

Methotrexate IM Injection for Ectopic Pregnancy [3514]

Absolute Contraindications:

- Intrauterine pregnancy
- Evidence of immunodeficiency
- Moderate to severe anemia, leukopenia, or thrombocytopenia
- Sensitivity to methotrexate
- Active pulmonary disease
- Active peptic ulcer disease
- Clinically important hepatic dysfunction
- Clinically important renal dysfunction
- Breastfeeding
- Ruptured ectopic pregnancy
- Hemodynamically unstable patient
- Inability to participate in follow-up

Relative Contraindications

- Embryonic cardiac activity detected by transvaginal ultrasonography
- High initial hCG concentration
- Ectopic pregnancy greater than 4cm in size as imaged by transvaginal ultrasonography
- Refusal to accept blood transfusion

Nursing

Notify physician of lab results

Call MD for abnormal lab results Routine, Until discontinued, Starting S, CMP, CBC with differential, hCG quantitative, serum

Provider contact ***

Call MD for hCG quantitative, serum results once available Routine, Until discontinued, Starting S

Rh Negative Patient

RhoGAM Workup: if patient is Rh negative, complete RhoGAM workup and administer Rh immune globulin

Rhogam Workup

rho(D) immune globulin (HYPERRHO/RHOGAM) injection 50 mcg, intramuscular, PRN, RhoGAM Workup: if patient is Rh negative, complete RhoGAM workup and administer Rh immune globulin., For 1 Doses, Post-op

Medications

PreMedications

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Selection Required) **"Or" Linked Panel**

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet 4 mg, oral, once, For 1 Doses
Give if patient is able to tolerate oral medication.

ondansetron (ZOFTRAN) 4 mg/2 mL injection 4 mg, intravenous, once, For 1 Doses
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

promethazine (PHENERGAN) IV or Oral or Rectal **"Or" Linked Panel**

promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, once, For 1 Doses
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet 12.5 mg, oral, once, For 1 Doses
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository 12.5 mg, rectal, once, For 1 Doses
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Chemotherapy (Single Response)

[Methotrexate for Ectopic Pregnancy ACOG Guidelines](#)

URL:

"file:///\\appt1\EpicAppProd\Restricted\OrderSets\ACOGEc
topic.pdf"

() Single Dose Regimen

SINGLE-DOSE REGIMEN:

Day 1: Administer single dose of methotrexate at a dose of 50 mg/m² intramuscularly

Day 4 and 7: Measure hCG level on posttreatment - If the decrease is GREATER than 15%, measure hCG levels weekly until reaching nonpregnant level. - If the decrease is LESS than 15%, readminister methotrexate at a dose of 50 mg/m² intramuscularly and repeat hCG level - If hCG does not decrease after two doses, consider surgical management. If hCG levels plateau or increase during follow-up, consider administering methotrexate for treatment of a persistent ectopic pregnancy.

<input type="checkbox"/> methotrexate injection	50 mg/m ² , intramuscular, once, For 1 Doses The dose may be divided into multiple syringes dependent on the dose. Maximum volume of 2 mL per syringe.
---	---

() Two-Dose Regimen

TWO-DOSE REGIMEN:

Day 1: Administer methotrexate at a dose of 50 mg/m² intramuscularly Day 4: Administer second dose methotrexate at a dose of 50 mg/m² intramuscularly

Day 4 and 7: Measure hCG level on posttreatment - If the decrease is GREATER than 15%, measure hCG levels weekly until reaching nonpregnant level. - If the decrease is LESS than 15%, readminister methotrexate at a dose of 50 mg/m² intramuscularly on Day 7 and check hCG levels on Day 11. - If the decrease is LESS than 15% between Day 7 and Day 11, continue to monitor weekly until reaching nonpregnant levels. - If the decrease is LESS than 15% between Day 7 and Day 11, readminister dose of methotrexate 50 mg/m² intramuscularly on Day 11 and check hCG levels on Day 14. - If hCG does not decrease after four doses, consider surgical management. If hCG levels plateau or increase during follow-up, consider administering methotrexate for treatment of a persistent ectopic pregnancy.

<input type="checkbox"/> methotrexate injection	50 mg/m ² , intramuscular, once, For 1 Doses The dose may be divided into multiple syringes dependent on the dose. Maximum volume of 2 mL per syringe.
---	---

() Fixed Multi-Dose Regimen

"And" Linked Panel

MULTIPLE-DOSE REGIMEN:

Days 1, 3, 5, 7 Administer methotrexate 1 mg/mg intramuscularly

Days 2, 4, 6, 8 Alternate with folonic acid (leucovorin) 0.1 mg/kg intramuscularly Measure hCG levels on methotrexate dose days and continue until hCG has decreased by 15% from its previous measurement. - If the decrease is GREATER than 15%, discontinue administration of methotrexate and measure hCG levels weekly until reaching nonpregnant levels (may ultimately need one, two, three, or four doses) - if hCG does NOT decrease after four doses, consider surgical management If hCG levels plateau or increase during follow-up, consider administering methotrexate for treatment of a persistent ectopic pregnancy.

<input type="checkbox"/> methotrexate injection for Ectopic Pregnancy	1 mg/kg, intramuscular, once, For 1 Doses The dose may be divided into multiple syringes dependent on the dose. Maximum volume of 2 mL per syringe.
<input type="checkbox"/> leucovorin injection	0.1 mg/kg, intramuscular, once, Starting H+24 Hours, For 1 Doses The dosing for Ectopic Pregnancy is 0.1 mg/kg
<input type="checkbox"/> CBC with platelet and differential	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	AM draw, Starting S+1 For 1 Occurrences
<input type="checkbox"/> hCG quantitative, serum	AM draw, Starting S+1 For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Labs

Laboratory Tests

<input checked="" type="checkbox"/> Comprehensive metabolic panel	STAT, Starting S For 1 Occurrences
<input checked="" type="checkbox"/> CBC with platelet and differential	STAT, Starting S For 1 Occurrences
<input checked="" type="checkbox"/> hCG quantitative, serum	STAT, Starting S For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Discharge Instructions

Discharge Instructions

<input checked="" type="checkbox"/> Discharge instructions	Routine, Normal, Discontinue, if still taking, Prenatal Multivitamins or any other vitamin supplements. Pelvic rest (nothing in vagina for 2 weeks). If exercise, only low impact exercise for 2 weeks. If possible, use separate restroom from children and others for initial 48 hours following treatment.
<input checked="" type="checkbox"/> Call OB/GYN Provider for:	Routine, Normal, Warning signs of abdominal pain, or vomiting, or dizziness or *** Call to follow up for the date(s) and location of future hCG level(s), other labs, and possible future Methotrexate and/or Leucovorin treatment if indicated.
<input type="checkbox"/> Follow up with current OB/GYN provider	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up: Call OB/GYN provider to follow up for the date(s) and location of future hCG level(s) and/or other labs, and possible future Methotrexate and/or Leucovorin treatment if indicated
<input type="checkbox"/> Follow-up with Houston Methodist OB/GYN provider	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up: Call OB/GYN provider to follow up for the date(s) and location of future hCG level(s) and/or other labs, and possible future Methotrexate and/or Leucovorin treatment if indicated

Discharge Instructions

<input type="checkbox"/> Discharge instructions	Routine, Once Discontinue, if still taking, Prenatal Multivitamins or any other vitamin supplements. Pelvic rest (nothing in vagina for 2 weeks). If exercise, only low impact exercise for 2 weeks. If possible, use separate restroom from children and others for initial 48 hours following treatment.
<input type="checkbox"/> Instruct patient to call her own OB/GYN Provider for:	Routine, Until discontinued, Starting S, Warning signs of abdominal pain, or vomiting, or dizziness or *** Call to follow up for the date(s) and location of future hCG level(s), other labs, and possible future Methotrexate and/or Leucovorin treatment if indicated.
<input type="checkbox"/> Instruct patient to follow up with Houston Methodist OB/GYN provider:	Routine, Until discontinued, Starting S, Call OB/GYN provider to follow up for the date(s) and location of future hCG level(s) and/or other labs, and possible future Methotrexate and/or Leucovorin treatment if indicated