Systemic Anti Cancer Treatment Protocol Guide

Oncology Methotrexate SHO Guide PAM/AM

PROTOCOL REF: GPHAPAMAM (Version No: 1.0)

Background

Rescue folinic acid is required with high dose methotrexate in the PAM/AM treatment regimen. This **must** be prescribed and monitored independently and this protocol lays out the steps required to do this safely.

Approved for use in:

Patients who are receiving PAM/AM in an inpatient setting

Key Information:

- When a patient is receiving the PAM/AM regimen, they will require a folinic acid rescue prescribing to commence exactly 24 hours after the start time of the methotrexate infusion.
- Nursing staff will alert you that this needs to be prescribed.
- THIS MUST BE PRESCRIBED AS THE METHOTREXATE INFUSION COMMENCES FAILURE TO DO SO CAN DELAY TREATMENT AND COMPROMISE PATIENT SAFETY.
- Folinic acid rescue should be prescribed in advance as soon as accurate times are known
- Medical staffing can consider increasing the dose of folinic to 60mg if severe/symptomatic mucositis develops

Responsibilities

- All ward doctors and NMPs are responsible for following this protocol.
- To be prescribed by ward doctors.

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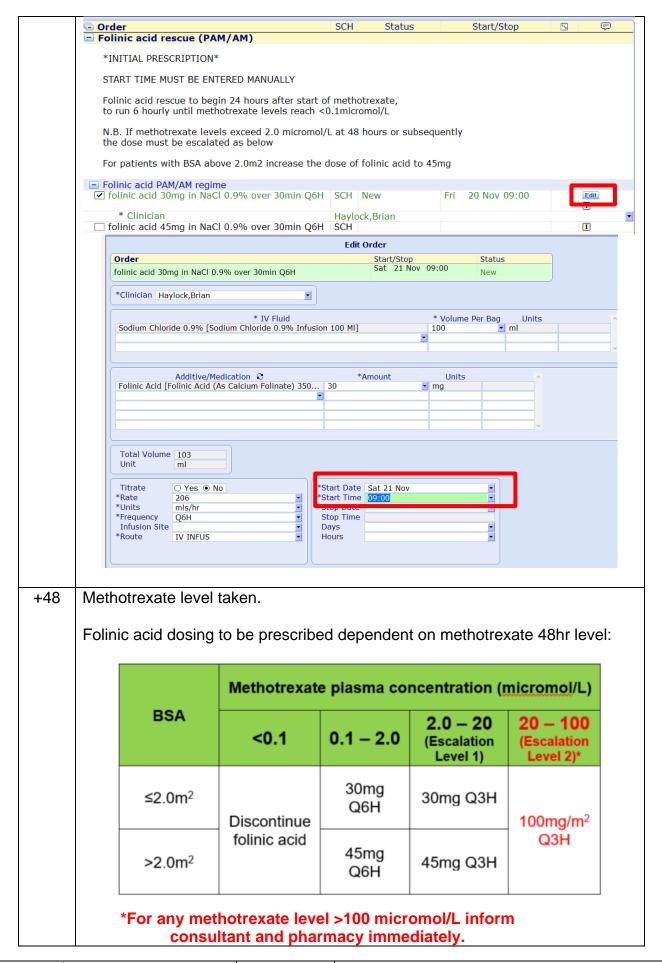
• The process below MUST be followed on a 24 hour basis until methotrexate levels fall below 0.1 micromol/L when folinic acid rescue can be stopped.

Timings and Actions Required

Time (hrs)	Required Action						
0	Methotrexate infusion commences.						
	Folinic acid initial rescue dosing to be prescribed to start at Time +24hrs.						
	Screenshot of Initial Prescription Order Set						
	C Order				SCH		
	Folinic acid i	rescue (PAM/AM)					
	INITIAL PRES	SCRIPTION					
	START TIME N	OUST BE ENTERED MANUA	ALLY				
	Folinic acid rescue to begin 24 hours after start of methotrexate, to run 6 hourly until methotrexate levels reach <0.1micromol/L						
		•					
	N.B. If methotrexate levels exceed 2.0 micromol/L at 48 hours or subsequently the dose must be escalated as below						
	For patients with BSA above 2.0m2 increase the dose of folinic acid to 45mg						
	Folinic acid PA	AM/AM regime					
		Omg in NaCl 0.9% over 3	-		SCH		
	☐ folinic acid 45mg in NaCl 0.9% over 30min Q6H SCH						
+24 Methotrexate infusion terminates and methotrexate level taken. Level recorded but no action taken. Folic acid rescue begins:							
	BSA (m ²)	Drug	Dosage	Route	Frequency		
	≤2.0	Folinic Acid	30mg	IV	Every SIX hours		
	>2.0	Folinic Acid	45mg	IV	Every SIX hours		
	NOTE YOU WILL HAVE TO ENTER THE START TIME MANUALLY						

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DOSE ESCALATION 1 for ALL levels taken at 48 hours or subsequently Methotrexate Level 2.0 to 20 micromol/L For patients with BSA above 2.0m2 increase the dose of folinic acid to 45mg Folinic acid PAM/AM regime folinic acid 30mg in NaCl 0.9% over 30min Q3H folinic acid 45mg in NaCl 0.9% over 30min Q3H *DOSE ESCALATION 2 for ALL levels taken at 48 hours or subsequently* Methotrexate Level 20 to 100 micromol/L folinic acid [folinic acid (as calcium folinate) 350mg/35mL] DOSE mg IV INFUS Q3H vial

+72 Methotrexate level taken.

100mg/m2

Folinic acid dosing to be prescribed dependent on methotrexate 72hr level:

	Methotrexate plasma concentration (micromol/L)					
BSA	<0.1	0.1 – 2.0	2.0 – 20 (Escalation Level 1)	20 – 100 (Escalation Level 2)*		
≤2.0m ²	Discontinue	30mg Q6H	30mg Q3H	100mg/m ²		
>2.0m ²	folinic acid	45mg Q6H	45mg Q3H	QЗЙ		

*For any methotrexate level >100 micromol/L inform consultant and pharmacy immediately.

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+96 Methotrexate level taken.

Folinic acid dosing to be prescribed dependent on methotrexate 96hr level:

	Methotrexate plasma concentration (micromol/L)				
BSA	<0.1	0.1 – 2.0	2.0 – 20 (Escalation Level 1)	20 – 100 (Escalation Level 2)*	
≤2.0m ²	Discontinue	30mg Q6H	30mg Q3H	100mg/m ²	
>2.0m ²	folinic acid	45mg Q6H	45mg Q3H	QЗЙ	

*For any methotrexate level >100 micromol/L inform consultant and pharmacy immediately.

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