

BEAUMONT HOSPITAL TRENTON

ACCESS REQUEST FORM FOR PYXIS AUTOMATED DISPENSING SYSTEM

TO BE COMPLETED BY NURSING FACULTY:

The following is your User ID/Initial Password for the Pyxis System. It will be used to access patient medications or supplies on your assigned nursing units(s). The first time you access a Pyxis, you will be required to enter a new confidential password. It is your responsibility to keep your new password secret. You will be accountable for all transactions performed under this User ID and confidential Password. Please read and sign the following statement to verify that you understand this statement; and will maintain the integrity of your password once it has been changed.

Below is a copy of my User ID, which will also be my initial password to the Pyxis. Upon accessing the Pyxis for the first time, I will change my password to a new confidential password. I understand that my User ID will be my electronic signature for all transactions to the Pyxis System. I understand that no retrieval record of my new password exists. All of my transactions on the Pyxis System will be permanently recorded with my User ID and a date and time stamp. These records will be maintained and archived per the policies of this hospital; and will be available for inspection by the Drug Enforcement agency (DEA) and the State Board of Pharmacy, State Board of Health or other auditing agency, as is presently done with my handwritten signature for all controlled substance records.

I also understand that to maintain the integrity of my electronic signature, I must not give my password to any other individual. Unauthorized access, release or dissemination of this information shall subject me to disciplinary actions. Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and, if deemed appropriate, will immediately report such to my supervisor.

Signature: _____ Date: _____

Print Name: _____ School: _____

Assigned Clinical Unit/Dept: _____

TO BE COMPLETED BY Sandy Schmitt (Sandra.Schmitt@beaumont.org):

Manager: _____ Date: _____

Print Name: Sandra Schmitt Title: Administrative Manager

PLEASE INDICATE TYPE OF REQUEST:

New employee Password Reset

PLEASE INDICATE USER GROUP:

FT/PT RN Nurse Manager Pharmacy Supervisor Paramedic
 Per Diem RN Nursing Supervisor Pharmacist Hemodialysis RN
 Resp. Therapist Instructor Pharmacy Technician _____

PLEASE INDICATE ASSIGNED UNIT NAME(S):

1MSU CATH POHA 5 SURGICAL 3 IMC
 PCU ED ENDO 5ICU 3 ICU
 1OBU PACU OB 4 MS _____

SANDY SCHMITT WILL FAX COMPLETED FORM TO TRENTON PHARMACY:

FAX NUMBER: 734-642-2070 For questions please call: 734-671-3839

TO BE COMPLETED BY PHARMACY AUTOMATION COORDINATOR:

Use this User ID and First Time Password to Access the Pyxis System

USER ID: _____ INITIAL PASSWORD: _____

PHARMACY APPROVAL: _____ DATE: _____