



## CLINICAL PRACTICE PROTOCOL

### Methotrexate (Oral) Administration In Racf's

**SCOPE (Area):** Residential Services

**SCOPE (Staff):** Nursing, Residential Services Staff

Printed versions of this document SHOULD NOT be considered up to date / current

## Rationale

While recognising medicine's significant contribution to the treatment and prevention of disease medicines do have the potential to cause harm. Appropriate measures to promote the safe administration of oral methotrexate in residential aged care facilities (RACFs) will assist to have a positive impact on health outcomes for those concerned and avoid any potential to cause harm.

## Expected Objectives / Outcome

To promote safe administration of oral methotrexate in residential aged care facilities.

## Issues To Consider

Methotrexate is a cytotoxic and immunosuppressant medication that is not commonly prescribed outside the specialist areas of oncology, dermatology and rheumatology. Low-dose oral methotrexate may be prescribed for psoriasis or rheumatoid arthritis, for once a week administration. Prescribing, dispensing and administration errors can lead to inappropriate daily dosing.

The medication order must specify ONCE WEEKLY, and the day of the week that it should be administered. **(The order should also be entered in the Icare electronic system in the special instructions box)**. The other remaining days of the week should be blocked out on the hard copy COMPACT medication chart.

Methotrexate should be clearly labelled with a purple cytotoxic warning label. If supplied in a pre-packaged dispensing system, it must be packed separately from other medications, to allow for correct identification and handling.

Personal protective equipment (PPE) must be available for use in the area, including disposable gloves and disposable medication cups.

Whilst it is acknowledged that the safest approach to reducing occupational exposure to cytotoxic medications is to comply with cytotoxic safety precautions - it must also be considered that the handling risk with oral methotrexate is minimal.

The level of interpretation of "cytotoxic precautions" warrants modification in residential areas, in comparison to Acute and Sub-Acute clinical areas.

Employees planning parenthood, or who are pregnant or breastfeeding, must be made aware of the potential harmful effects cytotoxic drugs can have on the pregnant woman - and should avoid exposure.

The organisation has a responsibility to ensure that employees receive appropriate training, concerning the safe management of cytotoxic drugs and related waste.

# Detailed Steps, Procedures and Actions

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## PROCEDURE

**1. A resident prescribed methotrexate must have Cytotoxic Reminder Alerts (Stickers and Medication Chart Cover Sheet) in their medications folder.**

Three (3) additional points of notification / alert to be completed are:

- Resident's Summary Care Plan
- Resident Handover Sheet
- **"Cytotoxic Reminder Alerts" should also be entered in the Icare special instructions box**

**2. Care staff must wear gloves and utilise 'no-touch' technique AT ALL TIMES when administering oral methotrexate**

- To ensure minimal direct handling, tablets should be tipped from their dispensed container, directly into a disposable medication cup, whilst wearing disposable gloves.
- After dispensing, the medication cup should be enclosed into a glove, as it is inverted on removal.
- Both medication cup and gloves should be discarded into a waste bin. Hands must be washed thoroughly immediately after glove disposal, as per BHS Hand Hygiene protocol

**3. Methotrexate tablets MUST NOT be crushed or broken.**

- If any loose powder is observed inside packaging, the tablets must be returned to pharmacy
- Loose powder from the crushing process may present a risk to the handler, via inhalation

**4. Standard precautions** must be utilised at all times to minimise exposure to cytotoxic waste

- This includes use of gloves and hand washing, when handling any body fluids, including urine, faeces and vomitus.
- A "spill" of human waste considered contaminated does not require specific extra management - a "spill" requires management, when the actual cytotoxic substance is spilled.
- Correct application of standard precautions minimizes the risk of exposure to drug metabolites, as the drug is excreted
- Standard precautions apply at all times, not just for a 48 hr period following the cytotoxic dose. This sets a consistent management standard, and will minimise confusion with whether "extra" precautions are required over a particular period of drug excretion.

**5. Contaminated items or products must also be handled, in order to minimise exposure to waste.**


- Disposable gloves must be worn when handling any contaminated equipment.
- Contaminated equipment, such as incontinence pads, catheter bags and colostomy bags should be double bagged, and placed in a waste bin, after any contents have been fully flushed in the toilet.
- Wet or otherwise contaminated linen - sheets, gowns etc should be placed into a linen bag, and then placed into a heavy duty plastic bag, to prevent leakage.
- Contaminated linen requires laundering, separate to non-contaminated linen

## Related Documents

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 [POL0048 - Medication Prescribing, Dispensing & Administration](#)

 [CPG0069 - Methotrexate \(Oral\) - Guidelines For Use](#)

 [CPP0266 - Hand Hygiene](#)

 [CPP0286 - Medication Orders](#)

 [SOP0001 - Principles Of Clinical Care](#)



## References

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 [Carrington, C. \(2013\). Safe use of oral cytotoxic medicines. Australian Prescriber, 36\(1\), 9-12.](#)

# Appendix

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-  [Grampians Integrated Cancer Service \(n.d.\). Clinical guidelines for the administration of oral chemotherapy agents in the community setting.](#)
-  [Manrex Pty Ltd. \(2014\). Managing oral cytotoxic medicines in A&A Webstercare systems.](#)

<b>Reg Authority:</b> Clinical Online Ratification Group	<b>Date Effective:</b> 25/03/2020
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