UPMC Pinnacle

REQUEST FOR PYXIS NEW USER ACCESS

This form is used to grant access to the Pyxis ES System which is used to access patient medications on your assigned area(s). It is your responsibility to keep your Network password a secret. You will be held accountable for all transactions performed under this login. Transaction records will be maintained and archived per policies of the hospital, and will be available for inspection by the Drug Enforcement Agency (DEA) and applicable State Boards.

_____   _____
Signature of User   Date

_____   _____
Printed Name of User   Employee ID Number

_____
Network Login/Username (ex. smithjo00)

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Bottom Section to be Completed by Individual Authorized to Approve Access
(NPDS / Clin Ed Spec / Nurse Manager / Clinical Manager / Supervisor / Director)

***Please circle one** of the following security level options:

RN	Anesthesiologist	Interventional Radiologist
LPN	CRNA	Pharmacist
RN-ADM(manager)	CRNA-ADM(manager)	Pharmacy Tech
RN-IVTeam	Anesthesia Tech	Pharmacy Lead Tech
Cardiovascular Tech	OR Tech	Respiratory
Radiology Tech	OR Perfusionist	Instructor (specify start/end below)

***Please circle Site**(s)

Carlisle	Community Osteo	Harrisburg	Hanover
Lancaster	Lititz	West Shore	Memorial
PPI			

***Please list** specific area(s) for access (i.e. ED, ICU, 2W, LD, etc)

_____

***Start/End Dates** (Instructors) _____

_____   _____
Authorized Signature   Title

_____   _____
Printed Name   Phone Number

Access may only be approved by an individual at a higher level of management (i.e. Nurse Manager must be approved by Director or above)

SCAN TO YOURSELF AND FORWARD TO: PyxisAccessManager@pinnaclehealth.org
Revised 12/20/18