

## Training Guide for Patients & Carers for the Home Administration of Methotrexate (Metoject) by Subcutaneous (pen) Injection

### Rheumatology & Dermatology Department

## Introduction

This is a step-by-step guide to help you give yourself an injection of metoject by subcutaneous (under the skin) injection using a pen device. This training programme has been developed to help you have greater independence to manage your treatment. If you do not want to inject yourself or receive this treatment please discuss with your nurse as soon as possible so that another plan of treatment can be discussed.

### Some information on methotrexate:

Methotrexate is one of a very few drugs that is only ever given **once a week**. It is important that you make a note of the date you give yourself the injection and chose a day when you have a good routine and can plan your once-a-week injection. Methotrexate is used to treat patients with specific types of inflammatory conditions. The drug slows down the body's ability to make certain cells and this helps reduce the cells that cause inflammation. Methotrexate tablets have been used for many years to treat some types of inflammatory conditions and research studies show this treatment works well and, when appropriately managed and monitored, is safe.

In the last decade, subcutaneous metoject injection for inflammatory conditions has also been shown to be effective and safe and is now a licensed drug. As well as improving control, patients who have the treatment by injection often report fewer side-effects such as feeling sick and having stomach discomfort. You and/or your carer will need to understand how to give your injections. Information and help will be available to support you while you learn.

## What happens when you decide to inject metoject?

You and/or your carer will be:

- Given information to read about the drug and have time to ask questions.
- Shown how to prepare the things you need to inject yourself and give the injection.
- Given time to practice giving the injection with a nurse supervising.

When you/or your carer have managed to do this and feel ready, you will be in a position to prepare and give the injection at home.

At each stage of the teaching process you/or your carer will be given as much time as you need to ask questions and practise. When ready we will ask you/or your carer to sign that you have been given enough support and training to be able to give your own injections. It is important that your nurse knows that you are confident and safe to continue with the next step. A final assessment will take place when you/or your carer and the nurse are sure that you are competent to inject at home. You/or your carer will then be asked to sign a consent form and record to say that you are able to do the injection safely and understand how to handle any possible problems.

Make sure that these instructions and the advice line number are always close to hand in case you have any queries or problems, and that you are fully aware of the information contained within the National Patient Safety Agency's Methotrexate monitoring booklet.

### Remember

If you are uncertain about when you should not receive metoject, or if you need advice please remember to look at the information sheets you received or phone the rheumatology or dermatology advice line. It is very important you follow this advice:

- **Metoject is only ever given once a week, choose a day of the week to give your injection and stick to this.**
- You must not handle or give metoject if you are trying for a baby or you think you might be pregnant or are breast-feeding.
- You will need to use effective means of contraception whilst taking metoject (where appropriate).
- Ensure metoject is kept out of sight and reach of children and pets.

- Keep information about spillage close to hand.
- Use injection sites shown and change site each time you inject.
- Attend regularly for blood tests and follow-up appointments.
- Avoid transporting metoject injections on public transport, if this cannot be avoided refer to page 7 (Travelling away from home when you inject metoject) and discuss with your rheumatology or dermatology nurse first.

You will be given the date and time of your next outpatient appointment and blood test, information on repeat prescriptions, and telephone advice line number. If you do not have regular blood monitoring or attend appointments, you will not be given metoject.

## **How to give a methotrexate subcutaneous injection**

### *Getting the equipment ready:*

- Metoject pen for injection
- Clean table surface
- 1 cytotoxic sharps bin
- 1 cotton wool ball / clean tissue
- 1 dot plaster
- Pair of disposable gloves (Latex free if required, not necessary if patient self-injecting)

### *Preparing your work area:*

1. Wash and dry your hands thoroughly and clean your preparation area (e.g. Work surface, clean tray or lid – wash with liquid detergent and allow to dry).
2. Place equipment on preparation area (you may want to use a piece of kitchen roll on top of your clean surface).
3. Only people who are helping you should be present in the room (preferably non-carpeted room in case of spillage, avoid distractions such as children and pets).
4. Wash and dry your hands once more, make sure you have all the equipment close at hand before you make yourself comfortable to give the injection.
5. Carers need to wear gloves if administering the injection.
6. You will need to change the injection site each week to reduce the risk of soreness.

7. Make sure the injection site is clean: if not, clean with soap and water. Check skin over the proposed injection site is intact, not tender, bruised, red or hard.
8. Open the injection packet.

### *Giving the methotrexate injection:*

1. Sit comfortably.
2. Check expiry date, your name and dose is correct on injection. If incorrect do not give and contact advice line or pharmacy.
3. Check that the contents of the pen are a clear yellow fluid. If any particles or cloudiness is present do not give the injection and contact advice line or pharmacy.
4. If everything is correct open the injection packet.
5. Place the ready injection onto the injection tray.
6. Have a cotton wool ball ready and dot plaster if used.
7. Inject into the thigh or stomach – a minimum of 5cm away from the tummy button. If giving two injections (such as metoject and a biologic injection), these should be given in different sites, for example, the one to be given in right thigh and one in the left. If given in the same limb, the injections should be 3cm apart.
8. Alternate the injection site from week to week so that it does not get sore.
9. Never inject into areas where the skin is tender, bruised, red or hard or where you have scars or stretch marks. If you have psoriasis, you should not try to inject directly into any raised, thick, red or scaly skin patches or lesions.
10. Pick up the pen and remove the yellow cap. Hold the pen low down the barrel as if you are going to write your name with a pen. Do not press the button until you are ready to inject.
11. With your free hand pinch the skin where you are going to inject and hold this until the pen is removed from the skin after the injection.
12. Place the uncapped transparent end of pen firmly onto your skin in order to unlock the button.
13. While holding the pen firmly against your skin, press the button with your thumb.
14. You will hear a click which indicates the start of the injection. Keep holding the injection against the raised skin until all the medicine is injected, this usually takes 5 seconds.

15. If you are unable to use the 'pinch technique' the PEN can be placed directly onto a firm area of skin using one hand. The injection process can be started by pressing the yellow release button with the palm of your hand.
16. When you have injected all of the methotrexate remove the pen from your skin, the protective shield automatically covers the needle, it will lock and protect the needle.
17. Put the pen directly into the cytotoxic sharps bin and place a cotton wool ball firmly over the injection site.
18. When there is no leaking of fluid or blood from the injection site, apply a small dot plaster, which can be removed after half an hour.

## **What to do after the injection**

Do not put any of the used items in your household waste. Put the used pen, cotton wool ball and cap into the sharps bin. Store the bin out of sight and reach of children and closed, but not locked. Lock it when it is two thirds full and dispose of it according to local policy (see Collection and delivery of cytotoxic sharps bin). Unused PENs should always be returned to your local pharmacy.

### *After the injection:*

1. Wash and dry your hands.
2. Record date and site of injection in your diary sheet (if using).
3. If there is bleeding or bruising at the injection site do not worry. This sometimes happens if the needle has punctured a small blood vessel, and will soon stop and the bruising will fade.
4. On rare occasions methotrexate can leak into the surrounding skin causing irritation when patients give an injection. If this happens and it causes irritation or redness contact your advice line.

## **Dealing with spillage**

- Keep these instructions at hand when injecting and make sure your carer or family members know how to clean a spill up.
- The amount of methotrexate you are using is very small but it is still possible to spill it.
- If there is a spillage follow the instructions below.

### *Spillage onto the skin:*

Wash the affected area with plenty of soap and water and soothe any transient stinging with a bland cream. Do not scrub because unbroken skin provides protection. Contact your rheumatology or dermatology nurse or own doctor if you have any adverse reactions.

### *Spillage into the eyes:*

Wash the eye(s) with plenty of water for at least five minutes. It is recommended that you should contact your own doctor or local hospital emergency department if your eyes become sore, you experience any side-effects, or notice any changes in your vision.

### *Spillage onto work surfaces and floors:*

Acting promptly and wearing gloves cover the spillage with absorbent paper such as paper towels or kitchen roll. Make sure they surround the outside area and absorb all the fluid to prevent the methotrexate spreading, discard the used paper towels into the cytotoxic sharps bin. Wash the spillage area well with lots of soap and water and dry with paper towels or absorbent wipes. Discard all waste into the cytotoxic sharps bin.

### *Spillage onto clothing:*

Wear the protective gloves and blot dry with paper towel or kitchen roll. Clothing should be removed immediately and washed separately from other clothing.

## **Accidental needle stick injuries**

If you follow the instructions carefully the chances of you getting an accidental needle stick injury are very small. If you or your carer come into contact with the needle it is important to make the puncture site bleed. Wash the area thoroughly with warm soapy water and cover with a plaster. Contact your own doctor and let your rheumatology department know that you have had a needle stick injury. They will record what has happened and check to see whether anything else can be done to ensure that this does not happen again.

## **Travelling away from home when you inject methotrexate**

Caution is needed in hot climates over 25 degrees centigrade. You need to discuss storage details with your rheumatology or dermatology nurse. Your rheumatology or dermatology nurse will also discuss other options available (such as using tablets instead of an injection, using a cool bag for travelling, having an injection before travelling and then one as soon as you return).

Needles and equipment must be stored in checked-in luggage, and not in your hand luggage. Check with your airline in plenty of time. You may need a supporting letter from the rheumatology department before you go away. Arrange vaccinations with your surgery well in advance of travelling and please remember you must inform them that you are receiving methotrexate and must not be given any live vaccinations (e.g. yellow fever).

## **Collection and delivery of cytotoxic sharps bin**

An initial cytotoxic sharps bin will be provided by the rheumatology or dermatology department following completion of competencies assessment with the rheumatology or dermatology nurse. To arrange collection and delivery of a new cytotoxic sharps bin contact: 0300 123 9208, Monday to Friday between 08.00am and 16.00pm, excluding Bank Holidays. When making a request for collection you will need to state that the sharps bin is cytotoxic (purple lid), and the size (printed on side of bin e.g. 5 litre), number of bins to be collected, also frequency of collection which will be as and when required.

## **Rheumatology Advice Line**

You can use the advice line if you have any queries and need advice. The advice line is an answer phone service, and operates Monday / Tuesday / Thursday, 09.00am to 13.00pm. You need to leave your full name and telephone number and one of the rheumatology nurses will return your call usually on the same day depending on other commitments. If it is an emergency you need to contact your GP, NHS Direct or attend your local Accident and Emergency Department.

## **Your Rheumatology advice line number is:**

Nevill Hall Hospital, Abergavenny 01873 73 2046.

## **Dermatology Advice Line:**

St Woolos Hospital, Newport 01633 656362

You can use the advice line if you have any queries or need advice. The advice line is an answer phone service available. Please leave your full name, date of birth and a contact number. It may be 48 hours until one of the Clinical Nurse Specialists return your call. If it is an emergency you need to contact your GP, NHS Direct or attend your local Accident and Emergency Department.

### **Reference:**

Adapted from:

RCN (2004) Administering subcutaneous methotrexate for inflammatory arthritis.  
RCN guidance for nurses.

RCN (2013) Administering subcutaneous methotrexate for inflammatory arthritis.  
RCN guidance (Second edition).

RCN (2016) Administering subcutaneous methotrexate for inflammatory arthritis.  
RCN guidance (Third edition).

Approved by: Owner: A Haggett Clinical Nurse Specialist in Rheumatology

**“This document is available in Welsh /  
Mae’r ddogfen hon ar gael yn Gymraeg”.**