

## AUTOMATED DRUG DISPENSING DEVICE SECURITY & USE AGREEMENT

Employee Name: \_\_\_\_\_

I understand and agree that in the performance of my duties at Providence St. Mary Medical Center/Kadlec Regional Medical Center, I must hold information in confidence.

I understand that the use of another person's computer security code or password, or delegation of my code to another person, would be considered False Representation.

I understand that if there has been no activity with my User ID for 180 days or more, my access to the Automated Drug Dispensing Device may be terminated.

I agree to accurately input data into the Automated Drug Dispensing Device for all medications withdrawn, wasted, loaded, refilled and inventoried by me, including the correct quantity of the medication.

I agree to keep all medications removed from the Automated Drug Dispensing Device in my immediate control until administered, wasted, or returned.

I understand that I am responsible for any medication for which I act as a witness in the Automated Drug Dispensing Device.

I agree to identify and report any malfunctions of the Automated Drug Dispensing Device to the Pharmacy.

I agree to immediately report any discrepancies to my Supervisor.

I agree to appropriately resolve discrepancies before the end of my shift.

I agree to report any unresolved discrepancies to the Pharmacy as required per policy.

I understand that use of the Automated Drug Dispensing Devices and Medication Administration practices are routinely audited.

I attest that I have read, understand, and will abide by the policies governing the use of the Automated Drug Dispensing Devices including "Pyxis Utilization" and "Medication Administration and Disposition."

I am advised that failure to comply with these policies and regulations may result in disciplinary action, which could include release from employment. Violation of local, State, or United States Federal statutes may carry the additional consequence of prosecution under the law.

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This is to acknowledge the responsibilities associated with my Automated Drug Dispensing Device security code. I understand that my User ID constitutes my signature and I will be responsible for all entries made under my User ID.

\_\_\_\_\_  
Signature of Pyxis User

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Date