PHARMACY IN-PATIENT CHECKLIST – METHOTREXATE – ONCE A WEEK

Patient name (or addressograph sticker)		**Ward**	
Hospital number		**Consultant**	
Date of Birth		**Date of Admission**	
NHS number		**Weight (kg)**	

1. On Admission (within 48 hours):

Medicines Reconciliation performed	Y/N (tick below when actioned)
Dosage confirmed with Patient and GP/specialist/methotrexate booklet	
Use of OTC medications confirmed	
Recent changes to medication ?	
Folic acid co-prescribed (but not on the same day). Box round folic acid administration day(s) and cross out non-administration days.	
Endorse methotrexate prescription instructions on drug chart as ONCE a week on X day (do not abbreviate). Dose in milligrams. Is route correct, clear and unambiguous ? Box round methotrexate administration day and cross out ALL non-administration days.	
Record prescribing, monitoring and administration requirements in the patient's notes.	
Cytotoxic. Endorse prescription re: safe handling.	
Patient has educational information	Tick box
Methotrexate Booklet (if mislaid, new one provided)	

Clinically significant drug interactions		Y / N
Interacting drug	Effect	Action taken

Methotrexate related admission		Y/N (tick relevant box)	
Side-effects of Methotrexate documented		Methotrexate recently started (date)	
Blood dyscrasias		Pulmonary toxicity	
Liver toxicity		Gastrointestinal toxicity	
Other (specify)		Methotrexate stopped (date)	

Contra-indications and cautions to Methotrexate (tick relevant box)			
Liver disease including fibrosis, cirrhosis, recent or active hepatitis.		Pre-existing blood dyscrasias (marrow hypoplasia, neutropenia, leukopenia, thrombocytopenia or anaemia)	
Alcoholism		Active infection	
Pulmonary toxicity / pneumonitis (unexplained dyspnoea, cough or fever)		Peptic ulceration, ulcerative colitis, diarrhoea, or ulcerative stomatitis	
Significant renal impairment		Pregnancy or Breast-feeding	
Evidence of immunodeficiency syndrome		Galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption.	

Within EKHUFT, oral methotrexate once a week as an immunosuppressant is only dispensed using the 2.5mg strength tablets.
For in-patient supply, only order ONE single weekly methotrexate dose at a time but always "one-stop" to ensure the dose instructions are on the dispensed label.
(do not label as "IP" and do not order more than one week at a time for in-patients please)

2. Patient monitoring on and during admission:

Blood test monitoring must be at least as often as that stated in the shared care guidelines (Fortnightly for first 6 weeks; thereafter monthly, until the dose and disease is stable for a year. Thereafter based on clinical judgement consider reducing frequency of monitoring to every 2 - 3 months).

Parameter (tick box in appropriate column when completed)	**Date patient reviewed by pharmacist**				
Serum Creatinine & estimated GFR (seek advice or refer if significant abnormality)					
FBC (Hb, WBC, Neutrophils, Platelets) (seek advice or refer if significant abnormality)					
Liver function tests including serum albumin (seek advice or refer if significant abnormality)					
Blood results documented on page 13 of drug chart					
Appropriate prescriber / transcriber (not FY1)					
Chart screened for interacting medications					
Pt. checked for pulm. toxicity/pneumonitis (unexplained dyspnoea, cough or fever)					
Patient and notes monitored for signs of toxicity, S/E, contraindications and cautions					
Documented missing blood results or other findings in medical notes **AND** handed-over					
Methotrexate prescription counter-signed by pharmacist or appropriate specialist to authorise nurse administration					
Patient reviewed by (pharmacist)					

INTERVENTIONS AND OUTCOME:

PHARMACIST NAME: **SIGNATURE:** **DATE:**

Shared care guidance : East Kent Prescribing Group. Document on Disease Modifying Anti Rheumatic Medications for Rheumatology Patients. Version 1.5. April 2016. Available at http://www.canterburycoastalccg.nhs.uk/about-us/prescribing-advice/