<table>
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<th>Dosage</th>
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<td>1 g IV daily for 1–3 doses</td>
<td>In 50 mL D,W (or 2/3 glucose : 1/3 saline) for 30–40 min, under nursing supervision</td>
<td>Rule out symptoms of infection; check BP, volume status, glucose and electrolytes (K⁺) before and after each pulse</td>
<td>Volume overload (CHF, acute HBP), hyperglycemia, electrolyte imbalance (especially hypokalemia),* infections, acute psychosis,* sleep disturbance, pancreatitis, GI bleeding, transient arthralgia (synovitis), sudden death from ventricular dysrhythmia,* seizures*</td>
</tr>
</tbody>
</table>

Note: D5W = 5% dextrose (in water) injection, CHF = congestive heart failure, HBP = hypertension.

*Very rare events.
Regarding efficacy, the physician should ask when the last change to the dose occurred, because improvement usually takes 6 weeks. Methotrexate should not be considered ineffective until a dose of at least 15–25 mg/week has been tried.

Competing interests: None declared.

References


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Articles to date in the rheumatology series


