



**FIRELANDS REGIONAL MEDICAL CENTER  
PYXIS MEDSTATION 2000/3500 IDENTIFICATION/PASSWORD/BIO-ID ASSIGNMENT**

Your user ID and BioMetric identification can be used to access patient medications on your assigned nursing unit. Please read the statement below and sign at the bottom to verify that you have read and understand the following statements:

I understand that my ID, in combination with the confidential password that I will later select to setup my BioMetrics identification, will be my electronic signature for all of my transactions on the system for both controlled and noncontrolled substances and patient care record keeping purposes. A time stamp and date will also be affixed to my transactions. These records will be maintained and archived per the policies of Firelands Regional Medical Center and will be available for inspection by the Drug Enforcement Administration, the Ohio State Board of Pharmacy, and the Ohio Board of Nursing as is currently the case with my handwritten records for controlled substances.

I also understand that, to maintain the integrity of the 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.

**This form needs to be signed and completed by both you and your nurse manager. After the form is completed please attach the Pyxis Medstation Tutorial completion certificate and forward to the pharmacy department for Pyxis access.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

---

***This section to be completed by, Nurse Manager or Nursing Supervisor***

Position of above new employee (i.e. RN, LPN): \_\_\_\_\_

Nursing unit access needed: \_\_\_\_\_  
(List unit/units, or Float Pool nurse)

Authorized by: \_\_\_\_\_  
(Nurse Manager or Nursing Supervisor)

Date: \_\_\_\_\_

Please forward this document to the Pharmacy Department along with the Pyxis Medstation Tutorial completion certificate to obtain access to the Pyxis Medstation.

---

***This section to be completed by Pharmacy***

Entered into Pyxis System by: \_\_\_\_\_

Date: \_\_\_\_\_

Pyxis User ID assigned: \_\_\_\_\_