's, FFP
 - Repeat labs including CBC with platelet count, PTT, PT, fibrinogen, chemistry panel, pH and blood gases
 - Prepare to transfuse other blood products prn
 - Observe clotting



- MD:**
- Consider cause **TONE, TRAUMA, TISSUE, or THROMBIN**
 - Request addition MD, Anesthesia Assistance
 - Conservative or Definitive Surgery:
 - B-Lynch suture
 - Uterine artery ligation
 - Hysterectomy
 - THROMBIN**
 - Coagulopathy- Replace clotting factors, FFP, platelets

- Continue QBL
- Conduct a PPH debrief

Continue PPH resuscitation until bleeding is stabilized



SECTION:
PATIENT CARE

SUBJECT:
PERINATAL SERVICES

I. Title

Postpartum Recovery in LDRP

II. Policy

It is the policy of Cogdell Memorial Hospital to provide safe and effective postpartum care to patients who have experienced a vaginal or cesarean delivery, from postpartum recovery to routine postpartum care.

III. Procedures

A. Post Delivery (vaginal deliveries)

1. Assist physician as needed post birth to control bleeding and/or repair of vaginal wall.
2. Monitor blood pressure, pulse, and respirations every 15 minutes for a minimum of 2hrs post-delivery or as per physician's order.
3. Assess uterus for tone and placement every 15 minutes for a minimum of 2hrs post-delivery or as per physician orders. Assess lochia every 15 minutes for 2 hours.
4. If uterus is boggy or if excessive vaginal bleeding is present, massage uterus until firm, change and weight pads. Notify the physician.
5. Assess for bladder distention or uterine deviation. If vaginal bleeding is increased, encourage patient to void or perform straight catheterization if unable to void.
6. Monitor the perineum for possible hematoma formation.
7. Place peripack, dermoplast spray, and/or tucks pads to perineum for patient comfort as needed.
8. Provide privacy for patient and encourage bonding with infant and breastfeeding if desired by patient.
9. Patients may have visitors according to their wishes and status
10. Administer pain medication as ordered.
11. Chart in the medical record

B. Post Delivery (cesarean delivery)

1. An RN will transfer patient from OR suite to LDRP for post-surgical care. The recovery room nurse must stay in constant attendance during PACU.
2. PACU Nurse will provide patient report to OB RN at completion of PACU care.
3. Primary care nurse will, at minimum, assess B/P, pulse, respiratory rate, dressing, lochia, and uterine tone every 15mins x4 then every 30mins x2, then every hour x1. Once recovery is complete nurse will evaluate vital signs with temperature, lochia, uterine tone, and incision every 4hrs for 24hrs or per physician order.
4. If uterus is boggy or if excessive vaginal bleeding is present, massage uterus until firm, change and weigh pads. Notify the physician.
5. Complete head to toe assessment.
6. Encourage patient to turn cough and deep breathe. Incentive spirometer may be used as ordered. Encourage splinting of operative site.
7. Monitor pulse oximetry as ordered.
8. Monitor and record urine output, if urine output is less than 30ml/hr, notify physician.
9. Administer pain medication as ordered.
10. Provide privacy for patient and encourage bonding with infant and breastfeeding if desired by patient.
11. Patients may have visitors according to their wishes and status after PACU care is complete.

C. Vaginal and Cesarean deliveries

1. Postpartum hemorrhage risk assessment to be performed within 2hours of delivery and then every shift until discharge.
2. Monitor for vital sign alterations, level of consciousness, and skin changes such as pallor, cyanosis, and clamminess. Notify Physician of changes.
3. For vaginal delivery QBL will be assessed for 2 hours post-delivery, if less than 500ml and/or light lochia. If QBL is 500ml or greater, monitoring and documentation of QBL will continue for a minimum of 12 hours post-delivery.
4. For Cesarean delivery QBL should be assessed for 2 hours if less than 1000ml. If QBL is 1000ml or greater, monitoring and documentation of QBL will continue for a minimum of 12 hours post-delivery.
5. If at any time during the postpartum period, lochia becomes moderate or heavy, restart QBL assessments and documentation, for a minimum of 2hours and notify the physician.
6. Post epidural/ Spinal or general anesthesia on going assessment.
7. After postpartum recovery period, if stable, vital signs shall be performed q4hrs. Perineum, lochia, and fundal assessment shall be performed q shift until discharge.

D. Documentation

1. In medical record chart
 - a. Vital signs
 - b. Fundal checks and vaginal bleeding
 - c. Quantitative Blood Loss (QBL)- delivery and postpartum
 - d. Assessments and notifications
 - e. Administration of medication
 - f. First void or catheterization
 - g. Bonding or breastfeeding
 - h. Education provided

IV. Related CMH Documents

Postpartum hemorrhage algorithm

I. Dates Approved or Amended

<i>Originated:</i>	<i>Effective:</i>
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>

SECTION:
ORGANIZATION

 SUBJECT:
CORONAVIRUS (COVID-19) SCREENING

To be completed by visitor or staff undergoing screening.

To help ensure the safety of healthcare workers and patients, please complete the following:

NAME:

DATE:

TIME:

PERSONAL TRAVEL

Within the last 14 days, have you traveled internationally or an area in the US with an active Coronavirus (COVID-19) outbreak or sustained community transmission?

Yes

No

If yes, where have you traveled?

Dates of Travel

CONTACT WITH OTHERS

Within the last 14 days, have you had contact with any person who has traveled internationally, or to an area with active COVID-19 cases or community spread?

Yes

No

Have you had any contact with any person with known Coronavirus (COVID-19) or who may be under evaluation for exposure to Coronavirus (COVID-19)?

Yes

No

Have you had contact with any person with a respiratory illness or infection?

Yes

No
SYMPTOMS

Do you have any of the following symptoms?

Fever greater than 100.4

Yes

No
Cough

Yes

No
Shortness of Breath

Yes

No
Sore Throat

Yes

No
Other Symptoms of Respiratory Illness

Yes

No

 Please visit the CDC website at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> for more information on the Coronavirus (COVID-19) outbreak.

To be completed by staff performing screening.

Please reach out to your supervisor if you have questions regarding the information on this form.

ASSESSMENT

Is there evidence of possible exposure to COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there evidence of illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> <i>Fever greater than 100.4</i> <input type="checkbox"/> <i>Cough</i> <input type="checkbox"/> <i>Shortness of Breath</i> <input type="checkbox"/> <i>Sore Throat</i> <input type="checkbox"/> <i>Other Symptoms of Respiratory Illness</i>		
What is the subject's current temperature?		°F

DECISION

Does the subject pass screening to enter the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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VISITOR BADGE ISSUED **NA - STAFF**

DEPARTMENT:	ROOM NUMBER/ BADGE NUMBER:
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PERSON SCREENING STAFF OR VISITOR

NAME:	DATE:	TIME:
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*Emergency expedited approval process.
Effective 3.17.2020*

February 25, 2020

Ella Helms
CEO, Cogdell Memorial Hospital
1700 Cogdell Blvd.
Snyder, TX 79549

Re: Assignment Tax Abatement between Scurry County Hospital District and Canyon Wind Project, LLC

Dear Mrs. Helms:

Pursuant to Section IX. of the Tax Abatement between Scurry County Hospital District and Canyon Wind Project, LLC, executed January 8, 2019, Tri Global Energy, LLC would like to provide formal notice that Canyon Wind Project, LLC's assets have been sold and assigned to Canyon Wind Farm, LLC. Canyon Wind Farm, LLC is the new "Owner" pertaining to this agreement, and the agreement should be assigned as such. Canyon Wind Farm, LLC is owned by SR Canyon Wind, LLC, and their contact information is provided below:

SR Canyon Wind, LLC
c/o Silverpeak Renewables Investment Partners, LP
40 W 57th Street, 29th Floor
New York, NY 10019
Attn: Antonio Giustino

Best Regards,

Taylor Snow
Project Development Manager
Canyon Wind Project, LLC

**Amendment to Tax Abatement Agreement
between
Scurry County Hospital District and Canyon Wind Farm, LLC**

State of Texas §
§
County of Scurry §

This First Amendment to the Tax Abatement Agreement (this "*Amendment*") is made and entered into by and between Scurry County Hospital District ("*Hospital*"), acting by and through its duly elected officers, and Canyon Wind Farm, LLC, a Delaware limited liability company ("*Owner*") to amend the Tax Abatement Agreement entered into between Hospital and Owner dated on or about January 8, 2019 ("*Agreement*"). Undefined capitalized terms herein shall have the meaning ascribed to them in the Agreement.

I. Authorization

This Amendment is authorized by Chapter 312 of the Texas Tax Code as it exists on the effective date of this Amendment and by the Scurry County Guidelines for Granting Tax Abatements as they exist on the effective date of this Amendment.

II. Amendment

For good and valuable consideration, the receipt of which is hereby acknowledged, the Hospital and Owner hereby agree that the Agreement is hereby amended as follows:

1. Section II E. of the Agreement is hereby deleted in its entirety and replaced with the following:

"Owner" means Canyon Wind Farm, LLC, the entity which owns the real property for which abatement is being granted, and any assignee or successor in interest of Canyon Wind Farm, LLC. "Canyon" means and includes Owner.

2. Section III A. of the Agreement is hereby deleted in its entirety and replaced with the following:

"Owner desires to use commercially reasonable efforts to finance and construct Improvements on the Site with a currently anticipated capacity of approximately 260 megawatts of nameplate capacity wind power located in the Reinvestment Zone. Improvements will have an estimated initial market value of approximately two hundred forty million dollars (\$240,000,000), although the actual amount will depend upon annual appraisals and specific decisions to be made by Owner in the future. The number

of turbines will vary depending on the types of turbines used and the size of the wind power facility.

3. Section III C. of the Agreement is hereby deleted in its entirety and replaced with the following:

“Owner contemplates that construction of the Improvements is expected to begin by August 1, 2020 or earlier, and is expected to be completed by April 30, but shall be completed no later than December 31, 2021. Hospital recognizes that the above dates are “best estimates” at the time of this Agreement. Hospital also recognizes that Improvement may be constructed in phases.”

4. Section IV A. of the Agreement is hereby deleted in its entirety and replaced with the following:

“Unless terminated earlier as provided elsewhere herein, this Agreement shall be effective January 1, 2022, following execution of this Agreement, and shall continue in effect until December 31, 2031.”

5. The first sentence of Section IV C.1. of the Agreement is hereby deleted in its entirety and replaced with the following:

“Beginning January 1, 2022 and ending upon the conclusion of ten (10) full calendar years, Abatement is granted as follows:”

6. Section IV E. of the Agreement is hereby deleted in its entirety and replaced with the following:

“As additional consideration for this Abatement, Owner agrees to pay to the County the following:

1. Annually for years one (1) through ten (10) of the Abatement, Eight-Hundred Dollars (\$800.00) per installed megawatt capacity within the Reinvestment Zone; the first such payment shall be due on October 31, 2022, with the remaining nine (9) payments due annually thereafter.

7. Portion pertaining to Owner in Section X. of the Agreement is hereby deleted and replaced with the following:

“If to owner:

Canyon Wind Farm, LLC
c/o Silverpeak Renewables Investment Partners, LP
40 W 57th Street, 29th Floor
New York, NY 10019
Attn: Antonio Giustino”

III. Miscellaneous

The Agreement is hereby amended in accordance with the foregoing provisions of this Amendment. Except for the amendment of the Agreement as provided for herein, all other terms and provisions of the Agreement shall remain in full force and effect as if this Amendment had been incorporated in the Agreement as originally executed and delivered. In the event of any inconsistency between the provisions of the Agreement and this Amendment, the provision of this Amendment shall control.

This Amendment may be executed in any number of counterparts or with counterpart signature pages, each of which counterparts shall be deemed to be an original and all of which shall constitute one and the same agreement and shall be binding upon the undersigned.

IN TESTIMONY OF WHICH, THIS AMENDMENT has been executed by the County as authorized by Scurry County Hospital District on _____, 2020 and by the Owner on _____, 2020, and is effective upon the execution of both parties hereto.

ATTEST/SEAL:

HOSPITAL

SCURRY COUNTY HOSPITAL DISTRICT

By: _____
Ella Helms
Chief Executive Officer

Attest:

Executed by Chief Executive Officer, Ella Helms, on _____, 2020.

John Everett, Board Secretary

OWNER

CANYON WIND FARM, LLC

By: _____
Thomas M. Carbone
Authorized Signor