



Dr Jessica McGrath - Paediatric Rheumatologist

Safe Handling Guidelines for Parents and Carers **LOW DOSE METHOTREXATE**

WHAT IS THIS INFORMATION SHEET ABOUT

Paediatric rheumatology often involves the use of medications like Methotrexate to manage many types of autoimmune conditions. This handout is designed to provide parents and carers with essential information on the safe handling of low-dose Methotrexate when administering to your child.

METHOTREXATE BASICS

- Methotrexate is a medication used to treat various paediatric rheumatic conditions.
- It's typically given once a week, on the same day (usually a Friday or Saturday).
- The medication can be administered orally as a tablet or as an injection just under the skin (subcutaneous).
- Dr Jess and the specialist nursing team at QCC will make sure you and your child receive proper training prior to starting your child on Methotrexate.

SAFETY PRECAUTIONS

- Make sure that your child attends all of their appointments with Dr Jess (an alternate can always be arranged if you can not make it into the clinic as scheduled, just contact QCC).
- Please take your child for their blood tests on time. This is important, as the blood tests help Dr Jess guide your child's treatment and ensure there are no problems occurring inside your child's body that cannot be seen from the outside.
- Please let Dr Jess know of any side effects or unusual symptoms your child experiences while undergoing Methotrexate treatment.
- Methotrexate is contraindicated in pregnancy and can be very harmful to unborn babies. It is also contraindicated in breastfeeding. Methotrexate does not affect fertility. If there is any possibility of pregnancy occurring, please discuss this with Dr Jess as soon as possible.
- **Alcohol consumption whilst on Methotrexate can be harmful, and increase the risk of liver damage**
- **Live vaccines should be avoided whilst your child is on Methotrexate.**



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SAFE HANDLING

- Keep Methotrexate, and any sharps containers, out of the reach of children and in a secure, cool, dry place. Ensure it's stored in a cupboard, away from direct sunlight.
- Follow Dr Jess' instructions regarding the dosage, when to give it, and how to give it (injection or tablet).
- **Never change/adjust the dose without direct instructions from Dr Jess.**
- **Always wash your hands thoroughly with soap and water before and after handling Methotrexate.**
- If you are pregnant, planning to become pregnant, or breastfeeding, it is recommended you avoid handling Methotrexate. If this cannot be avoided, it is recommended you wear disposable gloves when handling Methotrexate or any of your child's bodily waste. These gloves can be supplied by most community pharmacies.

Handling and administration of ORAL METHOTREXATE TABLETS

- Tablets may be cut in half using a tablet cutter (dedicated ONLY for Methotrexate), whilst inside a clear zip lock bag
- **Never crush Methotrexate tablets**

If your child is unable to swallow tablets, they can be dissolved in water or juice using an oral syringe.

1. First remove the plunger from the syringe
2. Place the Methotrexate tablet(s) in the barrel and replace the plunger
3. Draw up approximately 5mL of water or juice, and close off the end with your finger or a syringe cap
4. Gently shake to disperse the tablet(s). This may take a few minutes
5. Once dispersed, administer the full dose immediately
6. Dispose of the oral syringe in the general waste

- When using pre-filled syringes, be careful of the needle attached. Keep your sharps container close and place the used syringe straight into the sharps container after use.

Never re-cap the needle.

- If Methotrexate spills on you, wipe skin dry with a disposable cloth or paper towel. Wash the affected area with soap and water.
- Unused Methotrexate should be returned to a pharmacy for proper disposal. Do not keep it at home.



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DOSAGE AND ADMINISTRATION:

Forgotten dose

- If you remember the dose within two days, it is safe to administer the missed dose. *For example*, if you usually give methotrexate on a Monday, you can give it on a Tuesday or Wednesday.
- If you remember after two days, do NOT give the missed dose. Just take your next dose on the day it would normally be due.

Never give a double dose of the medicine to catch up a missed dose

Vomiting after oral dose of Methotrexate

- If your child vomits less than 30 minutes after having a dose of oral methotrexate, you can give them the same dose again.
- If your child vomits more than 30 minutes after having a dose of oral methotrexate, do NOT give them another dose. Wait for the next normal dose.
- DO NOT re-administer a subcutaneous (injected) dose.
- Other medicines, vitamins and supplements & Methotrexate

Methotrexate may interact negatively with other medications and supplements, please tell Dr Jess if your child is taking any of the following:

- Prescription medications
- Over the counter medicines
- Vitamins or minerals
- Complementary medicines
- Herbal medicines
- Any other supplements

It is **safe to give your child paracetamol and/or ibuprofen** to treat pain and fever unless Dr Jess or your GP has told you not to.

WEES AND POOS AND VOMIT

- There can be small trace amounts of methotrexate found in your child's bodily waste (vomit, urine, bowel movements). This means that you need to be a little careful when cleaning it up and wash your hands very well with warm soapy water after.
- It is safe to use your toilet at home and flush into a normal sewage or septic system. You can clean the toilet like usual, and then wash your hands very well with warm soapy water after
- Any waste items such as nappies, gloves, wipes etc should be placed inside plastic bags and tied closed, but can go into your normal household rubbish bin.



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SPILL MANAGEMENT

If you need to clean up 'accidents' (wee, poo, vomit) from household surfaces the following process is recommended:

1. You do not need to wear gloves unless you are pregnant or breast feeding, then gloves are recommended.
2. Wipe up the spill with disposable cloths / wipes / paper towel (place these into a plastic bag)
3. Then clean the area with hot soapy water and disposable cloths / paper towel - rinsing well
4. Wash the cleaning equipment (bowl or bucket) with hot soapy water, rinse well and leave to air dry. Place any linen in the washing machine on a normal wash cycle.
5. Place any gloves, cloths or paper towel into a plastic bag, tie the bag and put into your outside bin.

LAUNDRY

- You do not need to wear gloves when handling any clothing or linen which is soiled with urine, vomit or bowel movement, unless you are pregnant or breastfeeding.
- Wash soiled linen in a separate wash on your normal wash cycle.
- Again - remember to wash your hands with soap and water after handling your child's bodily waste.

FIRST AID MANAGEMENT:

Methotrexate or bodily fluid contact with the skin:

Gently and thoroughly wash the affected area with soap and water, but do not scrub. Scrubbing the skin can cause tiny breaks in the skin barrier which is your best protection.

Methotrexate or bodily fluid contact with eyes:

Thoroughly wash the affected eye/s with luke warm water for 2-3 minutes. Contact your local doctor if you notice that there are any vision changes or if the eye/s becomes red or sore.

Accidental needle stick injury:

If you follow your training in administering the injection, it is unlikely that you will get a needle stick injury, however, if it happens you should:

- Apply gentle pressure around the puncture site to encourage it to bleed a little
- Then rinse the area well under a running tap. Once you have rinsed the area, wash again with soap. Dry and cover the puncture site with a dressing / bandaid



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FIRST AID MANAGEMENT CONTINUED:

If you think you have accidentally given your child too much Methotrexate

Call the Poisons Hotline 131126

Even if your child shows no symptoms of overdose

LINKS AND RESOURCE INFORMATION FOR METHOTREXATE:

[The Council of Australian Therapeutic Advisory Groups - Low dose Methotrexate](#)

[Arthritis Australia - Methotrexate patient information](#)

[Qld Children's Hospital - Low dose Methotrexate](#)



YOU ARE NOT ALONE, WE ARE ON THIS JOURNEY TOGETHER

Dr Jess & QCC Team

This fact sheet is about using low dose methotrexate in children and young people. Some information may be different from the manufacturer's Consumer Medicine Information (CMI). Please speak to your treating Doctor if you have any questions.

Disclaimer: This document is intended to function as an information handout adjunct to a full medical assessment and specialised treatment plan by specialist Paediatric Rheumatologist. This document is intended as an educational aid and does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information is not intended as medical advice for individual problems nor for making an individual assessment of the risks and benefits of taking a particular medicine. This document was compiled using multiple resources including government health documents and patient information sheets. A full list of references can be provided upon request.

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