PYXIS

USER AGREEMENT

The following is your user ID/Initial Password for the Pyxis Medstation™ system. It will be used to access patient medication according to the Pyxis ES user guide. You will be accountable for all transactions performed under this BioID in all Shared Health Facilities. **It is your responsibility to keep your password secret and utilize your BioID access for Pyxis access only.**

I understand that my user ID and password/ BioID will be my electronic signature for all transactions to the Pyxis Medstation™. All of my transactions will be maintained and archived per the policies of Shared Health and will be available for inspection by other auditing and inspecting agencies in accordance with regulatory professional standards, as is presently done with my handwritten signature for all narcotic and controlled substance records.

I also understand that to maintain the integrity of my Pyxis electronic signature, I must not give my password to any other individual and I must log out appropriately from Pyxis after each use. **Unauthorized access, release or dissemination of this information shall subject me to disciplinary action and may be reported to my professional licensing body.** Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and will report such to my manager/Supervisor.

I further understand that I may be held accountable for any narcotic or controlled substance discrepancies that may arise as a direct result of my misuse of the Pyxis Medstation™ system whether accidental or intentional.

This user is:

☐ New Hire   ☐ Full time   ☐ Part Time ☐ Casual   ☐ Local User

☐ Facility Patient Care Manager/Nursing Supervisor
☐ Facility Patient Care Manager (Non-Nurse)
☐ Clinical Educator
☐ Clinical Manager (Non-Nurse)
☐ Clinical Manager
☐ RN/GN
☐ RPN/GRPN
☐ LPN/GLPN
☐ Respiratory Therapist
☐ Respiratory Manager
☐ Anesthesiologist
☐ Anesthesia Clinical Assistant

☐ Pharmacy Regional System Manager
☐ Pharmacy Facility System Manager
☐ Pharmacist Super User
☐ Pharmacist
☐ Pharmacy Assistant Super User
☐ Pharmacy Assistant
☐ Paramedic
☐ Transport PTP- Transport Paramedic
☐ Transport Oversight- Transport Manager
☐ Transport APRT- Transport advance Practice

☐ Student Nurse: Start Date: _____   End Date: _____

☐ Anesthesia Resident: Start Date: _____   End Date:_____

Print Name:_____Signature:_____Date:_____

Work Email Address:_____

Manager/Supervisor Authorization: Print Name: _____   Program/Unit_____

Signature: _____   Date: _____

Signature of Authorized Pyxis Trainer_____Date:_____

(Signifies that the appropriate training has been provided)

[Revised September 8th 2021] Return completed forms for Staff and Students to NA 435 (HSC Only)