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).

Last Barret CPSI	First Harve: TR	T Middle Name:		
Account Bandser: CP0202	MR # 1 Passes	Bute of Administration: 111	410	
ate of Birth: 022020 Gende	ar P Age: 4 Attending Physi	ciare CARPIELD		
Managers.				
Mariana.		_		
Physician verification is	equired for conditions pres	ent on administra		
The form is to be comple	ted by nursing based on th	e Initial Assessment.		
1 Head to be assessed	a concurrence if me ballow	ing conditions apply:		
Hath Yes or Bu and which :	signs of infection at a abserved	and memory.		
a.) Skin Pressure Ulcer P	resent? C Yes C No			
Peace conside mark-up image	on rest people			
Stage	Location of Pressure Unit	-		
Stage	Location of Pressure Oce			
Stage	Location of Pressure Ulo	er	10	
Stage	Location of Pressure Uco	10		
Stage	Location of Pressure Uko	80		
b.) Central Line Present	C Yes C No			
Place of Catheter Insertion:		Site of Central Line:		
Type of Central Line:		a & Symptoms of Complicat	iem	
Type of Central Line:	🗏 Site Patent 🗏 No Sign	a second s		
Type of Central Line:	Site Patent II No Sign ma II Heat II Partia II Swell	ng i		
Type of Central Line:	Site Patent II No Sign and II Heat II Panta II Swelle	1		
Type of Central Lave:	E Site Patent II No Sign ma II rent II Parts II Swell ant? C Yes C Bo	1		
Type of Central Line: Insertion Date: IF Sgnc of Intection IF Bryth c.) Uninary Catheter Pres	E Silte Patent E No Sign ma E rent E Panta E Swelle ent? C Yes C No	a		
Type of Central Line: Innertion Date: E Spro of Infector III Dythe CJ Uninary Catheter Pres Place of Catheter Insertion:	E Site Patent E No Sign ma E Heat E Panta E Swell ent? C Yes C He	na		
Type of Central Line: Innertion Date: Signs of Intecton III Graft c.) Uninary Catheter Pres Place of Catheter Insertion: Date of Insertion:	E Site Patent E Ho Sign mm E Hest E Pennid E Svelik enti? C Yes C Ho gee of Calbeter:	•		
Type of Central Line: basetion Date: Signs of Infection: El Bythe CJ Uninsery Catheter Pres Place of Catheter Insertion: Date of Insertion: T Catheter Inter: T R	E Sile Patent E Ho Sign ma E Hart E Patrix E Svell ent? C Yes C He yee of Catheter: commended to cat MD to DC c	athetes		
Type of Central Link: honortion Date: E Spin of Interface E System C.) Uninary Cathetor Prov Place of Cathetor Interface. Date of Insertion: Cathetor Interface. A) Other Disalms Proceed.	Site Patent II to Sign II for II for Sign II for II for II II Sould III Compared to Sign III Compared to Call MD to DC C Compared to Call MD to DC C Compared to Call MD to DC C	9 abote		
Type of Central Line: haserting Date: Signs of Infection III Style c.) Uninary Catheter Pres Place of Catheter Insertion: Date of Insertion: T III Catheter Intact III Re d.) Other Duales Present	Site Patent II Ho Sign and I test II Fund II Swell ent? C Yes C No yes of Catheter: [communication call MD to DC c t C Yes C No	ng adheter		
Type of Central Class: havertise Date: Egges of Infection III byte c_2 University Catholter Press Place of Catholter Insertion: Date of Insertion: Catholter Intert d_2 Other Dealers Present Date of Insertion: 1 Differ Dealers Present 1 Differ Dealers P	Fishe Patent Fi Ho Sign ana Fi Harit Fi Patrit Fi Swell ent? C Yes C Be yee of Catheter: commended to cat Mit to BC c h C Yes C Ne veel	g statutor		
Type of Central Links havertions Date: If Signs of Infection III Styles C_2 Uninary Catheter Press Place of Catheter Insertion: Date of Insertion: III Catheter Intest III Re 42 Other Dualins Pressort Date of Insertion: T Size Naturt 1	Site Patent II Ho Sign and II Hard II Fond II Swell ent? C Yes C Ho per of Catheter: converseded to cat MB to B C c ? C Yes C No per [ng adheter Sites		
Type of Central Line: haserting Date: Syno strincton III Style c.3 Unisary Catheter Pres Place of Catheter Insertion: Date of Insertion: A) Other Duales Present Date of Insertion: Syno Strincton II Place	Site Patent II to Sign II the II forta II Sovie went? C Yes C Be per of Catheter: commended to call MD to DC c C Yes C No yeet III the II Panta II Soviel	ng atheter Siker		
Type of Central Clairs: Type of Central Clairs: Type of thirdshift of the Cal Universe Catholice Interface California Interface Date of Universities: The Catholice Interface Catholice Interface Catholice Interface Catholice Interface Date of Insertion: The Catholice Interface Date of Insertion: Sale Interface Sale Inte	G Shite Partnet IT No Sign ama IT read IT Partnet IT Soviet entr? Yes No yee of Catheter: Commented to call MD to DIC c Yes No yeer so IT need IT Partnet IT Soviet No Soldaia cathese ender	ng atheter Sites D To rule out inforction		
Type of Central Class: havertises Date: Eggs of Infection III byte c.) Uninary Catheter Pres Place of Catheter Insertion: Date of Insertion: Catheter Intact III Re d.) Other Dealers Present Date of Insertion: Size Intact Size Intact Size Intact Size Common To Cath	G She Patent E No Sign and E Hant E Parts E Swell ent? C Yes C Be yee of Catheter: commended to call MD to DC c P C Yes C No yee! E Hous E Pants E Swell MD to obtain culture order	ng athetes Sites Sites Is rule out infection		
Type of Central Class: havertion Date: Signs of intection IF bythe c.) Uninary Catheter Press Place of Catheter Intection: Date of Insertion: Catheter Intect IF Re d.) Other Dealers Pressort Size Intect Size Intect Size Intect Network Completed by: Network Comple	Site Patent E No Sign and E Hard E Partia E Swell sent? C Yes C No pe of Catheter: commended to cat MB to B C c ? C Yes C No yes: E Hout E Panta E Swell MD to obtain cutture order	ng athréén Siten [Siten] Site rule out induction	Page Page	
Type of Central Clairs: Type of Central Clairs: Signs of Infection III Style c.; Unisary Catheter Pres Place of Catheter Insertion: Date of Insertion: Catheter Inter III III Catheter Inter III III Signs of Infection III IIII Signs of Infection III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Site Patent II No Sign II Tent II Parts II Swell Sett C Yes C Be per of Cataster: commended to cat MD to D C c Y Yes C No yer: Set I nee II Pants II Swell MD to obtain culture order	ng atheter 5 Beel 9 To rule out infoction		

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):

P LINE AND DESCRIPTION OF THE PARTY OF THE P	Research and the second se	A LULA
-0	Passes Information	1
	Last Renner [2201] First Hanse: TETT Middle Hanse:	
G	Account Number: CPUID2 MP # 1 Research Date of Advansarc 111410	
	Date of Birtle [021020 Gender] Age: 4 Attending Physician (4.37111)	
9		
100 El	Physician weilfication is received for conditions prevent an administra-	
	The form is to be completed by numing based on the Initial Assessment.	
	The Physician is to sign in concurrence if the following conditions apply:	
	 Head to toe assessment completed with the following fladings: Usak Yea at the and which spans of infection at a chargered) 	
-		
1	a.) Skin Pressure Ulcer Present? C Yes C No	
0	These conditions and all many control tanks	
	Stage Location of Pressure Ucer	
The second se	Diage Location of Pressure Usor:	
	Dage Location of Pressure Uner:	
	Stage Location of Pressare Unce:	
12 m	Stage Location of Pressure Uncer:	
-		
Ha	b.) Central Line Present? C Yes C No	
	Place of Catholes Insertions Sile of Central Line:	
	Types of Central Lines:	
	Insertion Date: E Sile Fatest E Not Signs & Symptoms of Complication	
	an other or property on this part of the state of the sta	
	c3 Wilnary Catheter Present? C Yes C IIe	
	Place of Catheter Insertion:	
	Date of Investions Type of Cathetes:	
	E Catheter Intact E Recommended to call MD to B C catheter	
	6.) Other Drains Present? 1. Yes 1. No	
	handbarder [hand]	
	The start	
	E Sons of Interiors E Heart E Panty E Swelling	
	 Recommend to call MD to obtain culture order to rule out infection. 	
		1
	PHYSICIAN SIGNATURE Poper Digital Spratour Pad Corevol. Per 211010 Team 2255	
	Contraction of the Annual State of the	
Clone		Incernet

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

Mipe;	//192.1.57.42 - GMC-RN PRESENT ON A	CMISSION FORM (Indecked) - Microsoft Internet Explorer	aliti si
0		Clarged Date: Neight (notice) (4) Weight Dag, 14,49 Page 1 of 2	
1		Patient Information	
0		Last Name: CP21 Fix thanse: T137 Middle Name:	
		Account Number: [F7102 MR 8]4 Room # Dute of Administer: [111610	
I O		Date of better (VENUE) Gendre (F. Ager) * Attending Physician: (VENUE)	
[P6		Martin and Andrew Street and Andrew Street and Andrew Street and Andrew Street Street	
		The form is to be completed by nursing based on the Initial Assessment.	
63		The Physician is to sign in concurrence if the following conditions apply:	
1.00		1. Head to toe assessment completed with the following findings:	
-		COMP. ADD. N. AND AND ADDRESS AND ADDRESS AND ADDRESS ADDRES	
0		a.) Skin Pressure Ulcer Present? 🔿 Yes 🔍 No	
00		Wanter constants and up to the state of the state	
10		Dage Location of Pressure User	
1		Stage Location of Pressure Uner	
-		Stage Location of Pressure Uncer	
		Stage Location of Pressure Weet:	
8-		Stage Location of Pressure Unor:	
- 10			
Hra	,	b.) Central Line Present? C Yes C No	
		Place of Catheter Incertion: Site of Central Line:	
		Type of Central Line:	
		Insertion Date: I Site Patient II No Signs & Systemptores of Complication	
		a spectrum of the first of the second	
		c.) Uninary Catheter Present? C. Yes C. No	
		Place of Catheter Insertion:	
		Date of Insertion: Type of Catheter:	
		Catheter Intact Recommended to call MD to B-C catheter	
		All Only Design Design D. No. C. No.	
		nj Other Islanis Present? * Tes * No	
		Bate of Assertions Types	
		E Site Induct	
		E Signs of Intection E Redness E Heat E Painty E Swelling	
		2. C Recommend to call MD to obtain culture order to rule out infection	
		Assessment completed by: Dute: Tanet	
		Michighe Schwarg .	
		PHYSICIAN SIGNATURE 111015 Tree 1255	-
a)Done	1		🛆 🔮 Internet

Troubleshooting tips:

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