

Pharmacy: 2465 - CPS1
 User: CPS1 - Jenny O'Donnell
 Last login: Thu, Jan 12, 2012 09:49

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BISCUIT, Bertie	Born 11-Mar-1977 (34y) Gender Male CHI No. 7777777777
Patient Details Last Modified On 12-Jan-2012 By CPS1	
Address	Phone and email

HRM Methotrexate Process : **Concordance** > Interactions & precautions > Adverse reactions > Monitoring > Review

Concordance

- Is the patient taking their methotrexate as prescribed? Yes No
- Does the patient know what to do if they miss a dose of methotrexate or vomit after taking a dose? Yes No
- If the patient is taking folic acid are they taking it as prescribed? Yes No
- Does the patient have a methotrexate patient information and monitoring booklet and do they use it? Yes No

When indicated for RA and psoriasis methotrexate is prescribed as a single dose taken **once a week** on the **same day** each week. 'As directed' instructions should be avoided. You should follow up with the patient's GP practice if the instructions printed on the prescription form do not match what the patient tells you.

Actions:

- Check the patient's understanding of how and when to take their methotrexate and clarify any discrepancies.
- If the patient is currently receiving methotrexate 10 mg (either alone or in combination with the 2.5 mg tablets) then discuss the merits of using a single strength of 2.5 mg. If patient is content to change contact their GP to discuss the change
- Advise the patient that methotrexate should be swallowed whole and not crushed or chewed.
- Check the patient's understanding of how and when to take their folic acid and clarify any discrepancies.
- Advise the patient to carry and use the methotrexate booklet.
- Record any care issues in the patient's care plan and agree desired outcomes and actions.

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BISCUIT, Bertie

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HRM Methotrexate Process : [Concordance](#) > **[Interactions & precautions](#)** > [Adverse reactions](#) > [Monitoring](#) > [Review](#)

Interactions and precautions

Is the patient aware they should check that any newly prescribed medicines don't interact with methotrexate? Yes No

Is the patient aware that certain OTC medicines can interact with methotrexate? Yes No

Serious drug interactions include:

- Acitretin and Sulfinpyrazone
- Chloramphenicol, co-trimoxazole, probenecid and trimethoprim

Consider the need for contraceptive and family planning advice.

Action:

- Advise the patient to always check with their GP and pharmacist that any new medicine, including OTC, is safe to take with methotrexate.
- Record any issues in the patient's care plan and agree desired outcomes and actions.

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Adverse reactions : side effects and toxicity

Is the patient aware of the common side effects of methotrexate? Yes No

Is the patient aware of the side effects that occur if they are having a reaction to methotrexate? Yes No

Is the patient aware of what to do if they are suffering from these signs? Yes No

Is the patient aware that adverse reactions should be reported? Yes No

The most common side effects are:

- Skin (e.g. urticaria, acne, photosensitivity)
- Haematopoietic reactions (e.g. anaemia, pneumonia, septicaemia)
- Alimentary tract (e.g. nausea, vomiting, gingivitis, pharyngitis, intestinal ulceration)
- Hepatic (e.g. acute hepatitis or cirrhosis)
- Urogenital (e.g. vaginal discharge or ulcers, cystitis, dysuria)
- Pulmonary (e.g. acute pulmonary oedema, fibrosis)
- CNS (e.g. headache, drowsiness or blurred vision)
- Cardiac (hypotension, deep vein thrombosis)

Actions:

- **Check the patient's understanding of the side effects of Methotrexate using the information booklet as a prompt.**
- **Ask the patient if they are experiencing any side effects.**
- **Refer them to their GP if side effects appear severe.**
- **Record any care issues in the patient's care plan and agree desired outcomes and actions.**

Signs of methotrexate toxicity or intolerance are:

- Breathlessness
- Dry persistent cough
- Severe vomiting or diarrhoea
- Sore throat or mouth ulcers
- Unexplained bleeding or bruising
- Abdominal discomfort
- Dark urine

Actions:

- **Check the patient's understanding of the signs of methotrexate toxicity using the information booklet.**
- **Remind the patient that they should tell the pharmacist, GP or specialist if they experience any side effects that could indicate toxicity.**
- **Immediately refer the patient to their GP if they are showing signs of toxicity, contacting their GP to alert them. Patients with signs of pneumonitis must stop methotrexate and seek urgent hospital attention.**
- **Advise the patient to report any adverse drug reactions through the MHRA Yellow Card Reporting Scheme either via yourself or by them self reporting.**
- **Record any care issues in the patient's care plan and agree desired outcomes and actions.**

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Monitoring

Is the patient aware of how frequently they should have their blood tests done? Yes No

Can the patient tell you the date of their last blood test and, if so, when was it? (Record the date or approximate date if known. Otherwise record "No")

Does the patient record their blood results in their methotrexate monitoring booklet? Yes No

Methotrexate has a narrow therapeutic index. Monitoring is very important. Patients should know who is responsible for the prescribing and monitoring of their methotrexate. You should expect to find monitoring will be

- **three monthly** for people stable on methotrexate for years and with no co-morbidities
- **four to eight weekly** for those in the first couple of years of being on a stable dosage or co-morbidities in long-term users.
- **weekly - fortnightly** for those just started.

Actions:

- **Establish if the patient is receiving regular monitoring.**
- **If the patient has not had their blood levels monitored within an appropriate timescale refer them to their GP practice for monitoring, contacting the GP to alert them.**
- **Advise the patient to discuss their monitoring arrangements with their GP or practice nurse if there appears to be confusion about the interval.**
- **Encourage the patient to check their results are normal with their GP or practice nurse after each test and record the results in their monitoring booklet.**
- **Encourage the patient to carry their methotrexate booklet.**
- **Record any care issues in the patient's care plan and agree desired outcome and actions.**

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Methotrexate high risk medicine care risk assessment summary

Use **+** to add care issues for the specific question.

Concordance

Is the patient taking their methotrexate as prescribed?	Yes	+
Does the patient know what to do if they miss a dose of methotrexate or vomit after taking a dose?	Yes	+
If the patient is taking folic acid are they taking it as prescribed?	Yes	+
Does the patient have a methotrexate patient information and monitoring booklet and do they use it?	Yes	+

Adverse reactions : side effects and toxicity

Is the patient aware of the common side effects of methotrexate?	Yes	+
Is the patient aware of the side effects that occur if they are having a reaction to methotrexate?	Yes	+
Is the patient aware of what to do if they are suffering from these signs?	Yes	+
Is the patient aware that adverse reactions should be reported?	Yes	+

Interactions and precautions

Is the patient aware they should check that any newly prescribed medicines don't interact with methotrexate?	Yes	+
Is the patient aware that certain OTC medicines can interact with methotrexate?	No	+

Monitoring

Is the patient aware of how frequently they should have their blood tests done?	Yes	+
Can the patient tell you the date of their last blood test and, if so, when was it?	12-12-2011	+
Does the patient record their blood results in their methotrexate monitoring booklet?	Yes	+

Care issues associated with this assessment

Care issue	Earliest review by	Last modified on
No records to display.		

[Add](#)

Assessment completion

Assessment complete	No
Assessment completed by	
Assessment completed on	
<input type="button" value="Complete assessment"/>	

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