

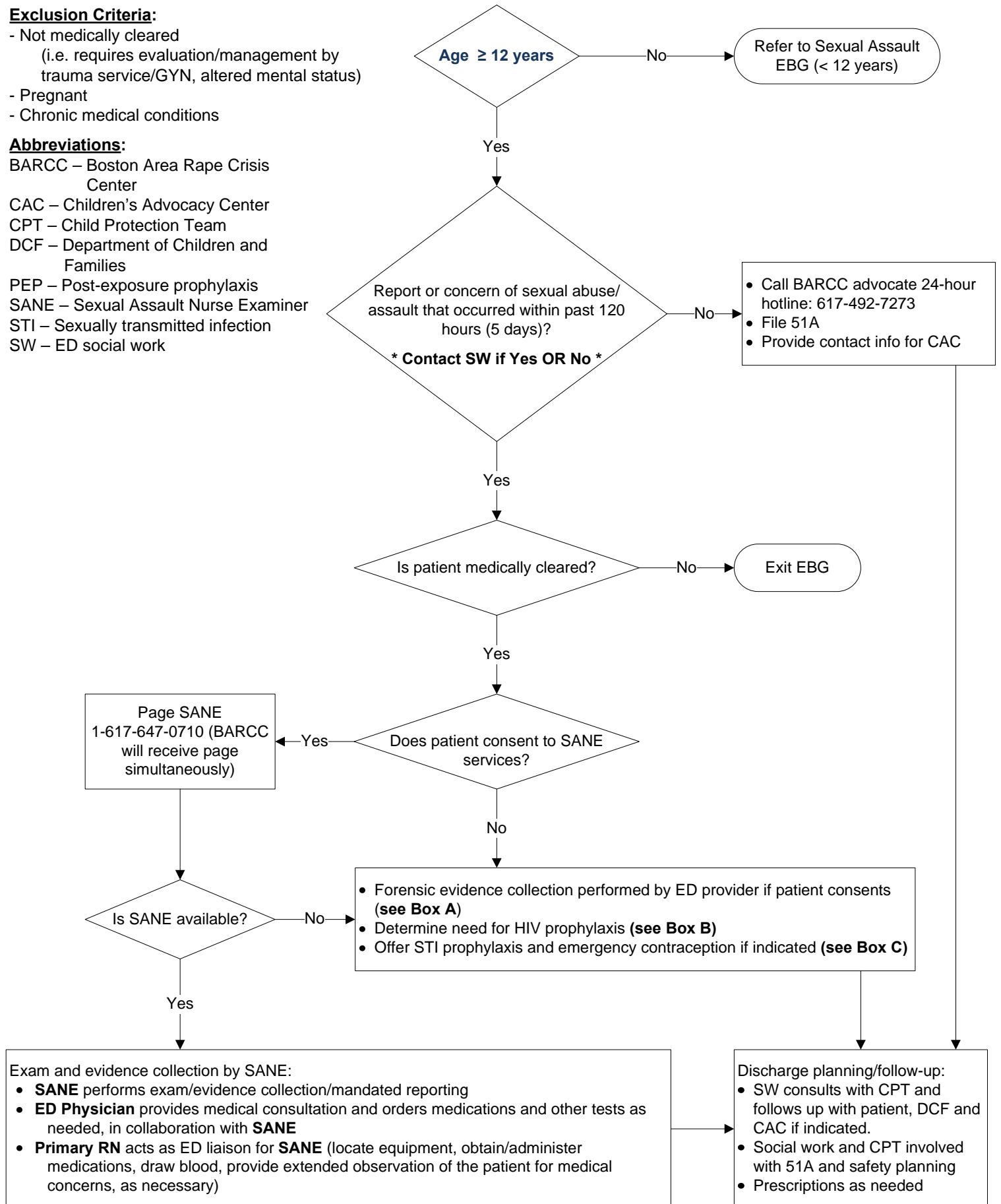


Exclusion Criteria:

- Not medically cleared
(i.e. requires evaluation/management by trauma service/GYN, altered mental status)
- Pregnant
- Chronic medical conditions

Abbreviations:

- BARCC – Boston Area Rape Crisis Center
- CAC – Children's Advocacy Center
- CPT – Child Protection Team
- DCF – Department of Children and Families
- PEP – Post-exposure prophylaxis
- SANE – Sexual Assault Nurse Examiner
- STI – Sexually transmitted infection
- SW – ED social work



Sexual Assault (≥12 years) EBG Algorithm: Supplemental Information Revised 6/14

Box A: Forensic Evidence Collection

- Explain each step of evidence collection process, and reassure patient.
- Attempt to collect as many kit steps as possible.
- Patient may decline further evidence collection at any time in the process.
- Use sterile water (not saline) for moistening swabs and envelopes.

Box B: HIV Prophylaxis

Consider PEP to prevent HIV if yes to all three of the following conditions:

1. Anal, vaginal, percutaneous or oral exposure to *possibly* or *definitely* HIV infected blood or semen?¹
2. Exposure occurred within 72 hours of presentation?
3. Patient will consent to treatment and agree to follow-up?

Options for HIV PEP are a two or three drug regimen.
Choose regimen based on risk of HIV in assailant(s)/presence of trauma/number of assailants.
If source is HIV positive, must start three drug regimen and consult Peds ID

If assailant is HIV+², high risk for HIV+³, or if significant trauma at exposure site or multiple assailants:

- Initiate 3 drug regimen⁴ (Administer first dose in ED)

Truvada (tenofovir 300mg + emtricitabine 200 mg)

1 tab po daily x 28 day supply

and

Isentress (raltegravir) 400 mg PO BID x 28 day supply

If assailant is not high risk for HIV+, or unknown risk and no significant trauma at exposure site:

- Initiate 2 drug regimen (Administer first dose in ED)

Truvada (tenofovir 300mg + emtricitabine 200 mg)

1 tab po daily x 28 day supply

Baseline Labs

- Urine or serum HCG. Obtain HIV ELISA, CBC w/diff, BUN, Cr, hepatic function panel, U/A if starting HIV PEP.
- Counsel regarding side effects of medications, signs of acute seroconversion
- Consider RPR, Hepatitis B and C antibody testing, Hep B vaccine, Tdap vaccine

Follow-up must be arranged for all patients:

- Patients who agree to take HIV PEP should follow-up in 3-4 days to ensure compliance and to assess for medication side effects
- Patients who refuse HIV PEP should be contacted in 24 hours so that they can be further counseled regarding risks and benefits of PEP
- Follow-up may be through Children's Hospital or through the patient's PCP
- All patients must consent to release records to their PCP or to Children's clinician
- For patients who will follow-up with Children's, please notify Boston HAPPENS team:
 - Weekdays 8am-5pm call 5-2735
 - Evenings and weekends notify adolescent fellow on-call (beeper #2533)

1. Exposures to saliva, urine, vomitus or feces are low-risk for transmission of HIV, consult Peds ID if considering HIV PEP for these exposures
2. If source known HIV+ should initiate a three drug regimen as soon as possible (other drugs may be required) consult with Peds ID
3. High risk for being HIV+ includes persons who: use intravenous drugs, engage in male-male sex, have multiple sexual partners, exchange sex for money or drugs or have sex with persons presumed to be HIV+. Sexual assaults with multiple assailants or significant trauma to vaginal or anal mucosa are also considered high risk.
4. Drug regimen needs to be modified in patients with renal dysfunction, pregnancy or if they are also taking rifampin. Consult ID.

Box C: STI Prophylaxis and Pregnancy Prevention

STI testing is not routinely performed.

If patient is symptomatic or requests STI testing, consider sending the following:

- HIV ELISA, RPR, hepatitis B and C antibody testing, GC, and Chlamydia

For all PUBERTAL patients following a sexual assault with vaginal, rectal, penile or oral exposure to semen, rectal or vaginal secretions:

Treat empirically for gonorrhea and Chlamydia with:

- ceftriaxone (Rocephin) 250 mg IM x 1 dose AND azithromycin (Zithromax) 1 gram PO x 1 dose (for allergic patients, see below)

Treat empirically for Trichomonas with:

- metronidazole (Flagyl) 2 grams PO x 1 dose

In female patients, if urine HCG is negative and exposure occurred within 120 hours, offer Emergency Contraception:

- Levonorgestrel (Plan B) 1.5 mg/tab 1 tablet PO x 1 dose

Consider anti-emetic 30 minutes prior to medications:

- Ondansetron (Zofran) 8 mg tablet PO x 1 dose

Alternatives to azithromycin: Doxycycline 100mg PO BID x 7 days Alternatives to cephalosporins: Azithromycin 2 grams x 1 dose. This will also cover Chlamydia prophylaxis.

Medical Information on HIV PEP for Adolescent Patients

What is PEP?

PEP stands for postexposure prophylaxis. PEP means taking one or more medications for 28 days in order to reduce your risk of HIV infection after a possible exposure to HIV.

What are the benefits of PEP?

PEP may reduce your risk of acquiring HIV. The medications used for PEP are known to reduce risk of HIV among medical providers after needlestick injuries and in babies born to HIV-infected mothers. It is not known how well these medications work to prevent HIV infection after a sexual assault or after a non-medical needlestick exposure.

What are the risks of PEP?

The main risk of taking PEP is that you may have a reaction to the medications. Side effects from these medications are usually not severe. Patients taking Truvada may develop kidney or bone density problems but these are limited to patients taking a longer course of medication than we prescribe after sexual assault and are reversible. Patients taking Isentress may experience muscle pain or develop a rash – if either of these occur, stop taking the medication and contact your doctor immediately. Because of the risk of side effects, it is important to continue to receive medical care once starting the PEP medications.

What if I develop side effects from the medications?

Contact the providers at the Boston Happens Program at Boston Children's Hospital (phone 617-355-2735) or your primary care provider.

How much do the PEP medications cost?

The medications are covered by both private insurance and Mass Health. There may be a co-pay depending on your insurance plan. If you do not have insurance you can still receive the PEP medications at no cost through the Massachusetts Department of Public Health. You will need a social worker in the Emergency Department or in the Boston Happens Program at Boston Children's Hospital to assist you.

What type of follow-up is needed?

It is very important that you continue to receive medical care both while taking PEP *and* once you have completed the full 28 day course of medications. Your first follow-up visit should be within *3-4 days* of your Emergency Department visit. You can follow-up with the providers in the Boston Happens Program at Boston Children's Hospital or you can follow-up with your primary care provider. You will also need follow up to get repeat blood tests in *two weeks, six weeks, and three months and six months* following your Emergency Department visit. These can be done with our providers in the Boston Happens Program at Boston Children's Hospital or with your primary care provider.

What if I was not given PEP?

Some patients who may have been exposed to HIV will not be offered PEP. One reason is if your possible exposure to HIV was more than 72 hours ago, the PEP medications will not work. If you were not given PEP but may have been exposed to HIV, you still need close medical follow-up with your primary care provider or with the Boston Happens Program. If you develop a flu-like illness you must be seen urgently.

Where can I find more information about PEP?

You can contact the providers at the Boston Happens Program at Boston Children's Hospital if you have questions about PEP by calling 617-355-2735

Adolescent Patients
Agreement for treatment and follow-up

Patient label here

I was given a prescription for:

- ___ **Truvada** (single tablet contains tenofovir 300mg + emtricitabine 200 mg)
Take 1 tablet by mouth daily for 28 days or until seen by MD
- ___ **Isentress (raltegravir) 400 mg**
Take 1 tablet by mouth with meals in the morning and evening for 28 days or until seen by MD
- ___ **Other medications** _____

During my Emergency Department visit I was also given:

- ___ **Ceftriaxone 250 mg by intramuscular injection**
- ___ **Azithromycin 1 gram by mouth**
- ___ **Metronidazole 2 grams by mouth**
- ___ **Emergency Contraception – Plan B, 1 tablet by mouth**
- ___ **Hepatitis B vaccine by intramuscular injection**
- ___ **Tetanus vaccine by intramuscular injection**
- ___ **HIV prophylaxis (first dose)** _____
- ___ **Other medications** _____

My plans for follow-up:

___ I plan to follow-up with Children’s Hospital regarding HIV PEP. I have signed consent for the providers from the Boston HAPPENS program at Children’s Hospital to have access to my medical records. The providers from this program will contact me with information on my follow-up appointments. My first appointment will be within one week. I can reach the providers at the Boston HAPPENS Program by calling: 617-355-2735 or paging the Adolescent Fellow on call at 617-355-6369.

___ I plan to follow-up with my primary care provider regarding HIV PEP. My first appointment will be within one week. I have signed consent for my primary care provider to have access to my medical records for my visit to the Children’s Emergency Department today. My primary care provider’s name and phone number are:

___ I agree to have a social worker from the Boston HAPPENS Program at Children’s Hospital to call me to see how I am doing. I can reach a social worker by calling 617-355-7181 or 617-355-2735, and asking for the Boston HAPPENS social worker.

___ I have not agreed to take HIV PEP. I may be contacted by providers from the Boston HAPPENS Program at Children’s Hospital to further discuss the risks and benefits of HIV PEP.

Patient signature/Date

Provider signature/Date

**SEXUAL ASSAULT NURSE EXAMINER PROGRAM
DESIGNATED SITES AND STAFF CONTACT INFORMATION**

<p><u>Designated Boston Area SANE Sites:</u> <i>Massachusetts General Hospital Boston Medical Center Brigham and Women's Beth Israel Deaconess Newton Wellesley Hospital Cambridge Hospital Children's Hospital Boston</i></p>	<p><u>Regional Coordinator</u> <u>Claire Shastany, RN, SANE</u> Phone: (781) 718-9164 Fax: (617) 624-5715 E-Mail: Claire.Shastany@state.ma.us <u>Boston Operational Coordinator</u> <u>Laurie Ferguson, RN, SANE</u> Phone: (781) 718-6731 Fax: (617) 624-5715 E-Mail: Laurie.Ferguson@state.ma.us</p>
<p><u>Designated Northeastern SANE Site:</u> <i>Lawrence General Hospital</i></p>	<p><u>Regional Coordinator:</u> <u>Linda Molchan, RN, MS, SANE</u> Phone: (978) 478-8138 Fax: (617) 624-5715 E-Mail: Linda.Molchan@state.ma.us</p>
<p><u>Designated Southeastern SANE Sites:</u> <i>Brockton Hospital Charlton Memorial Hospital St. Luke's Hospital Morton Medical Center Tobey Hospital Jordan Hospital</i></p>	<p><u>Regional Coordinator:</u> <u>Kristi Holden, RN, BSN, SANE</u> Phone: (774) 274-0757 Fax: (617) 624-5715 Email: Kristi.Holden@state.ma.us</p>
<p><u>Designated Central Massachusetts SANE Sites:</u> <i>Harrington Memorial Hospital Worcester Medical Center UMASS Memorial Hospital UMASS University Hospital Milford Regional Medical Center</i></p>	<p><u>Regional Coordinator:</u> <u>Karen Hazard, RN, BS, SANE</u> Phone: (339) 440-1476 Fax: (508) 473-2242 Email: Karen.Hazard@state.ma.us</p>
<p><u>Designated Western Mass. SANE Sites:</u> <i>UMASS Amherst University Health Services Baystate Medical Center Cooley Dickinson Hospital Mercy Medical Center Wing Memorial Hospital</i></p>	<p><u>Regional Coordinator:</u> <u>Mary Walz-Watson, RN, BS, SANE</u> Phone: (857) 207-0789 Fax: (617) 624-5715 Email: Mary.Walz-Watson@state.ma.us</p>
<p><u>Designated Cape/Islands SANE sites:</u> <i>Falmouth Hospital Cape Cod Hospital Nantucket Cottage Hospital</i></p>	<p><u>Regional Coordinator:</u> <u>Kathleen Ecker, MSN, NP-BC, Pediatric and Adult SANE</u> Phone: (774) 274-0944 Fax: (617) 624-5715 E-Mail: Kathleen.Ecker@state.ma.us</p>

**SEXUAL ASSAULT NURSE EXAMINER PROGRAM
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