

Using the Topaz e-sign pad (Step-by-step instructions)

1. Make sure electronic signature pad device is plugged in to a USB port prior to use and activation.
2. Clicking on the blank signature area of the e-form will turn on the pen icon (this means the Topaz signature device has been detected).

Current Date: Current Time: Height (cm): Weight (kg): Page 1 of 2

Patient Information

Last Name: First Name: Middle Name:
 Account Number: MRN: Room #: Date of Admission:
 Date of Birth: Gender: Age: Attending Physician:

Physician Verification

Physician verification is required for conditions present on admission. The form is to be completed by nursing based on the Initial Assessment. The Physician is to sign in concurrence if the following conditions apply:

1. Head to toe assessment completed with the following findings:
 (Mark Yes or No and which signs of infection are observed)

a.) Skin Pressure Ulcer Present? Yes No
 (Please complete mark-up image on next page)
 Stage: Location of Pressure Ulcer:
 Stage: Location of Pressure Ulcer:
 Stage: Location of Pressure Ulcer:
 Stage: Location of Pressure Ulcer:

b.) Central Line Present? Yes No
 Place of Catheter Insertion: Site of Central Line:
 Type of Central Line:
 Insertion Date: Site Patent No Signs & Symptoms of Complication
 Signs of Infection Erythema Heat Pain Swelling

c.) Urinary Catheter Present? Yes No
 Place of Catheter Insertion:
 Date of Insertion: Type of Catheter:
 Catheter Intact Recommended to call MD to D/C catheter

d.) Other Drains Present? Yes No
 Date of Insertion: Type: Site:
 Site Intact
 Signs of Infection Redness Heat Pain Swelling

2. Recommend to call MD to obtain culture order to rule out infection

Assessment completed by: Date: Time:

PHYSICIAN SIGNATURE: [Red box highlights signature line, with a red arrow pointing to it from the right]

Signature attests that Physician agrees to assessment data found on page 1 and 2.

3. Clicking on the pen icon will in turn activate the e-sign pad, and you will see the Topaz Digital Signature Pad Control (with √ and X):

The screenshot shows a medical form titled "Physician verification is required for conditions present on admission." The form is divided into several sections:

- Patient Information:** Includes fields for Last Name, First Name, Middle Name, Account Number, MR#, Room #, Date of Admission, Date of Birth, Gender, Age, and Attending Physician.
- Allergies:** A section for listing allergies.
- Physician verification is required for conditions present on admission.** A section for the physician to sign in concurrence if the following conditions apply.
- 1. Head to toe assessment completed with the following findings:** A section for the physician to mark Yes or No and which signs of infection are observed.
- a.) Skin Pressure Ulcer Present?** A section for the physician to mark Yes or No and provide details for each ulcer (Stage, Location, etc.).
- b.) Central Line Present?** A section for the physician to mark Yes or No and provide details for each central line (Place of Catheter Insertion, Site of Central Line, etc.).
- c.) Urinary Catheter Present?** A section for the physician to mark Yes or No and provide details for each urinary catheter (Place of Catheter Insertion, Date of Insertion, etc.).
- d.) Other Drains Present?** A section for the physician to mark Yes or No and provide details for each drain (Date of Insertion, Type, Site, etc.).
- 5. Recommend to call MD to obtain culture order to rule out infection**
- Assessment completed by:** A section for the physician to provide their name and signature.
- PHYSICIAN SIGNATURE:** A section for the physician to provide their signature.

A red box highlights the "PHYSICIAN SIGNATURE" field, which contains a green checkmark icon and a red X icon. A red arrow points to the green checkmark icon.

- Proceed with signing on the pad and click on the ✓ (green check) when done to "Accept Signature". If you need to redo your signature, click on the "X" to try again.
- Make sure to save the e-form before you exit (click on "Save and Close" from the navigation toolbar before closing Adobe Reader).

Current Date: Current Time: Height (inches): 63 Weight (kg): 54.43 Page 1 of 2

Patient Information

Last Name: [COST] First Name: [TEST] Middle Name: []
 Account Number: [CP0100] MR #: [] Room #: [] Date of Admission: [11/10/10]
 Date of Birth: [02/20/29] Gender: [F] Age: [4] Attending Physician: [GARFIELD]

Physician verification is required for conditions present on admission.
 The form is to be completed by nursing based on the Initial Assessment.
 The Physician is to sign in concurrence if the following conditions apply:

1. Head to toe assessment completed with the following findings:
 Mark Yes or No and which signs of infection are observed

a.) Skin Pressure Ulcer Present? ☐ Yes ☐ No
 (Please complete mark-up image on next page)
 Stage: [] Location of Pressure Ulcer: []
 Stage: [] Location of Pressure Ulcer: []
 Stage: [] Location of Pressure Ulcer: []
 Stage: [] Location of Pressure Ulcer: []
 Stage: [] Location of Pressure Ulcer: []

b.) Central Line Present? ☐ Yes ☐ No
 Place of Catheter Insertion: [] Site of Central Line: []
 Type of Central Line: []
 Insertion Date: [] Site Patent ☐ No Signs & Symptoms of Complication ☐
☐ Signs of Infection ☐ Erythema ☐ Heat ☐ Painful ☐ Swelling

c.) Urinary Catheter Present? ☐ Yes ☐ No
 Place of Catheter Insertion: []
 Date of Insertion: [] Type of Catheter: []
☐ Catheter Intact ☐ Recommended to call MD to B-C catheter

d.) Other Drain Present? ☐ Yes ☐ No
 Date of Insertion: [] Type: [] Site: []
☐ Site Intact ☐ Signs of Infection ☐ Redness ☐ Heat ☐ Painful ☐ Swelling

2. ☐ Recommend to call MD to obtain culture order to rule out infection

Assessment completed by: [Signature] Date: [] Time: []

PHYSICIAN SIGNATURE: [Signature]
 Signature attests that Physician agrees to assessment data based on page 1 and 2.

Troubleshooting tips:

- If no pen icon appears, it means the device has not been plugged in
- Sometimes, if all else fails, try double-clicking on the signature area to clear any previous items to start all over again