



PYXIS ID/PASSWORD ASSIGNMENT INFORMATION

STUDENT NURSES (APPENDIX B)

Complete, in full, the following information:

PLEASE PRINT CLEARLY

Name: _____, _____
(Last name) (First name)

Student Nurse Year: SN1 SN2 SN3 SN4 SN5 SN6 NP

Assigned Nursing Unit/Department: _____

Rotation Start Date: _____ Rotation Completion Date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Access Authorized by: _____ Date: _____
(Nursing Instructor Name) (Nursing Instructor Signature) (MM/DD/YYYY)

NOTE: Access to Pyxis will be granted one rotation/semester at a time

Pyxis tutorials must be completed once/year (Sept – Aug); available through blackboard

STATEMENT

I understand that my ID, in combination with the confidential personal password that I will later select, will be my electronic signature for all of my transactions on the Pyxis Medstation & Rx system patient care record keeping purposes. A time stamp and date will also be affixed to all my transactions. These records will be maintained and archived as per the policies of this Organization and will be available for inspection should a situation necessitate, as is currently the case with my handwritten records.

I also understand that, to maintain the integrity of my electronic signature, I must not and will not give my personal password to any other individual. Unauthorized access, release or dissemination of this information may 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 – MM/DD/YYYY)

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PHARMACY USE ONLY

Entered Into Pyxis By: _____ Date: _____

Record Modifications Below:

Date:	Modification Made:	Change Made By: