Prescribing Methotrexate for Inpatients

When a patient is admitted who is taking oral methotrexate you must undertake a number of actions to ensure that the prescribing of methotrexate is safe and effective.

1. Establish when the patient last had a routine blood test to monitor their treatment and arrange monitoring as appropriate. If the patient is normally seen at DRI or MMH you may elicit this information by contacting the DRI Rheumatology nurse specialists (on extension 6181).
2. Be aware of the signs and symptom of methotrexate toxicity such as:
    1. Breathlessness;
    2. Dry persistent cough;
    3. Vomiting;
    4. Mouth ulcers;
    5. Diarrhoea.
3. Ensure that only the 2.5mg tablets are prescribed.
4. Establish the correct dose they take:
    1. Ask the patient;
    2. Look at the medicines they brought with them;
    3. Look in the Patient Held Monitoring booklet, if the patient has it with them;
    4. Corroborate this with information from the GP.
5. Establish which day of the week the dose is next due. Methotrexate is almost always* prescribed once weekly.
6. If the drug is prescribed on a treatment chart (as opposed to electronically):
    1. Include the strength of the tablets and the dose;
    2. Include the words WEEKLY in the special instructions box;
    3. Cross out, across the entire chart, the six days each week that the dose must not be administered.
7. Co-prescribe folic acid 5 mg once weekly to be taken 3 days after Methotrexate.
8. Dose should be reviewed with new onset renal failure, as Methotrexate is renally excreted.
9. Do not co-prescribe Trimethoprim simultaneously as this can cause significant neutropenia.

If in any doubt ask the advice of the Senior Clinical Pharmacist for your ward.

On Discharge ensure the prescription and discharge summary is complete, legible, and includes the form, strength, and directions in full. Ensure the patient held record is up to date.

* occasionally, twice weekly on Consultant Rheumatologist advice