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Methotrexate instructions.

ACTIVE LEARNING TEMPLATE: Medication	
Medication: <i>Diana Pablos</i> Generic Name: <i>Colchicine</i> <small>Colchicine (Colchicine) Tablets, Extended-Release Tablets</small>	Trade Name: <i>Colchicine</i> <small>Colchicine (Colchicine) Tablets, Extended-Release Tablets</small>
Expected Pharmacological Action: May affect reuptake of serum acids, action and stabilize neuronal membranes	Therapeutic Use: decreased incidence of ischemic, decreased postoperative pain decreased by restlessness
Complications: confusion, depression, dizziness, drowsiness, sedation, anxiety, hypotension, decreased vision, weight gain, anorexia, resistance, parosmia	Medication Administration: 300 mg 3x daily
Contraindications/Precautions: Hypersensitivity may increase suicide thoughts and their risk and self-harm	Nursing Interventions: Monitor for adverse effects of medication. Monitor for signs of infection or bleeding. Monitor for signs of liver or kidney damage. Monitor for signs of heart failure. Monitor for signs of respiratory distress.
Subpopulations: Adults may have decreased response rate of 20% compared to other populations. May have hypotensive levels.	Client Education: Use of oral contraceptives may increase the risk of bleeding. Avoid alcohol. Avoid grapefruit juice. Avoid other medications that may interact with colchicine.
Evaluation of Medication Effectiveness: (check) frequency of or cessation of seizures (check) mood stability (check) psychomotor response time (check) effects of restlessness syndrome	

Those with alcoholism, alcoholic liver disease, chronic liver disease, laboratory evidence of immunodeficiency syndromes, or preexisting blood disorders like bone marrow hypoplasia, leukopenia, anemia, or thrombocytopenia should also not use this medication. Certain medications may interact with methotrexate, potentially increasing bone marrow depression or decreasing its absorption. Folic acid may reduce the effectiveness of methotrexate, while hepatotoxic drugs can increase the risk of liver damage. NSAIDs, penicillins, phenylbutazone, phenytoin, probenecid, salicylates, sulfonamides, and theophylline can all increase the risk of methotrexate toxicity. Common side effects of methotrexate include aphasia, chills, dizziness, fatigue, headache, seizures, chest pain, hypotension, gynecomastia, blurred vision, and gingivitis. Patients should be monitored with CBC, chest x-ray, liver and renal function tests, and urinalysis before and during treatment. Methotrexate should be administered via subcutaneous injection into the patient's abdomen. When administering methotrexate, monitor the patient for bleeding and infection. Encourage the patient to increase fluid intake to 2 to 3 liters daily, unless medically advised otherwise, to minimize the risk of adverse genitourinary reactions. Utilize a preservative-free form of methotrexate for high-dose therapy. Create a treatment schedule for the patient and stress the importance of precise adherence to instructions. For those administering the oral solution, advise the use of a calibrated measuring device instead of a household teaspoon. Patients should refrain from consuming alcohol during methotrexate treatment and practice regular mouth care to prevent mouth sores. While methotrexate is effective, it is associated with various complications and educational requirements. This information was uploaded on October 14, 2023, and pertains to a Pharmacology ATI template on Methotrexate. Consult your doctor or pharmacist about potential drug interactions before starting or adjusting any medication. Remember to disclose all relevant information to your healthcare provider before using this product. Pharmacists advise keeping a record of all medications used and sharing it with healthcare professionals.

ACTIVE LEARNING TEMPLATE: Medication	
Medication: <i>Methotrexate</i> Generic Name: <i>Methotrexate</i> <small>Methotrexate (Methotrexate) Tablets, Oral Solution, Extended-Release Tablets</small>	Trade Name: <i>Methotrexate</i> <small>Methotrexate (Methotrexate) Tablets, Oral Solution, Extended-Release Tablets</small>
Expected Pharmacological Action: Antifolate, antineoplastic, antiproliferative, antimitotic, antineoplastic, antiproliferative, antimitotic, antineoplastic, antiproliferative, antimitotic	Therapeutic Use: Treatment of psoriasis, rheumatoid arthritis, osteoarthritis, and certain types of cancer.
Complications: Hypertension, dizziness, drowsiness, sedation, anxiety, hypotension, decreased vision, weight gain, anorexia, resistance, parosmia	Medication Administration: 300 mg 3x daily
Contraindications/Precautions: Hypersensitivity may increase suicide thoughts and their risk and self-harm	Nursing Interventions: Monitor for adverse effects of medication. Monitor for signs of infection or bleeding. Monitor for signs of liver or kidney damage. Monitor for signs of heart failure. Monitor for signs of respiratory distress.
Subpopulations: Adults may have decreased response rate of 20% compared to other populations. May have hypotensive levels.	Client Education: Use of oral contraceptives may increase the risk of bleeding. Avoid alcohol. Avoid grapefruit juice. Avoid other medications that may interact with colchicine.
Evaluation of Medication Effectiveness: (check) frequency of or cessation of seizures (check) mood stability (check) psychomotor response time (check) effects of restlessness syndrome	

Methotrexate works by disrupting DNA synthesis and cell reproduction in rapidly growing cells. It should not be used by individuals who are breastfeeding, have a hypersensitivity to methotrexate or its components, or are pregnant. Those with alcoholism, alcoholic liver disease, chronic liver disease, laboratory evidence of immunodeficiency syndromes, or preexisting blood disorders like bone marrow hypoplasia, leukopenia, anemia, or thrombocytopenia should also not use this medication. Certain medications may interact with methotrexate, potentially increasing bone marrow depression or decreasing its absorption. Folic acid may reduce the effectiveness of methotrexate, while hepatotoxic drugs can increase the risk of liver damage. NSAIDs, penicillins, phenylbutazone, phenytoin, probenecid, salicylates, sulfonamides, and theophylline can all increase the risk of methotrexate toxicity. Common side effects of methotrexate include aphasia, chills, dizziness, fatigue, headache, seizures, chest pain, hypotension, gynecomastia, blurred vision, and gingivitis. Patients should be monitored with CBC, chest x-ray, liver and renal function tests, and urinalysis before and during treatment. Methotrexate should be administered via subcutaneous injection into the patient's abdomen. When administering methotrexate, monitor the patient for bleeding and infection. Encourage the patient to increase fluid intake to 2 to 3 liters daily, unless medically advised otherwise, to minimize the risk of adverse genitourinary reactions. Utilize a preservative-free form of methotrexate for high-dose therapy. Create a treatment schedule for the patient and stress the importance of precise adherence to instructions. For those administering the oral solution, advise the use of a calibrated measuring device instead of a household teaspoon. Patients should refrain from consuming alcohol during methotrexate treatment and practice regular mouth care to prevent mouth sores. While methotrexate is effective, it is associated with various complications and educational requirements. This information was uploaded on October 14, 2023, and pertains to a Pharmacology ATI template on Methotrexate. Consult your doctor or pharmacist about potential drug interactions before starting or adjusting any medication. Remember to disclose all relevant information to your healthcare provider before using this product. Pharmacists advise keeping a record of all medications used and sharing it with healthcare professionals. Consult your doctor for medical advice or more information about this medicine. ****Active Learning Templates Medication**** ****Student Name:**** Jamie Heil ****Medication:**** Methotrexate - ****Expected Pharmacological Action:**** Methotrexate, an antimetabolic folic acid analog, blocks the synthesis of folic acid, inhibiting replication, particularly in rapidly dividing cells. - ****Complications:**** Bone marrow suppressants like chemotherapy agents or radiation therapy may enhance methotrexate's effects, requiring a lower dose. Concurrent use with NSAIDs can lead to severe methotrexate toxicity. - ****Contraindications/Precautions:**** Methotrexate is contraindicated in thrombocytopenia, anemia, leukopenia, and when administered concurrently with hepatotoxic drugs. - ****Interactions:**** Concurrent administration with live oral vaccines may reduce the vaccine's effectiveness and increase adverse reactions. - ****Medication Administration:**** Methotrexate can be taken orally, parenterally, or intrathecally. - ****Evaluation of Medication Effectiveness:**** Regular monitoring is essential to assess the medication's therapeutic use and make necessary adjustments. - ****Nursing Interventions:**** Nurses should closely monitor patients for any signs of adverse effects and adjust the dosage accordingly.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME: _____ REVIEW MODULE CHAPTER: _____
 MEDICATION: **Methotrexate**
 CATEGORY CLASS: **Antimetabolite**

PURPOSE OF MEDICATION

Expected Pharmacological Action Stops folic acid metabolism, which stops cell reproduction, slow rapidly growing cells, such as epithelial skin cells in psoriasis.	Therapeutic Use Mainly for rheumatoid arthritis, decrease joint inflammation and subsequent joint damage, to treat severe psoriasis unresponsive to therapy.
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Complications
 Low immunity (infection)
 Low platelets (serious bleeding)
 Fetal death in pregnancy

Medication Administration
 IM, PO, IV, Subcu
 - give methotrexate once a week
 - Folic acid supplement may be prescribed to decrease risk of toxicity

Contraindications/Precautions
 Contraindications: teratogenic, liver insufficiency or hepatitis, renal insufficiency
 Precautions: Peptic ulcer or ulcerative colitis, active bacterial or viral infections

Nursing Interventions
 - Monitor liver function tests and observe for jaundice
 - Monitor for gastrointestinal bleeding
 - Monitor for respiratory distress and decreased oxygenation
 - Monitor for decreased platelets, red and white blood cell counts

Interactions
 - concurrent use of methotrexate and digoxin may reduce digoxin level
 - concurrent use of methotrexate and NSAIDs, salicylates, and sulfonamides may cause toxicity
 - Alcohol use may increase risk hepatotoxicity.

Client Education
 - Report sign and symptoms of infection immediately
 - Avoid ingesting alcohol
 - Report blood in vomitus or stools
 - Report difficulty breathing or shortness of breath

Evaluation of Medication Effectiveness
 X-rays of affected joints
 improving lab values

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Certain medications may interact with methotrexate, potentially increasing bone marrow depression or decreasing its absorption. Folic acid may reduce the effectiveness of methotrexate, while hepatotoxic drugs can increase the risk of liver damage. NSAIDs, penicillins, phenylbutazone, phenytoin, probenecid, salicylates, sulfonamides, and theophylline can all increase the risk of methotrexate toxicity. Common side effects of methotrexate include aphasia, chills, dizziness, fatigue, headache, seizures, chest pain, hypotension, gynecomastia, blurred vision, and gingivitis. Patients should be monitored with CBC, chest x-ray, liver and renal function tests, and urinalysis before and during treatment. Methotrexate should be administered via subcutaneous injection into the patient's abdomen. When administering methotrexate, monitor the patient for bleeding and infection. Encourage the patient to increase fluid intake to 2 to 3 liters daily, unless medically advised otherwise, to minimize the risk of adverse genitourinary reactions. Utilize a preservative-free form of methotrexate for high-dose therapy. Create a treatment schedule for the patient and stress the importance of precise adherence to instructions. For those administering the oral solution, advise the use of a calibrated measuring device instead of a household teaspoon. Patients should refrain from consuming alcohol during methotrexate treatment and practice regular mouth care to prevent mouth sores. While methotrexate is effective, it is associated with various complications and educational requirements. This information was uploaded on October 14, 2023, and pertains to a Pharmacology ATI template on Methotrexate. Consult your doctor or pharmacist about potential drug interactions before starting or adjusting any medication. Remember to disclose all relevant information to your healthcare provider before using this product. Pharmacists advise keeping a record of all medications used and sharing it with healthcare professionals.

Consult your doctor for medical advice or more information about this medicine. **Active Learning Templates Medication** **Student Name: Jamie Heil** **Medication: Methotrexate** - **Expected Pharmacological Action:** Methotrexate, an antimetabolic folic acid analog, blocks the synthesis of folic acid, inhibiting replication, particularly in rapidly dividing cells. - **Complications:** Bone marrow suppressants like chemotherapy agents or radiation therapy may enhance methotrexate's effects, requiring a lower dose. Concurrent use with NSAIDs can lead to severe methotrexate toxicity. - **Contraindications/Precautions:** Methotrexate is contraindicated in thrombocytopenia, anemia, leukopenia, and when administered concurrently with hepatotoxic drugs. - **Interactions:** Concurrent administration with live oral vaccines may reduce the vaccine's effectiveness and increase adverse reactions. - **Medication Administration:** Methotrexate can be taken orally, parenterally, or intrathecally. - **Evaluation of Medication Effectiveness:** Regular monitoring is essential to assess the medication's therapeutic use and make necessary adjustments. - **Nursing Interventions:** Nurses should closely monitor patients for any signs of adverse effects and adjust the dosage accordingly. - **Client Education:** Patients should be educated on the importance of compliance with the medication regimen and potential interactions with other drugs or vaccines. This template provides a structured approach to understanding the purpose, complications, contraindications, interactions, administration, evaluation, nursing interventions, and client education related to methotrexate use. Methotrexate is a medication that acts as suppressants and is not recommended for pregnant women due to its teratogenic effects. Patients with compromised immune systems or blood disorders should avoid taking this medication. Combining methotrexate with alcohol can increase the risk of liver damage. High doses of methotrexate can cause nausea and vomiting, and when combined with NSAIDs, it may lead to fatal myelosuppression. The drug's primary dose-limiting toxicity is hepatotoxicity, which can result in liver cirrhosis. Other side effects include ulcerative stomatitis, diarrhea, hemorrhagic enteritis, and intestinal perforation. Pulmonary toxicity can lead to acute or chronic interstitial pneumonitis at any dose. Methotrexate is commonly used in the treatment of conditions such as rheumatoid arthritis, ulcerative colitis, and psoriasis. Patients taking methotrexate should have their vital signs monitored regularly. They should also be on the lookout for symptoms such as abdominal pain, diarrhea, stomatitis, bone marrow depression, and bleeding. Patients with low platelet counts should avoid intramuscular injections and taking rectal temperatures. Intake/output ratios and daily weight should be closely monitored. Methotrexate has been proven effective in improving hematopoietic values in leukemia, reducing the size and spread of non-Hodgkin's lymphomas and other solid cancers, as well as resolving skin lesions in severe psoriasis and decreasing joint pain and swelling. It can also lead to the regression of lesions in mycosis fungoides. Patients should always take methotrexate as directed and consult a healthcare professional if they miss a dose or experience vomiting shortly after taking the medication. Other symptoms that should prompt medical attention include rash, fever, chills, cough, hoarseness, sore throat, signs of infection, lower back or side pain, painful or difficult urination, bleeding gums, or unexplained bruising. If you are experiencing difficulties accessing this website, it could be due to a few reasons. You may be navigating the site quickly, have disabled cookies in your browser, or have a third-party plugin like Ghostery or NoScript blocking JavaScript. For more information on how to regain access, ensure that cookies and JavaScript are enabled before refreshing the page.