

Methotrexate Administration for Client with Rheumatoid Arthritis or Psoriasis- Implementation-Action/Rationale

Prior to Administering Methotrexate the clinician must complete and pass the required Self Study on Methotrexate Administration.

	ACTION		RATIONALE
1.	Confirm physician's order for Methotrexate dose and route of administration.	1.	Assures correct medication and dose.
2.	Verify date and time of last Methotrexate administration.	2.	Promotes continuity of care and correct medication administration timing.
3.	Explain the procedure and provide teaching to client about Methotrexate and its administration to the client/caregiver. Give any additional literature to client as needed to reinforce teaching. Teach signs and symptoms to report to physician.	3.	Informs the client and caregiver thereby, reducing concerns.
4.	Wash hands/provide hand hygiene.	4.	Reduces microorganisms.
	Oral Administration		Oral Administration
5.	Follow the Oral Administration Procedure (Delmar's Fundamental and Advanced Oral Medication Procedure). Wear gloves if touching medication.	5.	Assures that correct procedure was followed. Medication is an antineoplastic/antimetabolite agent which can cause a reaction or irritation if touched.
6.	Intramuscular Administration	6.	Intramuscular Administration
7.	Place plastic barrier on surface that will be used to prepare/gather medication.	7.	Protects surfaces, reduces the spread of microorganisms and potential irritants.
8.	Prefilled syringes/multi-dose vial: Put on protective equipment: gloves (preferred latex and powder free). Note: Wear goggles, mask, apron, when splashes, sprays, or aerosols are likely to be generated. For sterile reconstitution for IV or for preservative free use: These will need to be prepared in a biological safety cabinet (BSC)-Class II Type B, or Class III. (Have physician, hospital, or the pharmacy reconstitute and have medication delivered to home.)	8.	Reduces the chances of contact with medication/aerosols. Prevents possible contact with medication. Protection is needed whenever splashes, sprays, or aerosols are likely to be generated. Increased risk for exposure to antineoplastic agents for clinician requires use of biological safety cabinet Class II Type B, or Class III to reduce risk. Pharmacy/hospital/physician offices have access to these cabinets.

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9.	Check Methotrexate prefilled syringe label or multi-dose vial label against medication order to be sure that the following seven items are correct ("The Seven Rights"). <ul style="list-style-type: none"> • Right client. • Right medication. • Right dose. • Right route. • Right time and frequency. • Right reason. • Right documentation. 	9.	Reduces the likelihood of medication errors. The Five Rights have been updated to include two more rights for a total of Seven Rights.
10.	Check the Methotrexate prefilled syringe or multi-dose vial for stability.	10.	Verifies medication stability. Look for particulate and/or cloudiness. If particles or cloudiness are present notify the physician/pharmacy. Do not administer.
11.	Verify client's identity by asking client to identify self. If client unable to identify self, ask careperson to identify client and verify client by use of a Photo ID.	11.	Assures that the medication is given to correct client.
12.	Check medication in the prefilled syringe or if not a prefilled syringe, the clinician should clean vial stopper with 70% alcohol prep pad prior to withdrawing medication. Check to confirm that syringe is filled as ordered.	12.	Reduces medication errors.
13.	Do not expel any medication into the air. If an air bubble is present in the syringe, expel back into vial before removing, when drawing from a multi-dose vial. If using prefilled syringe, pay special attention not to expel medication into air. Use syringes with Luer-Lok type fittings that will allow bubble to be expelled without expelling into air.	13.	Reduces the risk of aerosols. Reduces chances of reaction due to contact with medication.
14.	Explain to client/caregiver what you are about to do, and provide an opportunity for his or her implied consent.	14.	Provides opportunity for client/caregiver to decline consent.

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15.	Re-check before proceeding with Methotrexate administration if client questions any aspect of procedure.	15.	Assures accurate medication administration.
16.	Provide privacy for client. Position and drape client appropriately.	16.	Provides for client's comfort and privacy.
17.	Select appropriate injection site, rotating sites for each injection.	17.	Selecting the correct injection site assures proper site administration.
18.	<p>Deltoid (Site of Choice)</p> <p>The deltoid can accommodate only small volumes of fluid, usually 1 ml or less, never more than 2ml.</p> <ul style="list-style-type: none"> The injection is given in the lateral posterior portion of the muscle, which should be grasped between the thumb and fingers so that the thickness of the muscle can be assessed. The tip of the needle should be angled slightly upward to avoid the major arteries and nerves of the axilla and upper arm. 	18.	Explains why the Deltoid is usually the site of choice.
19.	<p>Gluteal</p> <p>The dorsogluteal site and the ventrogluteal site can be utilized for the intramuscular injections for adults. Position client on abdomen, turn the client's toes inward, if possible, for gluteal injections.</p> <ul style="list-style-type: none"> The dorsogluteal site is composed of the thick gluteal muscles of the buttocks. The injection site must be chosen carefully to avoid striking the sciatic nerve, major blood vessels, or bone. The nurse should palpate the posterior superior iliac spine, and then draw an imaginary line to the greater trochanter of the femur. This line is lateral to and parallel to the sciatic nerve. 	19.	Provides rationale for the use of the Gluteal muscle.

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	<ul style="list-style-type: none"> The ventrogluteal site contains no large nerves or blood vessels. The nurse should place the heel of the hand on the client's trochanter, with the fingers pointing toward the client's head. The right hand is used for the left hip, and the left hand for the right hip. With the index finger on the client's anterior superior iliac spine, the nurse stretches the middle finger dorsally, palpating the crest of the ilium and then pressing below it. The triangle formed by the index finger, the third finger, and the crest of the ilium is the injection site. 		
20.	Vastus Laterals The muscle contains no major blood vessels or nerves. It is situated on the anterior lateral aspect of the thigh. The middle third of the muscle is suggested as the injection site. It is established by dividing the area between the greater trochanter of the femur and the lateral femoral condyle into thirds and selecting the middle third.	20.	Defines Vastus Laterals muscle.
21.	Rectus Femoris This muscle belongs to the quadriceps muscle group. It is situated on the anterior aspect of the thigh. This site may cause considerable discomfort for some people.	21.	Defines Rectus Femoris muscle.
22.	Clean the injection site with alcohol wipe and allow to dry before administering medication.	22.	Allows site to dry completely which will reduce irritation of injection site.
23.	Remove needle protective sheath.	23.	Readies the needle for use.
24.	With thumb and index finger of your non-dominant hand, gently stretch skin of injection site.	24.	Makes skin taut to ease injection process.

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25.	Quickly insert needle at a 90 degree angle.	25.	Proper technique for intramuscular injection.
26.	If blood appears in syringe on aspiration, stop injection, withdraw needle, and prepare new syringe with new needle and new medication.	26.	Avoids injection into vein.
27.	Place thumb on plunger and slowly inject medication into muscle.	27.	Assures proper administration is followed.
28.	Quickly remove syringe and needle and place alcohol wipe over injection site.	28.	Covers site.
29.	Inspect injection site for signs of active bleeding or bruising.	29.	Monitors site for possible bleeding or bruising.
30.	Apply adhesive bandage if necessary.	30.	Provides protection of injection site.
31.	Do not recap needle.	31.	Reduces needle stick injuries.
32.	Dispose of needle and syringe in Biohazard sharps-disposal container.	32.	Reduces chance of needle sticks, and spread of antineoplastic agents.
33.	Assist client with comfort measures.	33.	Provides comfort for client.
34.	Properly and carefully dispose of waste, gloves, and apron. (Dispose of in a Biohazard Red bag/container-Do not leave in client's home-bring back and dispose of in Biohazard Container at the office.) For Spills: Put on double gloves and apron/goggles. Wipe up any spills immediately using absorbent disposable cloths and then clean area with water and detergent followed by thorough rinsing. (Do not use sprays as this may produce aerosols.) Repeat 3 times to completely clean area. Dispose of in Biohazard red bag/container-Do not leave in client's home-bring back and dispose of in Biohazard Container.	34.	NOTE: The instruction to dispose Methotrexate contaminated items in Biohazard bag and transport back to be disposed of in a Biohazardous container is an exception to the ADPH Medical Waste Infection Control Manual Procedure due to Methotrexate being a hazardous drug. Assures proper disposal and reduces the potential of client or others coming in contact with antineoplastic agents.
35.	Wash hands/perform hand hygiene.	35.	Reduces the spread of microorganisms.

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36.	Document Methotrexate administration in the medical record, to include: <ul style="list-style-type: none">• Medication name.• Medication dose.• Medication route.• Medication site (as applicable).• Medication administration date.• Your full name.• Your professional designation.• Client's response to medication.• Any bruising/bleeding.	36.	Records medication administration and assists in continuity of care. Professional designation will be assigned by Horizon and applied automatically to your name. If completing the visit on paper, be sure to record your professional designation.
37.	Observe for response to medication and document or intervene, as appropriate. Report any complications to physician.	37.	Maintains client safety and reports any complications to physician for follow-up.