	Pyxis ID/Password Assignment Information
WINDSOR REGIONAL HOSPITAL OUTSTANDING CARE – NO EXCEPTIONS!	**NURSING INSTRUCTORS**

Directions: Complete, in full, the following information.   PLEASE PRINT CLEARLY

Instructor Information

Last Name: _____   **First Name**:_____

Contact Phone:_____

Assignment

Assigned Nursing Unit/Department: _____

Rotation/Semester Start Date (mm/dd/yyyy)**:**   _____

Rotation/Semester Completion Date (mm/dd/yyyy)**:** _____

> *Access to Pyxis will be granted one rotation/semester at a time.*

Pyxis tutorial must be completed at a minimum once/year (September-August).

Name of Level Coordinator:_____ **Contact Phone**:_____

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 Hospital 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.

If I am currently employed by Windsor Regional Hospital, I will NOT ask a staff nurse to add me to Pyxis as a Temporary User. I will contact Pharmacy to grant me access.

As an Instructor, I am aware of all the hospital Policies/Procedures related to the Medication Administration Process.

Signature _____ Date (mm/dd/yyyy): _____
                    (Instructor)

Please Note:
- ***The Level Coordinator AND Office of the Dean shall be notified of any unresolved narcotic discrepancy to assist in the investigation immediately.***
- ***Missing Narcotics must be reported to Health Canada within 10 days of discovering the loss.***

ⓘ   **THIS PAGE ONLY APPLIES TO WINDSOR REGIONAL HOSPITAL PLACEMENTS**

THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE DEAN

I verify that the individual listed above is a Faculty Instructor and will be overseeing students at _____ Hospital on the dates listed above.

This is to confirm that the following has been verified:

Police Clearance
Licensed with the College of Nurses of Ontario

Access Authorized by: _____   **Signature**: _____
               (Print Name)

                        Date (mm/dd/yyyy):_____

Office of the Dean, University of Windsor   Phone: _____
Office of the Dean, St. Clair College   Phone: _____

THIS SECTION FOR PHARMACY USE ONLY

Confirmation of _two_ pieces of ID:

Driver's License with Photo ID
University of Windsor, Faculty ID with Photo - Check expiry date (mm/dd/yyyy):_____
St. Clair College, Faculty ID with Photo   - Check expiry date (mm/dd/yyyy): _____
Other - describe_____

ID Verified and entered into Pyxis by:_____

Date (mm/dd/yyyy):_____