The following orders will be enacted unless a specific order is written to the contrary:

1. **LABS: Draw labs upon patient's arrival, prior to Methotrexate administration.**

➢ ***For ITC: send all lab values to OB/GYN provider prior to administering Methotrexate. Any abnormal values should be called to the provider's office.***

- ☑ hCG, quantitative − highest success with hCG </= 5000 mIU/ml
  (failure rate of ≥ 14.3% when hCG ≥ 5,000 mIU/ml, compared to 3.7% failure rate < 5000 mIU/ml)
- ☑ CBC with diff
- ☑ CMP
- ☑ ABO and Rh Type

2. **Contraindications: (Provider has screened for the following)**

Absolute:

- Immunodeficiency
- Liver disease with transaminases (ALT, AST) more than double normal
- Current alcoholism
- Elevated serum creatinine
- Significant pulmonary disease
- Hematologic abnormalities (e.g. significant anemia, thrombocytopenia, or leukopenia)
- Peptic ulcer disease
- Breastfeeding
- Patients unable or unwilling to comply with post−treatment monitoring and follow−up

Relative Contraindications:

- Gestational sac larger than 3.5 cm
- Embryonic cardiac motion

➢ Nursing to verify in MAK that BSA is correct, and calculate dose prior to administration. Second RN to complete independent double−check.

3. **Dosage:**

Note: Methotrexate must be prepared in chemotherapy hood (Seacoast Cancer Center). Following administration, dispose of used equipment in yellow chemotherapy container.

☑ Methotrexate 50 mg/m^2 (50 x BSA) Intramuscular x 1 dose. Preferred site ventrogluteal muscle.

Patient height (measured):_____ (inches) Weight (measured): _____(kg)

Body Surface Area (BSA):_____m^2 (BSA is calculated using the Mosteller formula)

- **Dose:** 50 mg x _____ (BSA) = _____ mg. Doses greater than 2 ml in volume should be divided into 2 syringes.

4. Notify Physician if any suspected drug reaction
5. Patient Instructions: Follow up with Gynecologist on _____ (Date)

_____ _____

Physician Signature **Date / Time**

6. **Consulted with OB/GYN:**_____

(Print name here)