



**PRAIRIE NORTH REGIONAL  
HEALTH AUTHORITY**

**POLICIES & PROCEDURES**

**Number: 15649**  
**Category: Continuing Care**  
**Title: Methotrexate Preparation & Administration**

**Approved by: VP Integrated Health Services**

<b>Review Date:</b>					
<b>Initial:</b>					

**Source: Home Care Managers & Pharmacy**  
**Date Effective: January 14, 2010**

**PURPOSE**

To ensure the safe administration of Methotrexate in the small doses used to treat inflammatory arthritis and related conditions in a home care setting.

**POLICY STATEMENT**

Methotrexate for arthritis and related conditions may be given at any location where appropriate safety conditions can be implemented.

Methotrexate is not to be administered intramuscularly or subcutaneously by employees who are pregnant, at risk of becoming pregnant, or are breastfeeding.

Precautionary techniques and personal protective equipment are to be used to minimize the risk of exposure from spills and aerosolization.

**GENERAL PRINCIPLES**

Cytotoxic drugs work by interfering with the fusion of living cells, particularly cell division. At high doses, many drugs in this category are carcinogenic, mutagenic and and some are teratogenic. Some are also extremely irritating, producing harmful local effects after direct contact with the skin or eyes.

Methotrexate is a cytotoxic drug. The doses used to treat inflammatory arthritis and related conditions are much less than those used to treat cancer. This means that Methotrexate used to treat arthritis should not cause harm if it comes into contact with the skin and will not of itself cause cancer.

**GENERAL GUIDELINES**

Administration of Methotrexate tablets is often preferred over the parenteral route. Oral Methotrexate administration may be assigned to the Home Health Aides (HHA) for clients receiving

medication assistance. Instructions for the HHA must clearly state that oral administration in pill form must not be crushed.

If, after consultation with the physician, it is determined that the parenteral route is necessary, teach the client or support to self-administer if at all possible. The client and supporters must be advised of any relevant precautions and the importance of regular blood and other monitoring in consultation with their physician.

The preferred parenteral route of administration is subcutaneous injection. However, the alternate intramuscular route may be used for the client who has experienced increased skin irritation via the subcutaneous route.

Utilize pre-filled syringes if available.

Larger centers may be able to refer clients to the chemo program for administration.