

**Training checklist for home  
administration of subcutaneous  
methotrexate by patient / Carer**

**Rheumatology Department**

**Subcutaneous Methotrexate Patient / Carer Training Record and  
Consent**

1. The principles of subcutaneous methotrexate therapy.
2. The safe and effective administration of subcutaneous methotrexate.

**Patient details**

(Addressograph)

Date.....

<b>Element of competence to be achieved by patient / Carer:</b>	<b>Date shown and assessed as competent.</b>	<b>Date of most recent bloods, satisfactory yes / no.</b>	<b>Comments.</b>
Able to discuss the reasons for using subcutaneous methotrexate.			
Describe and recognise potential complications, side-effects and interactions of methotrexate.			
Describe the circumstances when they would not give methotrexate.			
Describe the circumstances when they need to contact the rheumatology department.			
Accurately check injection details such as dose and expiry date. Check that the contents of the syringe are a clear yellow fluid. Aware that if there are any particles or cloudiness present not to give the injection and contact advice line or pharmacy.			
Give the subcutaneous methotrexate injection using a safe technique.			

<b>Element of competence to be achieved by patient / Carer:</b>	<b>Date shown and assessed as competent.</b>	<b>Date of most recent bloods, satisfactory yes / no.</b>	<b>Comments.</b>
<p>Describe the health and safety requirements for methotrexate injections:</p> <ul style="list-style-type: none"> <li>- how it should be stored</li> <li>- checking equipment and drug</li> <li>- how to prepare methotrexate</li> <li>- the type of environment required for home administration</li> <li>- how to protect others from methotrexate and how to avoid distractions</li> <li>- how to avoid needle contamination</li> <li>- how to deal with needle stick injury</li> <li>- the reasons for hand washing</li> <li>- how to deal with spillage on surfaces, skin and eyes</li> <li>- how to dispose of sharps, waste and unused injections</li> <li>- how to transport and travel with methotrexate.</li> </ul>			
<p>Identify areas on the body where subcutaneous methotrexate injection can be given.</p>			

<b>Element of competence to be achieved by patient / Carer:</b>	<b>Date shown and assessed as competent.</b>	<b>Date of most recent bloods, satisfactory yes / no.</b>	<b>Comments.</b>
Discuss the rationale and arrangements for blood monitoring while on methotrexate therapy.			
Aware of arrangements for collection and delivery of waste sharps bins.			
Aware of need for effective contraception whilst taking methotrexate (where appropriate).			

***I declare that I am happy to self-administer subcutaneous methotrexate, and agree to the monitoring requirements of this medication.***

Signature: ..... Date: .....

Name (Print): .....

***I am unable to self-administer, I therefore consent for carer to administer subcutaneous methotrexate.***

Signature: ..... Date: .....

Name (Print): ..... Designation: .....

***I declare that I have assessed the above named patient and found him/her to be competent as judged by the above criteria.***

Signature: ..... Date: .....

Name (Print): ..... Designation: .....

**"This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg".**