



MANAGING YOUR METHOTREXATE:

FOR YOUNG ADULTS WITH JUVENILE
IDIOPATHIC ARTHRITIS (JIA)

NORDIMET® PLANNER

This pack has been produced by Nordic Pharma
to support patients prescribed Nordimet®

Date of preparation: April 2022
NOR/22/021e



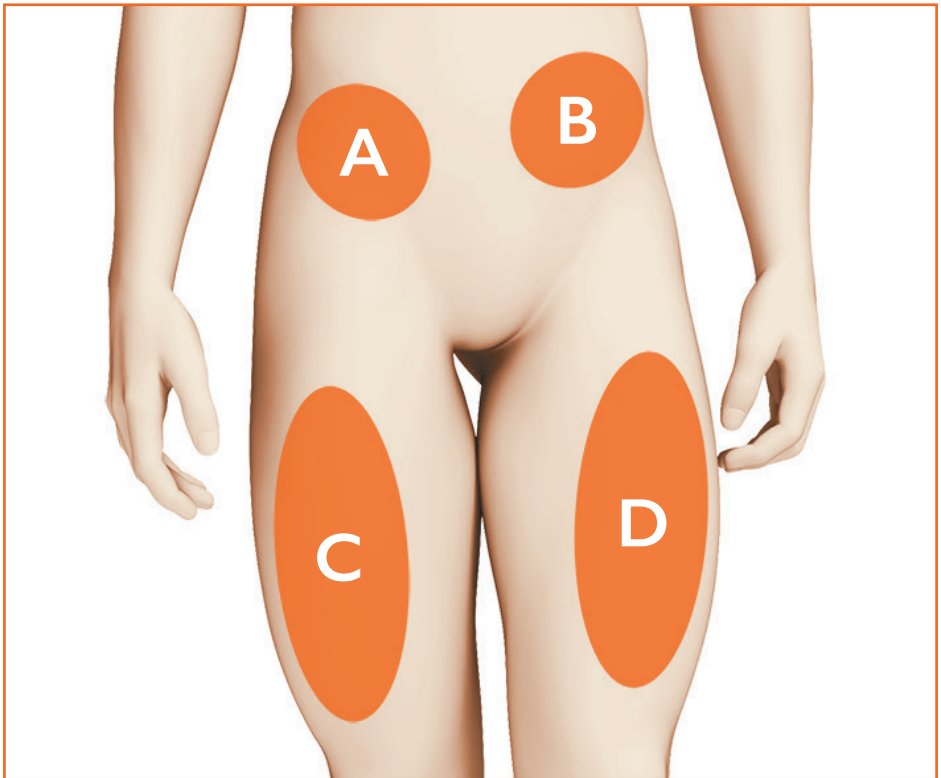


YOUR INJECTION CALENDAR

Choose a day of the week that is most convenient for you to give yourself your injection. Keep a track of your injection site each week so it can be rotated.

Check your last injection site and if there is any change in skin colour such as redness or swelling, oozing or pain, consult your doctor or nurse as you may have signs of an infection.

Injection sites can include;



INJECTION DAY (circle)

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

| Week | Date of injection | Injection site A / B / C / D | Any side effects |
|------|-------------------|---------------------------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |

REMEMBER to discuss side effects with your doctor or nurse and any potentially serious ones – as described in A guide to taking Nordimet® - must be reported to them immediately.

INJECTION DAY (circle)

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

| Week | Date of injection | Injection site A / B / C / D | Any side effects |
|------|-------------------|---------------------------------|------------------|
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |

REMEMBER to discuss side effects with your doctor or nurse and any potentially serious ones – as described in A guide to taking Nordimet® - must be reported to them immediately.

INJECTION DAY (circle)

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

| Week | Date of injection | Injection site A / B / C / D | Any side effects |
|------|-------------------|---------------------------------|------------------|
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | | | |
| 34 | | | |
| 35 | | | |
| 36 | | | |
| 37 | | | |
| 38 | | | |
| 39 | | | |

REMEMBER to discuss side effects with your doctor or nurse and any potentially serious ones – as described in A guide to taking Nordimet® - must be reported to them immediately.

INJECTION DAY (circle)

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

| Week | Date of injection | Injection site A / B / C / D | Any side effects |
|------|-------------------|---------------------------------|------------------|
| 40 | | | |
| 41 | | | |
| 42 | | | |
| 43 | | | |
| 44 | | | |
| 45 | | | |
| 46 | | | |
| 47 | | | |
| 48 | | | |
| 49 | | | |
| 50 | | | |
| 51 | | | |
| 52 | | | |

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NOTES

Use this section to jot down any of the following:

- **any questions that you would like to ask your doctor or nurse at your next appointment**
- **any advice your doctor or nurse gives you about taking Nordimet®**
- **a list of any topics you want to research further or would like more information on**
- **any challenges that you are currently experiencing managing your condition**
- **goals you would like to set, either in the short-term or longer-term e.g. to participate in school sports day,**

Your goals can be anything from small steps like eating more fruit and vegetables to bigger issues like talking to your teachers and friends about your condition.

Contact details for your hospital

Choose a day of the week that is most convenient for you to give yourself or be given your injection. Keep a track of the injection site each week so it can be rotated.

Check your last injection site and if there is any change in skin colour such as redness or swelling, oozing or pain consult your doctor or nurse as you may have signs of an infection.

| | |
|---------------------------|--------------------------------------|
| Name of nurse or doctor: | Telephone number: |
| <input type="text"/> | <input type="text"/> |
| Name of pharmacist: | Telephone number (pharmacist): |
| <input type="text"/> | <input type="text"/> |
| Name of homecare contact: | Telephone number (homecare contact): |
| <input type="text"/> | <input type="text"/> |
| Other: | |
| <input type="text"/> | |

Reporting side effects

If you experience any side effects, speak to their doctor or nurse. This includes any possible side effects not listed in the package leaflet. Side effects can also be reported directly at www.yellowcard.mhra.gov.uk. Reporting side effects helps to provide more information on the safety of this medicine.



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Provided by **NORDIC**
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