

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION
METHOTREXATE**

Name: _____ ID#: _____

Unit: _____ Date: _____

Methotrexate	1st Attempt (P or F)	2nd Attempt (P or F)	Comments
1. Verify Physician's order and lab results.			
2. Recalculate dose using current weight and height.			
3. Verifies consent.			
4. Orders drug from oncology pharmacy.			
5. Verifies with another nurse that patient, drug, dose, route is correct.			
6. Locates chemo kit, hazardous chemical waste container and spill kit.			
7. Assess patient's vital signs.			
8. Explains treatment protocol, side effects, and instructions with patient.			
9. Washes hands.			
10. Dons chemo gloves and gown.			
11. Uses gauze squares wrapped around needle cap when expelling any air from syringe.			
12. Administers medication by IM.			
13. Places empty syringe in sharps box and removes protective equipment.			
14. Washes hands.			
15. Document medication administration, patient teaching on nurses' notes.			

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____