

PYXIS ACCESS INSTRUCTIONS FOR FACULTY**For new instructors:**

1. The College Liaison will communicate Kaiser South Bay's Pyxis training and access requirements to instructors.
2. The instructor will meet with the Unit Educator for unit specific orientation.
3. Unit Educator will train the instructor and will complete the Pyxis competency form.
4. Unit Educator will hand the competency form to the instructor.
5. The instructor will make an appointment to meet with the Unit Manager.
6. The instructor will turn in the completed Pyxis competency form to the Unit Manager.
7. Unit Manager will maintain the Instructor Pyxis competency form.
8. Unit Manager will complete the Pyxis access form and will submit to Pharmacy (the Instructor box will be checked and rotation start and end dates will be placed on the Pyxis form).
9. Pharmacy will give access to the instructor, but will restrict access to Narcotics.

For returning instructors, whose training and competency has already been completed, the Unit Manager will complete the Pyxis access form. If the Unit Manager does not have the completed competency form in the Instructor Pyxis file, a new competency validation needs to be done by the Unit Educator.

Pyxis MedStation® System

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

Below is a copy of my User ID and my initial password to the Pyxis MedStation® system. Upon accessing the Pyxis MedStation® for the first time, I will change my password to a new confidential password and enroll my finger scan for BioID. I understand that my user ID and password/BioID will be my electronic signature for all transactions to the Pyxis MedStation® system. I understand that no retrievable record of my new password or BioID exists. All of my transactions on the Pyxis MedStation® 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 Administration (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 action. 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: _____ Dept/Unit: _____
NUID: _____

Authorized By:

Supervisor: _____ Date: _____
Print Name: _____ Dept/Unit: _____

This User is a/an;

- | | | |
|--|---|--|
| <input type="checkbox"/> FT/PT RN | <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Pharmacy Supervisor |
| <input type="checkbox"/> Per Diem RN | <input type="checkbox"/> Nursing Supervisor | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Instructor | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Physician | <input type="checkbox"/> _____ | |

Please enter above information correctly and return to Pharmacy

To obtain your confidential User ID and Password, show proof of ID to Pharmacy Department

Pharmacy/Manager Authorization:

Signature: _____ Date: _____
Print Name: _____ Entered into Console: _____

* * * * *

Confidential

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

User ID: _____

Initial Password: _____