

Medicines Matters

July 2013

ISSUE: 50

METHOTREXATE

► Immediate Changes to Practice ◀

Methotrexate* should be stopped on admission for all patients admitted to the Trust

*for methotrexate in cancer indications see separate policy



Why make this change?

Methotrexate is a high risk drug which can cause serious harm if prescribed, dispensed or administered incorrectly.

Errors continue to arise in the Trust despite all attempts to prevent them.



Two serious incidents occurred at the Trust in the last year due to the lack of monitoring and inappropriate prescribing of methotrexate. Monitoring, prescribing and administration errors put patients more at risk in the short term than an omitted dose.

Methotrexate should be prescribed on the drug chart as shown below:

| YEAR 2013 | | REGULAR PRESCRIPTIONS ONLY | | | | | | | | | | | | |
|-------------------------|------|----------------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| DATE / MONTH → Jan | | 17 | | | | | | | | | | | | |
| Drug ① | | PO | <div style="border: 1px solid black; padding: 5px;"> Not to be given during inpatient stay unless reviewed by an appropriate speciality at York Hospital (or the GP at community units.) Please prescribe on the eDN and indicate when appropriate to restart </div> | | | | | | | | | | | |
| METHOTREXATE | | SC 6 | | | | | | | | | | | | |
| Date | Dose | IM ⑧ | | | | | | | | | | | | |
| 17/01/13 | 10mg | IV 12 | | | | | | | | | | | | |
| Additional Instructions | | 14 | | | | | | | | | | | | |
| WEEKLY ON SUNDAY. | | 18 | | | | | | | | | | | | |
| Full Signature & Bleep | | 22 | | | | | | | | | | | | |
| A Doctor | 123 | Pharm | | | | | | | | | | | | |

Prescribing

- In certain cases e.g. rehabilitation, methotrexate may be restarted during the hospital stay under the agreement of the relevant speciality at the Trust (rheumatology/dermatology/gastroenterology), or the GP at community units.
- The appropriate specialist at the Trust will document in the patient's notes that the methotrexate can be restarted and in the additional instructions on the drug chart should state 'restart approved'.
- Folic acid can be continued.

Administration

- Methotrexate should NOT be administered to acute inpatients.
- Patients requiring rehabilitation may have their methotrexate restarted on the advice of a Trust specialist.
- The GP in community out units may also restart methotrexate for patients transferred when deemed appropriate.

Discharge

- It is essential that methotrexate is restarted on discharge from hospital once the patient has recovered from their acute illness or surgery.
- This should be indicated on the patient's discharge letter.
- If a patient is discharged on medicines that may interact with methotrexate seek advice from a speciality at the Trust.

Responsibilities

TRUST DOCTORS

- Prescribe methotrexate on the inpatient drug chart with a statement that it is not to be administered.
- Contact relevant speciality at the Trust for a methotrexate review if inpatient administration may be appropriate.
- Conduct FBC, LFT's and check renal function before discharge to ensure that the re-prescribing is appropriate.
- Ensure that the methotrexate is prescribed on the discharge letter for discharge information. Make it clear if the methotrexate is permanently discontinued.

NURSING STAFF

- Do NOT administer methotrexate to an inpatient, even if it is prescribed on the drug chart UNLESS marked as appropriate by a relevant specialist.
- Patients own methotrexate MUST NOT be used on the ward. Keep the methotrexate until it has been seen by a member of the pharmacy team on the ward and then arrange for it to be taken home by a patient's relative/friend. If no one is available to take it home, it should be placed in a separate bag labelled with DO NOT USE DURING ADMISSION and kept in the patient's locker if available or in a locked medicines cupboard (community units).

PHARMACISTS AND PHARMACY TECHNICIANS

- Ensure that the methotrexate is prescribed on the drug chart with the statement shown on page 1.
- If methotrexate is not prescribed on the drug chart, write it on, (pharmacists only) ensuring that the administration section is crossed out and the statement is written.
- Check if the patient has any of their own methotrexate in hospital. Confirm with the patient that any patient's own methotrexate has been removed from the ward (ask a relative to take it home) or placed in a separate bag labelled with DO NOT USE DURING ADMISSION.
- Confirm that the dose, route, day of the week, the dosage interval and monitoring schedule are all correct and written in the medical notes.
- York only: Enter in the CPD handover notes that methotrexate has been stopped on admission and needs entering on the discharge letter. Also enter methotrexate into the medicines section on the eDN.
- On discharge, ensure that the methotrexate has been re-prescribed on the discharge letter and that appropriate blood tests have been conducted.

GPs

- Follow instructions on shared care guidelines for monitoring and refer the patient back to the consultant when necessary.
- For patients admitted to community hospitals, review methotrexate on admission and continue or restart when appropriate.
- For patients transferred to community hospital, only restart methotrexate when appropriate and contact initial prescribing specialty if any advice is needed.
- Ensure that methotrexate is restarted on discharge unless it is documented that it was permanently discontinued during the hospital stay, refer back to the discharging doctor if unsure.

REMEMBER: Methotrexate is to be taken only once a week. Refer to prescribing standards if necessary.