

John Dempsey Hospital

Pyxis System Access

****CONFIDENTIAL****

(PLEASE SEND TO PHARMACY PYXIS MANAGER WHEN COMPLETED)

SECTION I: (To be completed by employee - **PLEASE PRINT**)

Employee Name: _____

Job Title/Unit : _____

I understand that my USER ID and PASSWORD constitute my unique electronic signature in the Pyxis system. Willful abuse or inappropriate use of my User ID or Password (i.e. sharing of my ID or Password or using another employee's ID or Password) is expressly prohibited and may result in termination. This USER ID will be used to track all of my transactions in the Pyxis system, each of which are stamped with the time/date. My electronic signature will be maintained and archived by the Pharmacy and will be available for inspection by the Drug Enforcement Agency (DEA) and the state division of Drug Control, as is presently done with handwritten signatures on controlled substances records.

Password Privileges:

Standard Nurse _____ Standard + Temp Password Issuance _____ Other: _____

Employee Signature Date

Nursing Mgmt Signature Date

Please Print Nursing Mgmt Name & Phone number

SECTION II: (To be completed by Pharmacy Pyxis Manager)

User ID: _____ Date Entered: _____ Initialed: _____