

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin 9*

Methotrexate Tablets

Methotrexate is a drug which should be treated with great care. It is very important that all care home staff involved in the administration of this medicine or who may come into contact with body fluids of residents who are taking it, have appropriate training and are aware of the associated risks.

Methotrexate is given as a **once weekly dose** and should **never** be administered on a daily basis as this could result in severely reduced immunity or serious infection. Care home staff should ensure appropriate safety measures are in place to prevent this from occurring.

Dosage

- Methotrexate should be taken as a **single dose, once a week, on the same day each week**. If you receive a prescription for a more frequent dose, it is **vital** to double check with the GP or pharmacist.
- Local guidance recommends that it should be standard practice to use **ONLY the 2.5 mg Methotrexate tablets** to avoid confusion between different strengths and possible overdose.
- Tablets should be swallowed whole with water whilst sitting upright or standing.
- Never crush or break tablets.
- Folic acid may be prescribed to help to reduce the side effects of methotrexate. They should not be taken on the same day as folic acid can reduce the effectiveness of methotrexate.
- If a resident refuses to take their methotrexate or folic acid, the GP must be informed.



Methotrexate is a safe and effective medication if taken at the right dose and with appropriate monitoring. Care homes must have robust procedures in place to minimise the potential for harm to the service user and staff.
Methotrexate should be taken weekly on the same day as it was started.

Folic Acid can be taken up to six days a week but should **not be taken on the same day as the Methotrexate**.

Alcohol consumption may increase the risk of liver damage, and residents should be made aware that it is recommended they avoid alcohol throughout the whole treatment period.

Administration and Recording

- The pharmacy should clearly label the methotrexate box with appropriate warnings so staff are aware.
- Methotrexate should **never** be dispensed in a compliance aid or a monitored dosage system (MDS).
- Oral doses should be put into a medicine pot. **The tablets should not be touched.** Residents with poor manual dexterity or impaired vision can have the dose unwrapped at the bedside by care home staff. **Good practice to wear gloves when administering Methotrexate.**
- Medicine pots, spoons or oral syringes used for administration should be reserved for and clearly labelled for methotrexate only. These should be washed thoroughly between doses and safely disposed of at the end of treatment. Appropriate personal protection equipment (e.g gloves) should be worn when washing equipment.
- All oral methotrexate doses should be double checked by another member of staff trained in medication administration.
- Women of childbearing age who are being asked to administer methotrexate must be informed of the fact that methotrexate exposure may harm an unborn baby. This further highlights the importance of always wearing appropriate personal protective equipment. **It is recommended that staff or carers at any stage of pregnancy or nursing mothers should not handle cytotoxic drugs.**
- On receipt of the Medication Administration Record (MAR) sheet the care home should cross through the days when methotrexate is not to be given and clearly highlight the day it is to be given.
- The patient-held monitoring and dosage record must be kept up-to-date throughout treatment

Monitoring

- Residents taking methotrexate will require regular blood tests.
- It is important to note any new or worsening symptoms experienced after starting methotrexate treatment and discuss them with the resident's doctor.
- Carers and residents should be aware of the acute side effects that can occur at any time during treatment. Treatment should be stopped immediately and medical advice sought urgently from the doctor if serious side effects occur which include:
 - **Severe skin rash that causes blistering:** (this can affect the mouth and tongue)
 - **Persistent cough, pain, difficulty breathing or breathlessness.**
 - **Skin rash and fever with swollen glands:** (particularly in the first 2 months of treatment).
 - **Sore throat, fever, chills, or muscle aches:** methotrexate can make the resident more susceptible to infections. Minimise risk of infections and take sensible precautions to avoid them.
 - **Severe allergic reaction (anaphylactic reaction):** although very rare, the resident may suddenly experience itchy skin rash (hives), swelling of the hands, feet, ankles, face, lips, mouth, or throat (which may cause difficulty in swallowing or breathing), wheeze and feeling faint. If this occurs, seek medical attention immediately.
 - **Whites of the eyes become yellow or severe itching of the skin, nausea, vomiting, abdominal discomfort and dark urine:** can be a sign of liver problems.
 - **Severe and continuing diarrhoea or vomiting:** subsequent dehydration can lead to the kidneys inability to flush methotrexate from the blood.
 - **New unexplained bleeding or bruising:** can indicate that blood cells are being affected by the methotrexate.

Safe disposal of methotrexate tablets

- Care homes **with** nursing will need to obtain a cytotoxic waste disposal bin (purple sharps bin) from their waste contractor to dispose of methotrexate tablets safely to avoid potential harm to others. Methotrexate must never be disposed of in an ordinary waste bin.
- Care homes (**without** nursing) will need to return methotrexate tablets to the pharmacy for disposal. The tablets awaiting disposal must be put into a sealed container which must be clearly marked 'methotrexate'.

References

Methotrexate Shared Care Agreement - NW ICB netFormulary
<https://www.norfolkandwaveneyformulary.nhs.uk/about.asp>

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