

Day 2-5: Leucovorin (Folinic Acid) rescue

Exactly 24 hours after end of methotrexate infusion, give folinic acid 20 mg p.o. and continue 20 mg po q6. Give folinic acid IV Push if patient cannot take by mouth

4. Laboratory testing:

On admission: STAT BMP, CBC with platelets (BMP should be done just prior to treatment)

Daily: BMP

Methotrexate level

This is ordered each AM automatically. If additional levels are desired to track excretion of methotrexate please enter orders as needed.

Monday, Wednesday, Friday

CBC with platelets

5. For discharge, see discharge instruction sheet on attached sheet. Follow-up clinic appointments are generally not needed, since patients are readmitted every 2 weeks. Please call coordinator at discharge so readmission (and rituximab) treatment can be arranged.

Preparer's Signature _____ Date _____

Attending's Signature Printed name Pager number Date Time AM/PM



MR CHEMO ORDER

Discharging a patient after High-Dose (8000 mg / m²) Methotrexate

Parameters	Worksheet	Notes
<p>Methotrexate levels from the end of methotrexate infusion should be:</p> <p>≤ 5.0 umol/L at 24 hours or earlier</p> <p>≤ 0.5 umol/L at 48 hours or earlier</p> <p>≤ 0.2umol/L at 72 hours or earlier</p> <p>If these levels are not met by the time points, leucovorin dosing will have to be increased</p> <p>Track daily creatinine.</p> <p>If the serum creatinine is normal at the initiation of therapy, and does not increase by 0.3mg/dl at any point, the patient can be discharged as described. If the creatinine abnormal at the outset or it increases by >0.3mg/dl, then the patient should not be discharged, and the leucovorin dose adjusted.</p>	<p>MTX level at 24 hours or earlier _____ umol/L</p> <p>MTX level at 48 hours or earlier _____ umol/L</p> <p>MTX level at 72 hours or earlier _____ umol/L</p>	<p>For outpatient methotrexate testing:</p> <p>Give patient prescription for methotrexate level and BUN/Creatinine with instructions about where to go for blood draw before noon each day (Suite 520 in UPC I for peripheral sticks).</p> <p>Labs must be done at HMC.</p> <p>Each day that a patient has a methotrexate level drawn, patient should then call/page Janet Hartzler or Joanne Martin (531-5853) at 16:15 for results.</p>
<p>When the patient's methotrexate level reaches ≤0.2umol/L at 72 hours or before, and the patient's baseline creatinine is normal and has not increased by >0.3mg/dl at any point during the course of therapy, then the patient can be discharged on leucovorin as described below.</p> <p>If the patient's methotrexate level reaches ≤0.1umol/L at any point, the patient can be discharged without any medications or further testing</p>	<p>Daily Creatinine levels</p> <p>Pre-Treatment: _____</p> <p>Day 0: _____</p> <p>Day 1: _____</p> <p>Day 2: _____</p> <p>Day 3: _____</p>	<p>* script should be filled at HMC outpatient pharmacy (Suite 1200, UPC 2) (M-F: 8:30-17:30; S-S: 9:00-14:00) since few other pharmacies carry this medication.</p>
<p>Call Janet Hartzler/Joanne Martin (x5853) to alert them to expect methotrexate levels on this patient</p> <p>On discharge order:</p> <p>Leucovorin 10mg orally every 6 hours*</p> <p>Bicarbonate tablets 650mg, 2 tablet orally every 6 hours (can be taken with leucovorin)</p> <p>Drink 3L fluids/day</p> <p>Daily BUN/Creatinine (HMC)**</p> <p>Daily MTX level (HMC)**</p> <p>Patient to call in if any doses missed, or if nauseated</p>	<p>Prescriptions for</p> <ul style="list-style-type: none"> <input type="checkbox"/> leucovorin* <input type="checkbox"/> Bicarbonate tabs <input type="checkbox"/> lab tests-methotrexate level and BUN/Creatinine <p>Instructions for</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hydration <input type="checkbox"/> Lab testing** <input type="checkbox"/> Phone numbers Janet Hartzler Joanne Martin (531-5853) 	<p>**If blood arrives in main lab by 8:30, results will be available by 10:30. If specimen arrives in lab after 8:30, results will be available by 16:00. If arrives in lab after 15:00, results will be available the next day.</p>
<p>When methotrexate level reaches <0.1umol/L discontinue all medications and lab testing</p>		



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