



Summary of Management for Sexual Assault:> 12 years

Sexual Assault Procedures and Measures to Aid Victims

SANE Criteria

- Age >12
- Assault < 120 hours
- Medically cleared
- Able to consent
- ED, Menino ICU only (OR also on a case by case basis)

Consent

- Once medically cleared, Page SANE 617-647-0710, (activates SANE and Rape Crisis advocate), wait 10 minutes, and page again, if no SANE call back within 10 minutes, proceed with exam by resident and nurse.
- Obtain consent for kit
- Obtain consent for toxicology testing as indicated (see tox section)

Lab testing

- Urine HCG
- Test for GC, Chlamydia, RPR **only** if patient requests, has S&S of disease or, declines prophylaxis
- Toxicology screen
 - if amnesia, loss of motor tone, suspicion of drug facilitated AND
 - < 96 hours since assault
 - with consent (to be sent to crime lab with kit)

STI Prophylaxis

- Plan B 1.5 mg, or Ella 30 mg (Pregnancy)
- Ceftriaxone 250 mg IM (Gonorrhea)
- Azithromycin 1 gram (Chlamydia)
 - OR Doxycycline - 100 mg po BID for 7 days, - Not indicated for patients <8 yr of age, if patient pregnant or lactating
- Flagyl 2 gr (Trichomonas) – recommend to go, to take at home
- HIV if indicated (see consults)
- Evaluate for the need for hep B vaccine and tetanus

Consults

- Pediatric ID regarding HIV PEP: B #9200
- Adult HIV PEP: B #STIK

Referrals (for HIV testing/PEP F/U)

- Pediatric Adolescent Center clinic for patients 12 - 21 yrs
 - ◆ phone: day 4-3796, beeper: #3067
 - ◆ after hours: leave message at 4-5811
 - ◆ fax notification to 4-5806
- Adult Center for HIV clinic for patients >22 years B# STIK

Discharge

- ◆ Provide patient with BMC Sexual Assault Discharge instructions
- ◆ Provide with SANE kit instructions/packet
- ◆ Provide with LINK aftercare clinic information (given by social worker)
- ◆ Provide patient with HIV PEP dc instructions PRN, Logician note to Center for HIV
- ◆ Crisis counseling (see important phone numbers)

Reporting

- ◆ Fax mandated sexual assault (anonymous) **Form 2a** report to the DPS (617) 725-0260, and the police station in the district where assault occurred.
- ◆ Assist with police notification per patient/guardian request

Documentation/Screening after Sexual Assault

MD/RN Documentation (On ED Encounter Form): When SANE Exam performed

- ◆ CC: Trauma X or reported sexual assault
- ◆ HX: Brief with relevant mechanism of injury if concurrent trauma. Do not include details of sexual assault.
- ◆ PE: Brief, do not include genital exam.
- ◆ DX: "Trauma X" or "Reported Sexual Assault".
- ◆ Include orders for pertinent medications and lab testing.

Required Blood Work For Sexual Assault Evidence Collection Kit: Done at time of kit

- ◆ Purple top - 1 tube (step 4 in kit - for blood typing) - label with kit # label/initial
- ◆ For Tox kit: 2 grey top and 1 purple (in tox kit) – see below

STD Testing Recommendations for Adolescents and Adults: Baseline testing recommended **only** if patient has symptoms of disease, declines prophylaxis, requests testing

SERUM (or urine) SCREENING FOR PREGNACY AND SERUM HEPATITIS (if indicated)

Test: Urine or Serum HCG

Test: HBcAB, HBSAb, HBSAg

SERUM/URINE SCREENING FOR RAPE DRUGS

Toxicology testing for the presence of "rape drugs" should be done **only** if the patient meets the following criteria:

- ◆ Patient reports periods of unconsciousness or lack of motor control.
- ◆ Amnesia or confused state with suspicions of sexual assault having occurred.
- ◆ Amnesia or confused state after no known consumption of mind-altering substance, or after a minimal consumption of ETOH. Patient's suspicion or belief that she/he was drugged prior to sexual assault.
- ◆ The suspected ingestion of drugs has occurred **within 96 hours** of the exam
- ◆ AND Patient consents to testing (separate consent from in tox kit)

Procedure:

- ◆ Obtain consent (found in envelope 'Step 3' in evidence collection kit).
- ◆ Obtain separate Toxicology Kit Box from SANE cart.
- ◆ Ask patient to void in urine cup (60cc minimum)*- avoid wiping before and after voiding.
- ◆ Use betadine, not alcohol wipes to prep skin. Fill both grey blood tubes to max volume
- ◆ Agitate gently to assure mixture of anticoagulant matter.
- ◆ Place completed/sealed tox screening kit in refrigerator **immediately** after obtaining
- ◆ Follow directions on toxicology kit for transport of specimen to State Crime Lab.

**Both urine/serum specimens must be initialed by obtaining clinician. Label only with kit # labels (no patient addressograph).*

Prophylaxis After Sexual Assault

RECOMMENDED TREATMENT FOR INCUBATING AND ESTABLISHED CHLAMYDIAL INFECTIONS

Azithromycin - 1 gm PO - Single dose. Limited research regarding safety in pregnancy.

Erythromycin - 500 mg po (or 50mg/kg/day if < 45kg) - Appropriate for pediatric use. Safe during pregnancy, lactation or if patient has an allergy to tetracycline.

RECOMMENDED TREATMENT FOR INCUBATING AND ESTABLISHED GONORRHEAL INFECTIONS: (*Includes vaginitis, urethritis, cervicitis, proctitis and pharyngitis.*)

Ceftriaxone - 250 mg IM: 250 mg covers incubating syphilis.

Ciprofloxacin - 500 mg PO - Contraindicated for patients < 18 years and during pregnancy. Does not treat syphilis.

EXCLUDES suspected or definite pelvic inflammatory disease. Recommendations adapted from the Centers for Disease Control and Prevention 2010 Guidelines for Treatment of Sexually Transmitted Diseases. MMWR, 59;90-95
2010 Guidelines for Treatment of Sexually Transmitted Diseases. MMWR, 59(RR12);90-95:
<http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>

RECOMMENDED TREATMENT FOR TRICHOMONAL INFECTION

Metronidazole (Flagyl) - 2.0 gm PO - Single dose (often given to take at home)

To decrease nausea, Flagyl may be dispensed to take home within 48 hours if patient is also to receive HIV PEP.

PREGNANCY PROPHYLAXIS*

Only for assaults occurring within 120 hours of ED presentation

- ♦ Obtain baseline pregnancy test, consent (verbal)
- ♦ Administer zofran 4 mg po 30 mins before Plan B (Levonorgestrel)

Administer:

Ella 30 mg*

or

Plan B (Levonorgestrel) **2 tablets** = 1.5 mg levonorgestrel

* Ella may be better for women over 165 pounds, or if 72-120 hours since assault

**Explain that period may be early or delayed.

***Instruct patient to obtain repeat pregnancy test in one month.

****The copper IUD is the most effective form of EC, is available through womens center

SEE DPH Emergency Contraception information

RECOMMENDATIONS FOR HEPATITIS B EXPOSURE AND PROPHYLAXIS*

Unimmunized Patients Only

Hepatitis B Vaccine**

- 11 - 19 yrs - Recombivax 5 mcg OR Engerix B 10 mcg IM
- >19 yrs - Recombivax 10 mcg OR Engerix B 20 mcg IM

* If history indicative or suggestive of vaginal, oral or rectal penetration and victim's immune status negative or unknown.

First dose of hepatitis B vaccine **without HBIG should adequately protect against HBV. Patient should be informed of need for follow-up doses at 1 and 6 months.

RECOMMENDATIONS FOR HIV PROPHYLAXIS*

Age \geq 12 years

All patients considered for HIV postexposure prophylaxis require an ID consult:

- pedi 12-21 yrs: ID #9200
- adult >21yrs: Day: 4-7455, 4-3611
After-hours: STIK beeper if questions

Medication: Truvada (emtricitabine and tenofovir)

Dose: One tab a day

AND

Medications: Tivicay (Dolutegravir) 50 mg

Dose: 1 tab once a day

***Recommendations change frequently – check with the STIK pager to confirm**

- See BMC ED HIV Post-exposure Prophylaxis Guidelines
- Insure F/U at appropriate DEU clinic.

BMC-Sexual Assault Nurse Examiner (SANE) Interface Triage Complaint – Sexual Assault

SANE Criteria

- ♦ Assault \leq 5 days (120 hours)
- ♦ Patient \geq 12 years
- ♦ Patient is medically cleared
- ♦ Patient able to consent

Age 12 - 21 yrs	PED	Assign Primary RN/MD/MSW
>21 yrs	AED	Assign Primary RN/EM Resident

PRIMARY NURSE:

Determines if patient meets SANE criteria and if SANE is available

IF NO,

BMC **SA Protocol** completed by BMC clinicians

- ♦ History of incident
- ♦ Police Notification (if patient desires)
- ♦ MSAECK kit completed
- ♦ STD screening only as appropriate
- ♦ STD prophylaxis
- ♦ HIV prophylaxis as appropriate
- ♦ Pregnancy prophylaxis
- ♦ Rape drugs screen PRN
- ♦ Crisis counseling & FU
- ♦ Mandatory reporting

PED Social Worker/AED Psych Nurses: Faxes DPS form to DPS (see mandated reporting).

IF YES, patient meets SANE criteria and if SANE is available:

Primary Nurse responsibilities before SANE arrives

- ♦ Activate SANE and BARCC(617-647-0710), once patient medically cleared
- ♦ Obtain urine HCG if appropriate*
- ♦ Have patient remain in original clothing until SANE arrival
- ♦ Obtain SANE cart**

**To preserve evidence, avoid obtaining urine HCG until vaginal evidence is collected or, if patient must void urgently, ask her to avoid wiping vaginal area after voiding.*

***If patient is orally assaulted and requesting to brush teeth etc. Primary RN may open MSAECK and completed oral steps 2 & 3 (oral swabs and saliva sample) before SANE arrives. Secure open kit in locked SANE cart until SANE arrives.*

Primary Nurse responsibilities after SANE arrives

- ♦ Draw appropriate blood work and send to lab
- ♦ Administer meds as ordered
- ♦ When SANE is finished, complete appropriate chain of evidence documentation on kit and refrigerator log
- ♦ Return SANE cart
- ♦ Give completed MR (white forms 1-6 from kit) to social worker in a sealed in envelope

ED Social Worker Responsibilities

- ◆ Explain SANE and options for police reporting, evidence collection to patient
- ◆ Introduce SANE, BARCC upon arrival
- ◆ Check in with patient frequently, and before discharge
- ◆ Log SANE kit into social worker log book
- ◆ Keep white evidence collection forms 1-6 for QA at a later date, and storage in medical records department
- ◆ Ensure MSAECKs are picked up within 72 hours of assault
- ◆ Fax DPS anonymous reporting (form 2A) to DPS and to the police dept of town where assault occurred (if in Boston, to Sexual assault unit – fax # 617-343-)



SANE ARRIVAL (SANE Responsibilities)

SANE Exam: *If patient is pre-menarcheal, the PED Attending will perform the pelvic exam.*

- MSAECK completed
- Toxicology Testing as appropriate
- Notify police if patient desires
- Discharge Planning/teaching.
- Completes DPS reporting form
- Gives SANE record/kit to Primary Nurse when complete

NOTE:

- A: To preserve evidence, avoid obtaining urine HCG until vaginal evidence is collected or, if patient must void urgently, ask her to avoid wiping vaginal area after voiding.
- B: If patient is orally assaulted and requesting to brush teeth ect., Primary RN may open MSAECK and completed oral steps 2 & 3 (oral swabs and saliva sample) before SANE arrives. Secure opened kit in locked SANE cart until SANE arrives.

Important Phone Numbers

SANE	1-617-647-0710
BARCC Hotline	1-800-841-8371
BPD Sexual Assault Unit	(617) 343-4400/fax 343-4861
Boston Crime Lab	(617) 343-4690
DSS Hotline	1-800-792-5200
BMC Laboratory (all inquiries)	4-4062
BMC Interpreter Services	4-5549
BMC ED Pharmacist	4-5609 B#8321

Medical Follow-up

Adolescent Center	4-4086
Adult – Center for HIV	4-7455, 4-3611
Adult Urgent Care	4-5787
Follow-up Nurse	4-7894
Health Connection	8-6767
Pediatric DEU (HIV)	4-5811
Pediatric Primary Care	4-5946
Adult Primary Care	4-5951
Link Clinic (womens center)	4-2000

Crisis Counseling

Boston Area Rape Crisis Center (BARCC) (617) 492-8306

Adults

BMC ED social worker

Pediatrics

BMC Pediatric ED Social Worker 4-5007

Sexual Assault Mandated Reporting

Department of Public Safety (DPS) Fax # (and local police (where rape occurred)

Anonymous reporting of all sexual crimes. To report, fax completed form 2A to DPS and to the police department of town where assault occurred. BMC clinicians should report **all** cases.

Department of Social Services (DSS) (800) 792-5200

Telephone report followed by written report (51A) of all cases of sexual abuse and sexual assaults of children <18 yrs.

Disabled Persons Abuse Hotline (800) 426-9009

Telephone report followed by written report (19C) of all cases of abuse to persons with physical or cognitive disability.

Elder Abuse Hotline (800) 922-2275

Telephone report followed by written report of all cases of abuse to elders \geq 60 years of age.

REMINDER

A copy of the entire chart should be made. Place both original and copy in a sealed envelope and leave under the pediatric or adult social worker's door