

METHOTREXATE SHARED CARE RECORD

This booklet belongs to:



Date of birth:

Hospital/Clinic:

Record no:

Consultant/specialist:

***Contact details for the healthcare staff
looking after you***

Telephone Helpline/Specialist nurse:

General practitioner:

GP surgery address:

GP surgery telephone:


Community pharmacy:



Pharmacy address:

Pharmacy telephone:

If found, please return this booklet to:

When to take your medication

Choose a day of the week to take your oral methotrexate and stick to it.  will also normally be prescribed folic acid (a vitamin supplement). You will be told when to take folic acid. Note down the instructions.

If you miss your methotrexate dose on your normal day, don't worry. You can take it sometime over the next two days  for example, if your normal day for taking your methotrexate is Monday, you can take it on Tuesday or Wednesday. Do not take the dose if you are three or more days late. A flare-up of the disease during this time is unlikely. In both cases, take your next dose on your usual day the following week. 


Write down your chosen day of the week and this will help you remember which day to take your dose.

Day of the week for taking methotrexate:

When you should take folic acid:



Why you need regular blood tests

It is important that you do not miss your blood tests as these can detect problems before they cause you any m.

You must not take methotrexate unless you are having regular blood tests and are being monitored regularly by your specialist team.

Things you must tell medical staff

If you need medical treatment, whether as an emergency or not, the staff treating you will need to know that you are taking methotrexate. You must also tell the doctor, nurse or pharmacist if you are taking other medicines including over-the-counter drugs, supplements or herbal remedies. You should

not use these without first checking that they are safe to use with methotrexate.

NHS Direct

If you seek help from NHS Direct, you must tell them you are taking methotrexate.

What problems must I look out for?

Your Methotrexate Patient Information Leaflet gives more information on possible side effects from treatment:

Contact your doctor or the nurse helpline if you develop any unexplained new symptoms after starting methotrexate.

Possible Side effects that mean you should stop your methotrexate and tell your doctor immediately:

- Unexplained shortness of breath (breathlessness)
- If the whites of your eyes become yellow or you develop severe itching
- Fevers, chills or **severe** sore throat/mouth

- Severe mouth ulcers, bleeding gums, bruising, fatigue or skin ulcers
- Severe sickness or upset stomach
- If you think you may be at risk of chicken-pox or if you get shingles

Other advice

Drinking alcohol

If you are taking methotrexate you should ensure that your alcohol intake is well within the limits agreed with your doctor and certainly no more than national recommended limits (2-3 units per day for women and 3-4 units per day for men). See the Patient Information Leaflet for further details.

Having a baby

Women should not take methotrexate if they are breast-feeding, pregnant or are trying to become pregnant. If you think you might be pregnant do not take methotrexate. Men should not attempt to father a baby while taking methotrexate.

Wait at least three months after stopping treatment, before trying for a baby. See the Patient Information Leaflet for further details.

Immunisations




It is important that any doctor or nurse you see is aware that you are on methotrexate and that you or your close relatives should not receive any **live** vaccines such as MMR or rubella (German measles). However, flu vaccine and Pneumovax[®] are safe.

Antibiotics

You should not take trimethoprim or co-trimoxazole (Septrin[®]) whilst taking methotrexate.

Record of your dose

Keep a record of your dose by filling in details of your dose and the number of tablets you should take. If your dose changes, for example after a blood test, record the new dose here. Take this new dose, and not the dose shown on the bottle or carton label.

Urea									
Creatinine									
CRP									
ESR or PV									
PIIINP 									
Next test date									

Blank rows may be used for special tests. Not every test is required in every patient or at every visit.

Urea									
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Monitoring schedule

When you start methotrexate you will require blood tests every one to two weeks. For some people stabilised on treatment, blood tests may be needed as little as once every 12 weeks. The tests which need to be monitored vary according to the condition which is being treated. The haemoglobin, white cell count and platelets must, however, always be measured.

What the terms mean

It is common for people with chronic conditions to have blood results that are abnormal as a result of the condition itself. For instance, people with rheumatoid arthritis are often slightly anaemic. So although your treatment can cause anaemia (low haemoglobin), there are other explanations as well. Keeping results of your blood tests will help you to know what is 'normal' for you and you will get to know more about this as you continue your treatment.

Term and normal values	Explanation
Hb Male 13.5-17.5 g/dl Female 12-16 g/dl	Haemoglobin is the oxygen-carrying protein inside red blood cells: low levels may show that you are anaemic
MCV 80-100 fl	The average volume of a red blood cell: two potential causes of abnormally large red blood cells are methotrexate toxicity and a deficiency of folic acid
WBC 4.0-11.0 x 10 ⁹ /l	White blood cells are important in fighting infections. The count can rise as a result of infection or from taking steroids: a low count may indicate that methotrexate is harming the bone marrow
Platelets 150-400 x 10 ⁹ /l	Platelets are essential for normal blood clotting: a low count may indicate that methotrexate is harming the bone marrow

Lymphocytes $1.5-4.0 \times 10^9/l$	A type of white blood cell that has an important role in protecting your body from infections
Neutrophils $2.0-7.5 \times 10^9/l$	A type of white blood cell used to kill and digest micro-organisms
ALT/AST usually less than 50 u/l	ALT/AST are measures used to monitor liver inflammation. Rising blood ALT/AST levels may indicate liver damage
Urea 2.5-8.0 mmol/l and creatinine 60-125 $\mu\text{mol/l}$	These are tests that help to show how your kidneys are working. You will normally have these checked before you start treatment and from time to time (usually 3 - 6 monthly) when you are reviewed 
CRP, ESR & PV	Indicators of inflammation which may be raised from active joint disease or infection
Other tests	Your doctor or nurse will explain the need for other monitoring tests which may be needed 

Where can I get more information?

NHS Direct Tel: 0845 4647

www.nhsdirect.nhs.uk

NHS Direct Wales Tel: 0845 4647

www.nhsdirect.wales.nhs.uk

Arthritis Research Campaign (ARC)

www.arc.org.uk

Arthritis Care Tel: 020 7380 6500

www.arthritiscare.org.uk

Arthritis Research Campaign

Tel: 0870 850 5000 www.arc.org.uk

National Rheumatoid Arthritis Society

Tel: 0845 458 3969 www.rheumatoid.org.uk

The Psoriasis Association Tel: 0845 676 0076

www.psoriasis-association.org.uk

The Psoriasis Arthropathy Alliance

Tel: 0870 770 3212 www.paalliance.org

The British Association of Dermatologists

www.bad.org.uk/public

The National Library for Health Skin conditions

Library www.library.nhs.uk/skin

The National Association for Colitis and Crohn's

disease. Tel: 0845 130 2233 www.nacc.org.uk

Important notice

This patient-held monitoring and dosage record has been compiled after consideration of the information available by the National Patient Safety Agency as at July 2004. It is not intended to be exhaustive and should not be used as a substitute for consulting your clinician on any particular issue. The National Patient Safety Agency makes no representations, warranties or guarantees as to the accuracy, completeness or adequacy of any of the content of this patient-held record and cannot be held responsible for any liability, loss or damage whatsoever which may arise from the use of, or reliance upon, this patient-held monitoring and dosage record, except as may otherwise be required by law.