

Subcutaneous methotrexate

>>Parent information

Why should my child have methotrexate by injection?

Your child's rheumatologist may prescribe methotrexate by injection because:

1. Your child may be unable to take higher doses of methotrexate by mouth because of side effects such as feeling sick or having diarrhoea. When methotrexate is given by injection these side effects often do not happen.
2. Your child's doctor wants to be sure that your child absorbs as much of the methotrexate as possible. Injections achieve this better than tablets.

If you are unsure about why injections have been suggested, please ask for more information and an opportunity to discuss this with your rheumatologist or rheumatology nurse.

How will I learn to do the injections?

Your child's rheumatologist or rheumatology nurse will arrange a time to teach you how to do the injections. He/she will help you learn each step of preparing and giving the injection and will make sure you feel confident about giving injections at home before you do it for the first time. This may take a couple of sessions.

How do I get the injections and things I need to give the injection?

The exact arrangements will vary from hospital to hospital. Your child's rheumatologist or rheumatology nurse will give you the information you need about collecting prescriptions, needles, purchasing sharps and waste containers (special containers used to throw out used syringes and needles) and how to dispose of them.

It is important you keep a careful record of how many injections you have and how many you have given to make sure that you don't run out of methotrexate. We will give you a diary to keep track of this. Please arrange a review appointment with your child's doctor when your supplies are running low. If you are not due for a medical review please notify your rheumatology nurse or rheumatologist and they will arrange a prescription for you.

Supply, storage and disposal of subcutaneous methotrexate

Supply:

Your child's rheumatologist will give you a prescription for methotrexate. This can be obtained at the hospital pharmacy where they will make your child's methotrexate up for you in pre-filled syringes containing the exact dose your child has been prescribed, or by special arrangement with pharmacies outside the hospital.

Storage at home:

Methotrexate is a clear yellow solution that should be stored out of direct sunlight. We suggest you store your child's methotrexate in a locked container within your refrigerator away from food and drink. Methotrexate, needles and cytotoxic waste/sharps containers should be kept out-of-reach and out-of-sight of children and pets.

Disposal:

You will need to buy a cytotoxic waste and a sharps container to dispose of the syringes and needles. Be careful not to over-fill this container. When it is two-thirds full, please secure the lid and replace your container. Your rheumatologist or rheumatology nurse or rheumatologist can tell you where to buy new sharps containers and where to dispose of the waste.

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Protective equipment

Gloves

When handling methotrexate, you may choose to wear gloves to protect you from spills. If your child is self-injecting methotrexate, gloves are not necessary. Gloves should be thrown out after each injection.

Your rheumatologist or rheumatology nurse will be able to tell you which gloves are suitable to buy. Latex gloves are not recommended due to the potential for allergy or irritation.

What to do in case of accidental breakage or spills

On the Skin:

Wash the affected area with lots of soap and water. Do not scrub as intact skin provides protection.

In the eyes:

Wash the eye(s) using plenty of water for a couple of minutes. Contact your local doctor for advice if your eyes become sore or if you notice any changes in your vision.

On work surfaces or floor:

While wearing protective gloves:

- cover the spillage with absorbent paper to mop up the excess liquid
- wash the area with lots of soap and water.

All paper/cloths used should then be put in the cytotoxic bin or bag provided.

Onto clothing:

Wearing a pair of gloves, blot clothing dry with paper towel. Clothing should be changed immediately and washed separately to other items.

What should I do if I accidentally prick myself with a needle

The chances of you getting an accidental needle-stick injury are very small – if you follow the instructions and the written information your rheumatologist or rheumatology nurse gave you.

If you do prick yourself with the needle while preparing the injection or when you're disposing of the syringe, you should:

1. make the puncture site bleed
2. wash the area with lots of running water – under a running tap is best
3. dry and cover with a Band-Aid

Tell your rheumatologist or rheumatology nurse so that he/she can check if there is anything that can be done to make sure a needle-stick injury doesn't happen again.

What happens if we go overseas?

It is OK to carry methotrexate overseas, like other medication. You may need a letter from your child's rheumatology department to explain what methotrexate is and why you need to travel with it. It may also be possible to swap to tablets instead of injections while you are overseas. You need to keep your child's syringes, needles and other equipment in your personal luggage and store the methotrexate in a cool bag or refrigerator.

What happens if I have a problem when I am at home?

During your education and training program you will learn how to manage some problems.

You will also be given information about when to seek urgent help and how to get that help.

During normal working hours, you should contact your rheumatologist or rheumatology nurse. After hours, you should contact your local doctor or emergency department.