



# MANAGING YOUR CHILD'S METHOTREXATE:

FOR PARENTS AND CARERS OF  
YOUNG CHILDREN WITH JUVENILE  
IDIOPATHIC ARTHRITIS (JIA) WHO HAVE  
BEEN PRESCRIBED NORDIMET®

## NORDIMET® PLANNER

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

March 2024  
UK-PEN-2400045



Nordimet® is colour-coded according to the dose that has been prescribed. Your treatment may look different to the picture.

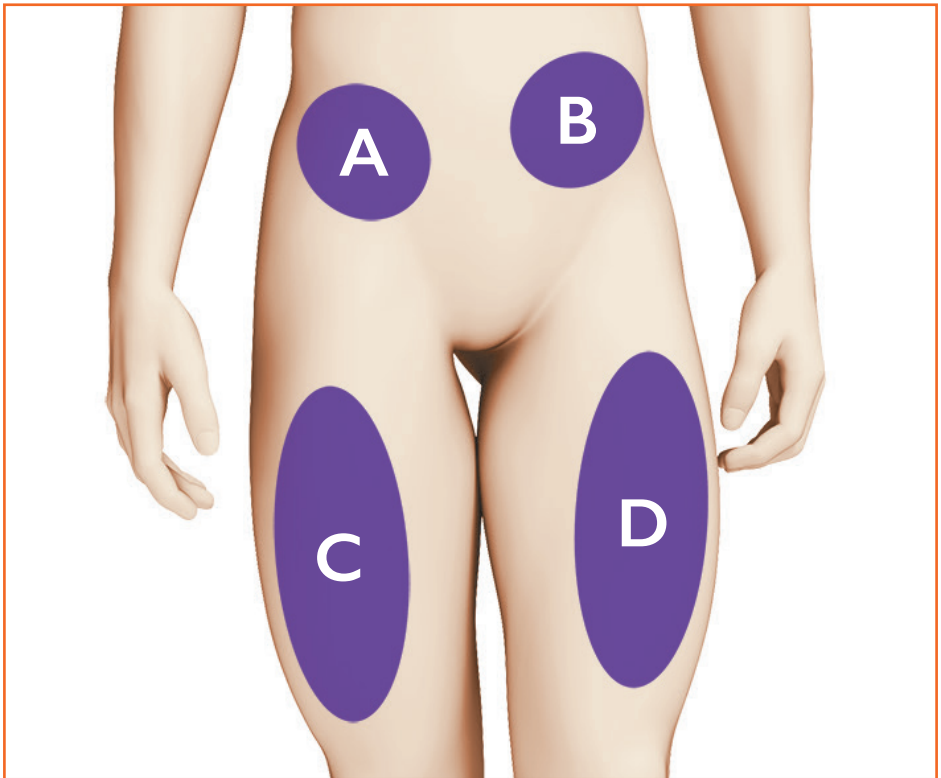


# YOUR INJECTION CALENDAR

Agree which day of the week would be most convenient for you to give your child their injection. Keep a track of their injection site each week so it can be rotated.

Check your child's 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 your child 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 any side effects your child experiences with your doctor or nurse and any potentially serious ones – as described in “A guide to taking Nordimet<sup>®</sup>” – 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			

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## 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 any side effects your child experiences with your doctor or nurse and any potentially serious ones – as described in “A guide to taking Nordimet<sup>®</sup>” – 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 or your child would like to ask your doctor or nurse at their next appointment to make the child feel more involved in their own treatment plans**
- **any advice your doctor or nurse gives you and your child about Nordimet<sup>®</sup>**
- **a list of any topics you want to research further or would like more information on**
- **any challenges that you or your child are currently experiencing managing your child's condition**
- **agreed goals you would like to set, either in the short-term or longer-term e.g. to participate in school sports day**

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













## Contact details for your child's hospital

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 your child experiences 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 [yellowcard.mhra.gov.uk](https://www.yellowcard.mhra.gov.uk). By reporting side effects, you can help to provide more information on the safety of this medicine.



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