Reference

Royal College of Nursing: Administering subcutaneous methotrexate for inflammatory arthritis; RCN guidance for nurses; June 2016

Notes

Further information can be obtained from:

The Rheumatology day unit RNHRD and Brownsword therapies building RUH

Phone: 01225 473482 or 01225 428823

Royal United Hospitals Bath NHS Foundation Trust Combe Park, Bath BA1 3NG 01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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Your Medication is changing

This is to complement the step-by-step guide - your medication is changing. This training programme helps you have more control and independence at the same time as receiving treatment for your arthritis. If you feel that you do not want to inject yourself or receive this treatment please let the nurse know.

What happens when you decide to inject methotrexate?

You and your /or carer will be:

- 1. given information to read about the drug and have time to ask questions
- 2. able to practice getting the injection ready and giving the injection with a member of the team supervising

When you have managed this you or your carer will prepare and give the injection at home.

At each stage of the teaching process you or your carer will be asked to sign a form. This form asks you to sign if you feel you have been given enough support and training to be able to give your own injection. It is important that the rheumatology team know you are confident and safe to continue with the next steps.

You should be informed by your rheumatology hospital how often you need to be seen. You and your GP will be informed how often you should have blood tests; this can be found on the trust website www.rnhrd.nhs.uk. You should be informed by your doctor or nurse if there is a problem with your blood and what action you should take. You should also receive written information on the possible problems

Rheumatology Support line

The following numbers are available to offer support and advice:

Rheumatology Day unit 01225 473482 between the hours of: 09.00-17.00 Monday - Friday

Biologics specialist Nurse 01225 428823 between the hours of: 09.00–12.00 Monday - Friday

There is an answer phone service on both of these numbers where a message may be left. If you have a non- urgent problem out of these hours a message may be left and your call will be returned in normal working hours. If you have a medical problem out of hours you should contact your GP who, if needed, will be able to contact the on-call doctor at the hospital

Other contact Numbers NASS **Helpline** 020 8741 15 15

NRAS 01628 670606

Versus arthritis 0800 5200520

Versus Arthritis have over 80 booklets, leaflets and information sheets for people with arthritis.

All Versus arthritis leaflets are free and can either be picked up in the department or down loaded from the Versus arthritis website https://www.versusarthritis.org/

Accidental needlestick injuries

If you follow the instruction carefully the chances of you getting a needlestick injury are very small. If you or your carer accidentally come into contact with the needle whilst preparing or disposing of the syringe, it is important to make the puncture site bleed. Then wash the area with large amounts of running water, dry and cover with a plaster. Let your rheumatology nurse know that you have had a needlestick injury. They will record what has happened and will check whether anything else can be done to prevent it happening again i.e. further self-injection training.

Spillage onto skin:

Wash the affected area with plenty of soap and water. Do not scrub because unbroken skin provides protection. Contact your rheumatology nurse or 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, local hospital emergency department or eye hospital.

Spillage onto work surfaces and floors:

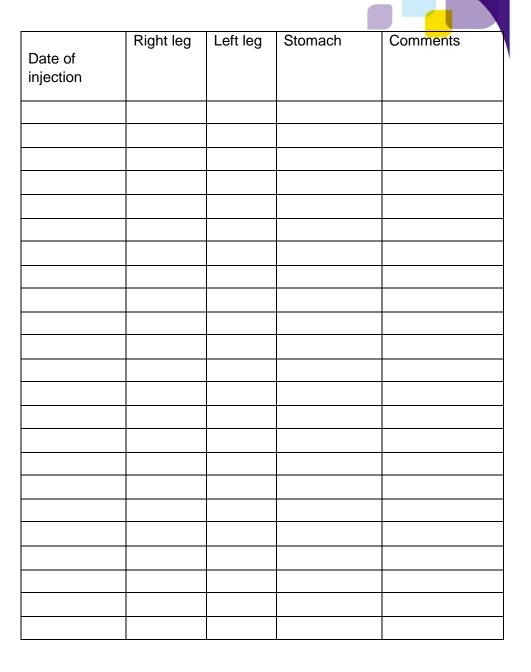
Clean the area with soap and water using an absorbent paper towel

Spillage onto clothing:

Blot dry with paper towel or kitchen roll. Clothing should be removed immediately and washed separately from other clothing.

All equipment used to handle spillage should be placed into the cytotoxic waste bin. When your cytotoxic waste bin is full you will need to contact your local council to inform them the cytotoxic bin is ready for collection.

If you have spilt or lost a treatment, you may not have enough methotrexate to last until your next prescription. Contact your GP for a repeat prescription.



Date of injection	Right leg	Left leg	Stomach	Comments

Giving the methotrexate injection

Refer to the Metoject booklet you were given.

What to do after the injection

Do not put any of the used items in with your normal household waste. Ensure that all used equipment (i.e. the used syringe and needle, cotton wool ball, screw top, and packaging – and the gloves (if used) has been put into the sharps bin. The bin must be stored out of sight and reach of children and closed, **but not locked**. Your next injection will be due in one week's time.

After the injection:

- 1. Wash and dry hands.
- 2. Wipe clean your preparation area.
- 3. Record the site and date of injection in your diary sheet.
- 4. If there is bleeding or bruising at the injection site or a small amount of blood in the very tip of the syringe, do not worry. This sometimes happens if the needle has punctured a small blood vessel; the bleeding will soon stop and the bruising fade.
- 5. On rare occasions methotrexate can leak into the surrounding skin causing irritation or redness when you give an injection. If this happens contact your rheumatology support line.