Prescribing, Dispensing and Administration of Oral Methotrexate Procedure

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1. **AIM**

The purpose of this procedure is to ensure the safe use of methotrexate and reflects good practice guidance issued by the National Patient Safety Agency (August 2004 and updated June 2006).

2. **PRESCRIBING**

2.1 Before initiating methotrexate,
- discuss the indication, dosing and monitoring with the patient,
- provide a patient information leaflet and confirm patient understanding and consent
- provide a patient-held monitoring booklet and explain its use to patient.
- confirm who will prescribe and monitor the methotrexate (refer to shared care guidelines) and frequency of monitoring. Explain this to the patient, including who will communicate necessary dosage changes to the patient and who will record test results in patient-held booklet.

2.2 All prescriptions must state the specific dose and day to be taken ("as directed" is not acceptable).

2.3 On hospital drug administration charts, state the day of the week when the methotrexate dose is given (in the "special instructions" box) AND strike through the six days of the week when the dose must not be administered.

2.4 Prescribe folic acid rescue as a single weekly dose separated from methotrexate. (Rarely some patients may take folic acid every day except for the day they take Methotrexate)

2.5 Ensure discharge summary information includes the form, strength dose and directions in full.

2.6 Beware patients attending with new symptoms e.g. breathlessness, dry persistent cough, vomiting and diarrhoea, which may be signs of methotrexate toxicity or intolerance.

3. **DISPENSING/PHARMACIST SCREENING**

3.1 Check that the patient has a booklet:
   a. if yes, and they have it with them, check dose against dose prescribed.
   b. if yes but don’t have it with them, check their usual dose and day of week taken.
   c. if they don’t have a booklet, provide one and either arrange for the patient to see a clinic pharmacist/specialist nurse (outpatients) or go through the key points with the patient (for inpatients).

3.2 Check prescribed dose- "as directed" is not acceptable. Endorse or amend the prescription with correct dose after confirming with prescriber.

3.3 Local agreement has been reached with primary care that patients will receive only 2.5mg strength tablets. If patients are admitted using a 10mg tablet, ensure the change is explained fully and the patient understands what to take.

3.4 Label the medication with the number of tablets and day of week to be taken.

3.5 Communicate the dose as quantity of tablets and weekly frequency with the patient.

3.6 If the patient is also taking folic acid tablet, ensure the patient can easily tell the difference.

3.7 Update the patient's booklet if their dose has changed.
4. **ADMINISTRATION**

4.1 Administer methotrexate on the day of the week the patient usually takes it.

4.2 NEVER administer methotrexate daily without confirming with the prescriber or pharmacist.

4.3 Ensure administration is recorded on the inpatient medication chart correctly.

5. **RESPONSIBILITIES**

This procedure applies to all staff who are involved with the prescribing, supplying or administration of methotrexate. It is the responsibility of every professional group to ensure that this procedure is followed.

6. **EQUALITY**

This procedure has had an equality impact assessment and has shown there will be no adverse effect or discrimination made on any particular or individual group.

7. **DISTRIBUTION**

This procedure will be available for viewing via the Trust Intranet.

A copy will also be provided to relevant Clinical Directors, Ward managers, Specialist Nurses and Pharmacy staff for onward distribution to staff as necessary.

8. **AUDIT**

It will be necessary to ensure that relevant clinical staff are adhering to the requirements of this procedure. This will be monitored by dispensary and ward pharmacy staff and the Safe Medication Practice Group.

9. **REVIEW**

This procedure will be reviewed every 3 years, or more frequently if required.