

Inflammatory Bowel Disease Standardized Care Protocols

8. INITIATION OF METHOTREXATE (ORAL OR SUBCUTANEOUS)

Nurse:

1. Prior to starting therapy, the patient must have a chest x-ray done ([#1](#)).
2. At the time of the medication initiation appointment, the patient is to be given:
 - Patient info sheet and instructions for taking the medication ([#2](#) & [#3](#)) ([PACE QPI 22,23](#))
 - Bloodwork/lab requisitions:
 - Two follow-up bloodwork requisitions ([#4](#)); one to be done at baseline and the next before his/her 14 week follow-up appointment
 - A new start Methotrexate lab to be done every week for 4 weeks ([#5](#)), and a monthly standing order for the entire duration of treatment ([#6](#)). ([PACE QPI 12](#))
 - Fecal calprotectin ([#7](#)) or Fecal calprotectin for patients on Humira ([#8](#))– sample to be brought in at 14-week follow-up appointment.
3. Telephone interview ([#7](#)) and HBI ([#8](#)) or Partial Mayo ([#9](#)) to be done at 8 weeks to ensure response ([PACE QPI 15](#)), assess for adverse events and review the bloodwork. If there is good response, continue with methotrexate and if not, consult the physician.
4. Send a message to support staff to make a follow-up appointment after 14 weeks.

Support Staff:

1. Arrange clinic follow-up after 14 weeks.
2. Send an email to the patient to ensure that the follow-up bloodwork ([#4](#)) and monthly bloodwork ([#6](#)) have been completed, and that the fecal calprotectin sample will be brought to the follow-up appointment for drop off.

Physician Guided:

1. If not adequate response, then optimize therapy.