

November 2019

Dear GPs and District Nurse teams

Re. METHOTREXATE injections (Metoject) – clarity of responsibilities if patient housebound

Refer to shared care protocol by OUH and Oxford Clinical Commissioning Group available [here](#) (Rheumatology) and [here](#) (other specialities)

Role of GPs

- Prescribe medication once the dose is stable or shared care is agreed
- Ensure all monitoring is completed in accordance to the specific shared care protocol
 - Request blood tests from Community Phlebotomy Service/District Nursing Service (locality dependant) in a timely way
- Check and record results then advise the specialist of any deteriorations or abnormal results
- Notify the specialist to any changes in patients condition, any adverse drug reactions or failure to attend tests
- Order methotrexate, or give patient a prescription
- Provide direction to administer to District Nursing/ CCN team to cover period of administration before next monitoring is due, with stop date (when monitoring and review will take place) included

Role of District Nurses/Community Childrens Nurses

- Complete blood test as requested by GP (This should be done by the Community Phlebotomy service if you have one in your locality)
- Children may be requested to attend hospital phlebotomy clinic for blood tests
- Be aware of **side effects** section (as below), checking with patient and escalating any concerns to GP before administering

Nausea and/or vomiting	<p>Usually improves over time. If troublesome for adults consider:</p> <ul style="list-style-type: none"> • Increasing the dose of folic acid to 5 mg daily up to 6 days a week - omitting on the day methotrexate is taken. • Splitting methotrexate dose over one evening and next morning. • A short-term anti-emetic. <p>For children consider:</p> <ul style="list-style-type: none"> • Increase folic acid to 1-5mg, 3 days a week. Maximum increase to 5mg 6 days a week (omitting the day methotrexate is taken). • Anti-emetic can be prescribed such as cyclizine or ondansetron <p>If unable to tolerate refer back to specialist for review.</p>
Hair loss	Usually mild, rarely significant. Reversible on stopping drug.

Rash	Withhold treatment and discuss with specialist.
Mouth ulcers, mucositis	Mouth ulcers may respond to increasing folic acid as above. If severe despite extra folic acid stop methotrexate and refer to a specialist for advice.
Menstrual dysfunction/amenorrhoea	May occur during treatment and for a short while after cessation.
Otherwise unexplained dyspnoea or cough (especially if accompanied by fever/sweats)	Methotrexate pneumonitis may occur. Withhold treatment, arrange chest X-ray and discuss urgently with consultant. Pneumonitis is very rare in paediatric practice. Discuss with paediatric rheumatologist if an atypical presentation or persists > 2 weeks without preceding infection.
Abnormal bruising	Withhold until FBC result available.

- Complete administration of methotrexate injection as requested by GP
- Update the Primary Care Record by recording the fact of administration as a consultation (or as agreed with the patient's practice)
- Plan subsequent administration dates into scheduling tool for period of administration covered by Direction to Administer – NB. Note end date (when monitoring and review will be carried out) and do not exceed this

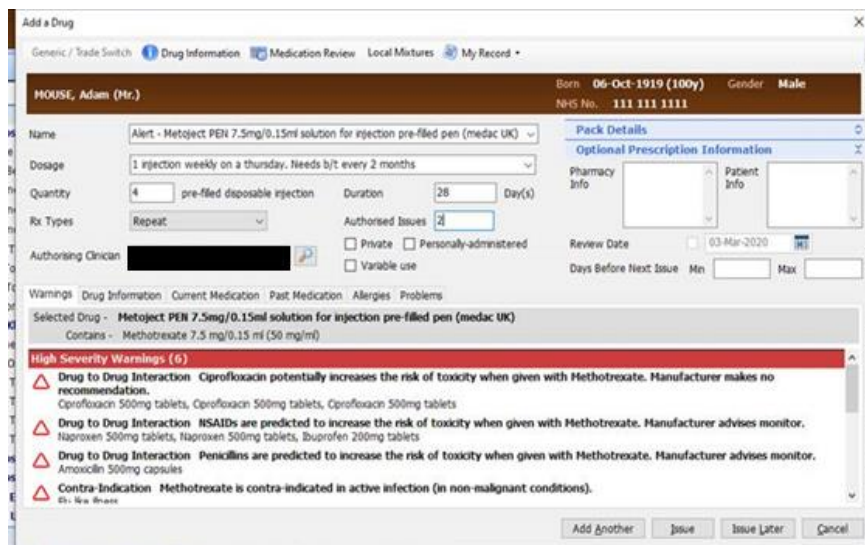
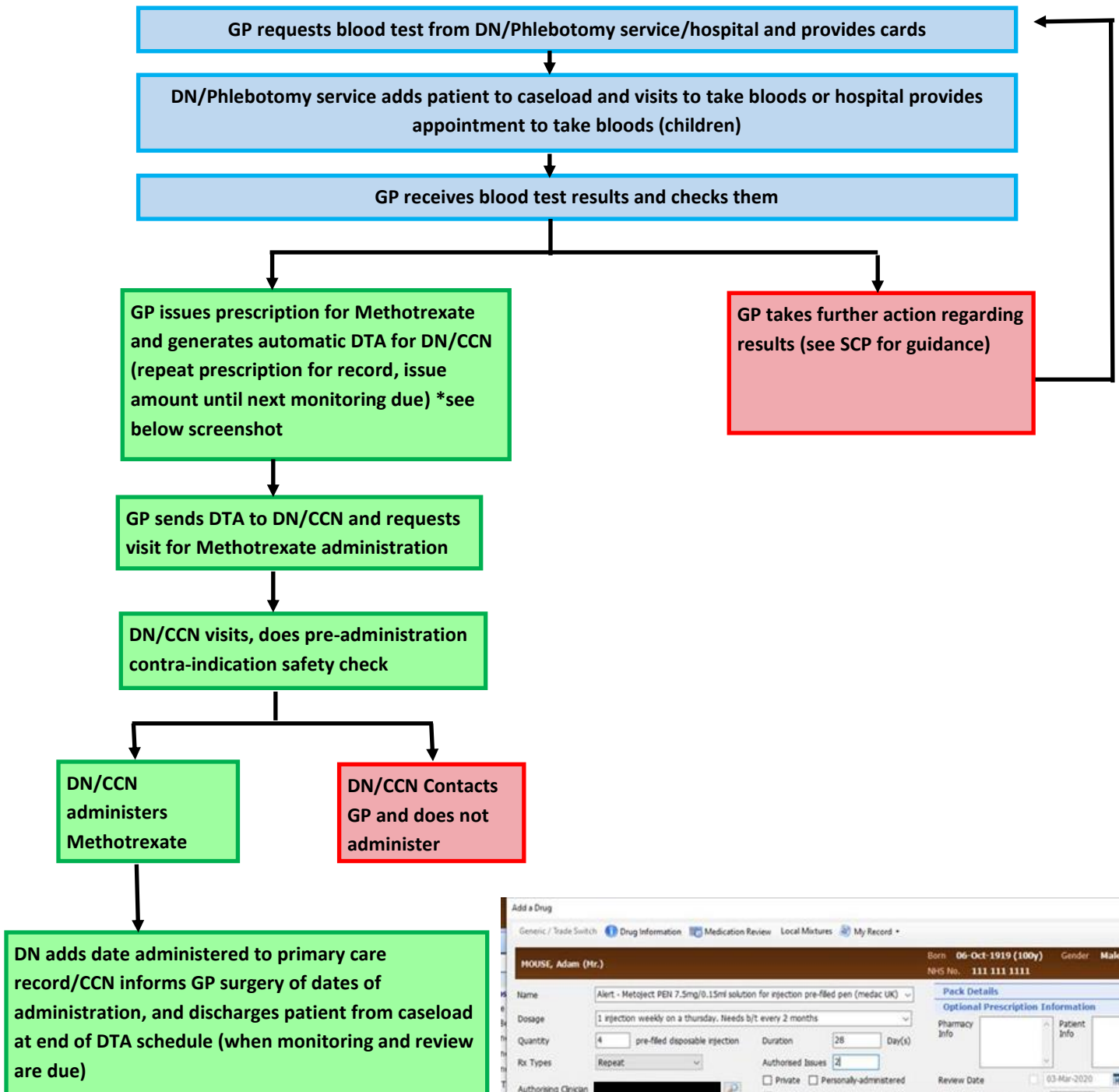
Disposal of sharps

- Initial cytotoxic sharps boxes (purple) will be provided by the District Nursing service, or Community Children's Nursing service for housebound patients (see appendix 1 for e-procurement code).
- The DN or CCN service will arrange waste collection as per the local council's service for that patient, or the alternative arrangement for that area (see appendix 1).
- The DN or CCN service to supply replacement cytotoxic sharps boxes (purple) if the local council area for that patient doesn't supply replacements as part of waste collection process.

Regards

Miles Carter, OCCG Clinical Lead, Medicines Management
Gabbie Parham, Senior Matron for Community Nursing

Patient to be started on/due next dose of Methotrexate



Provision and collection of cytotoxic sharps bins

District Nursing service/Community Children’s Nursing service always need to supply the first sharps bin, via E-procurement

Code	Description	Supplier Name	UOM	Price	Qty	Image
FSL004	SHARPS CONTAINER CYTOTOXIC WASTE 2.5 LITRE PURPLE LID SHARPSGUARD CYTO - DD672	SUPPLY CHAIN COORDIN	EA	0.72	1.00	
FSL077	CONTAINER SHARPS FOR CYTOTOXIC WASTE 1 LITRE PURPLE LID DANIELS CYTOBIN - DD679	SUPPLY CHAIN COORDIN	EA	0.85	1.00	

FSL367 0.6 LITRE SHARPSBIN WITH ABSORBENT PAD FOR CYTOTOXIC WASTE. DD609 68p each

Councils across Oxfordshire and their waste management service for cytotoxic (purple lidded) sharps bins				
Council	Request by DN or CCN	Collect	Replace	Frequency
Oxfordshire County Council	Form	Yes	Yes	One off or weekly
Vale of the White Horse	T/C or email	Yes	Yes	One off or weekly
South Oxfordshire District Council	T/C or email	Yes	Yes	One off or weekly
West Oxfordshire District Council	T/C	Yes	No*	One off or weekly
Cherwell District Council	N/A	No**	No*	N/A

Patients covered by Oxfordshire County Council, Vale of the White Horse, South Oxfordshire District Council and West Oxfordshire District Council need to have cytotoxic waste collections set up by District Nursing service/Community Children’s Nursing service.

**District Nurse/Community Children’s Nursing service to contact Steven Warner, Facilities Manager, Tel: 07887 744856, e: Steven.Warner@oxfordhealth.nhs.uk to arrange drop off at Bicester Community Hospital for patients covered by Cherwell District Council.

*District Nursing service/Community Children’s Nursing service need to order subsequent sharps bins for patients covered by West Oxfordshire and Cherwell District Councils (other councils provide these when collecting previous bin).