

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 per liter at: **(circle one) a)** 100 ml/hour or **b)** 150 ml/hour.

Start IV hydration **(circle one) a)** 6 hours or **b)** 12 hours before administration of methotrexate. Continue hydration throughout methotrexate administration and post methotrexate until methotrexate level is undetectable.

3. Prophylactic Medications: (check the appropriate medications)

- Allopurinol: 300 mg PO daily; duration _____ days
- Acyclovir: 400 mg PO twice daily
- TMP/Sulfa: (hold during admission for methotrexate, resume at discharge) 80/400mg 2 tablets PO twice daily every Sat/Sun.
- Antifungal:

4. **Anti-emetics:**

- Dexamethasone:** 20 mg PO prior to methotrexate infusion
- Ondansetron:** 16 mg PO twice daily day 1, first dose pre methotrexate.
- Lorazepam:** 0.5mg – 1 mg PO or IV every 4 hours prn nausea

5. **CHEMOTHERAPY:**

- **Methotrexate** (3.5 gms/m²)=_____grams in Dextrose 5% in water 1000 mL IV over 6 hours on _____.
- **Leucovorin** (25 mg/m²)=_____ (circle one) IV or PO 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. (Tab sizes: 5mg, 15mg)
- Check urine pH every 8 hours. If less than 7, give sodium bicarbonate 50 mEq IV.

6. **LABS:**

Methotrexate levels every AM starting approximately 36 hours 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: _____

Reference: J Clin Oncology, 4(6), 847-858, 1986.

