

METHOTREXATE INFUSION:

Contact Physician: _____ Pager: _____

Patient Diagnosis: _____

Weight: _____ Height: _____ BSA: _____ Cycle: _____

Adjusted IBW: _____ Adjusted BSA: _____

Allergies: _____

1. LABS:

2. HYDRATION: Start IV hydration with Sodium chloride 0.45% with sodium bicarbonate 50 mEq/liter at 150 mL/hour 6 hours prior administration of methotrexate. Continue hydration throughout methotrexate administration and post methotrexate until methotrexate level is undetectable.

3. Prophylactic Medications: (check the appropriate medications)

- Acyclovir: 400 mg PO twice daily
- TMP/Sulfa: (hold during admission for methotrexate, resume at discharge) 160/800mg 1 tablet PO twice daily every Sat/Sun.
- Antifungal:

4. Anti-emetics:

- Ondansetron:** 16 mg PO twice daily day 1, first dose pre methotrexate
- Dexamethasone:** 10 mg PO prior to methotrexate infusion
- Lorazepam:** 0.5mg – 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine:** 10mg PO every 6 hours as needed for nausea

5. CHEMOTHERAPY:

- **Methotrexate** (3 gms/m²)= _____ grams in Dextrose 5% in Water 1000mL IV over 6 hours
- **Leucovorin** (25 mg/m²)= _____ IV beginning 24 hours after the start of methotrexate and continue every 6 hours until the serum methotrexate level is <0.05mcg/mL. May discontinue when methotrexate level is no longer detectable.
- Check urine pH every 8 hours. If less than 7, give sodium bicarbonate 50 mEq IV.

6. LABS:

Methotrexate levels every AM starting the morning after the completion of methotrexate and continue daily until serum methotrexate level is <0.05mcg/mL. Start daily methotrexate levels on _____.

7. FOLLOW-UP:

Signed: _____ Pager: _____
Int J Radiat Oncol Biol Phys 2001; 51(2) 419-425

