SSMHealth CardinalGlennon Children's Hospital

Child Sex Abuse Management

Emergency Department
Clinical Practice Guideline (CPG)

Protocol approved by: Division of Pediatric Emergency Medicine, Child Protection and Social Services
Date of approval: 02/18

cardinalglennon.com

CGC-STL-19-732872 4/22

Table of Contents

(Click on title to jump to section)

Overviews:

Pre-pubertal (tanner 1,2) Assault Quick Guide

Post-pubertal (tanner 3,4,5) Assault Quick Guide

Sections:

Pre-pubertal

1) Acute Assault
2) Sub-acute Assault
3) Non-acute Assault
4) Ongoing Assault
5) No Disclosure

Post-pubertal

6) Acute Assault
7) Sub-acute Assault
8) Non-acute Assault
9) Ongoing Assault
10) No disclosure

Appendices:

A) Medication Guide
B) HIV prophylaxis
C) Forensic Evidence Collection
D) Photo Documentation
E) Drug Facilitated Sexual Assault
F) Herpes Simplex Testing
ST) Sex Trafficking
M) Post-exposure Prophylaxis Medication Instructions

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

QUESTIONS? CALL CHILD PROTECTION

SAM PATIENT PREPUBERTAL

GENITAL TANNER 1,2

- *SOCIAL SERVICE CONSULT*
- *NON-SPECULUM EXAM & PHOTOS*
- *REFER TO SAM CLINIC*

ACUTE ASSAULT

<72 HRS

- *Obtain evidence kit*
- *NPEP HIV if indicated, 1st dose in ED with baseline labs*
- *HEP B PEP if indicated*
- *No STI testing or serology unless symptomatic*
- *No STI treatment unless symptomatic. Obtain tests first*
- ***Go to Section 1 for detailed management***

SUBACUTE ASSAULT

72H-2 WEEKS

- *Hepatitis B PEP if indicated*
- *No STI testing or serology unless symptomatic*
- *No STI treatment unless symptomatic. Obtain tests first*
- ***Go to Secton 2 for detailed management***

NON-ACUTE ASSAULT

OVER 2 WEEKS

- *STI testing or serology as indicated by disclosure, symptoms or time of last contact*
- *No STI treatment unless symptomatic. Obtain tests first*
- ***Go to Section 3 for detailed management***

ONGOING ABUSE

- *STI testing or serology as indicated by disclosure, symptoms or timing of last contact including most recent and distant event*
- *No STI treatment unless symptomatic. Obtain tests first*
- ***Go to Section 4 for detailed management***

NO DISCLOSURE BUT CONCERNS

(Concerning behaviors, unexplained genital injury or genital infection)

- *Labs as indicated by symptoms*
- *No STI treatment unless symptomatic. Obtain tests first*
- ***Go to Section 5 for detailed management***

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

QUESTIONS? CALL CHILD PROTECTION

SAM PATIENT POSTPUBERTAL

GENITAL TANNER 3,4,5

- *SOCIAL SERVICE CONSULT*
- *URINE HCG ON ALL FEMALES*
- *SPECULUM EXAM (IF SEXUALLY ACTIVE & TOLERATES) & PHOTOS*
- *REFER TO SAM CLINIC. IF SEXUALLY ACTIVE & 16Y OR OLDER, REFER TO ADOLESCENT GYN OR PCP*

ACUTE ASSAULT

<72 HRS

- *Obtain evidence kit*
- *NPEP HIV if indicated, 1st dose in ED w/baseline labs*
- *HEP B PEP if indicated*
- *STI prophylaxis*
- *Pregnancy prophylaxis if HCG negative*
- ***Go to Section 6 for detailed management***

SUBACUTE ASSAULT

72H-2 WEEKS

- *Hepatitis B PEP if indicated*
- *STI testing with symptoms*
- *STI empiric treatment*
- ***Go to Section 7 for detailed management***

NON-ACUTE ASSAULT

OVER 2 WEEKS

- *STI &/or serology testing*
- *Additional labs as indicated by disclosure, symptoms or time of last contact*
- *If symptomatic, treat after obtaining testing*
- ***Go to Section 8 for detailed management***

ONGOING ABUSE

- *STI testing and/or serology as indicated by disclosure, symptoms or timing of last contact including most recent and distant event*
- *If symptomatic or most recent event less than 72 hours, treat after obtaining specimens*
- ***Go to Section 9 for detailed management***

NO DISCLOSURE BUT CONCERNS

- *STI testing or serology as indicated by symptoms & timing*
- *Consider DFSA &/or ETOH*
- ***Go to Section 10 for detailed management***

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Acute (72 hours or less since last contact)
CHILD AGE:
Prepubertal Child (Genital Tanner Score 1,2)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane or open skin contact with ejaculate

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Service will complete SAFECARE exam form
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- Perform a Sexual Assault Evidence Collection Kit (See Appendix C for evidence collection guidelines) assuring correct swabs for genital contact, oral contact or anal contact as well as any area of licking, kissing or ejaculation. Do not perform a pelvic/speculum examination on a genital Tanner 1,2 female unless under general anesthesia. Perform examination using frog-leg, supine and/or knee-chest positioning and labial traction for female
- If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
    - Perpetrator known HIV positive
      OR
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
      OR
    - Perpetrator unknown but assault included receptive penile to anal contact
      OR
    - Multiple perpetrators
      OR
    - Exposure of vagina, rectum, eye, mouth or other mucous membrane, non-intact skin or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk or any body fluid that is visibly contaminated with blood
      AND
    - Patient agrees to take all medications for 28 days
      AND
    - Patient does not have history of allergy to any of the medications
      AND
    - Patient is HIV negative per history. NPEP should be initiated without waiting for the results of the HIV test. Refusal to undergo baseline testing should not preclude NPEP initiation
- If you anticipate NPEP is indicated and the CGCH ACC Pharmacy is open, contact them immediately. They will process the discharge order and have the medications available for the patient upon discharge. Hours are Monday-Friday 8:30 am to 4:30 pm

LABORATORY TESTING: (may vary for non-SSM organizations)

- Order baseline for HIV prophylaxis only:
    - CBC (LAB02029)
    - CMP (LAB01669)
    - HIV-1 HIV-2 Antibody & HIV P24 AG panel, obtain consent (LAB07228)
- Do not perform routine surveillance NAAT testing for gonorrhea and chlamydia

- Female:
  - Only if vaginal discharge noted on examination, order:
    - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
    - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
  - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
- Male:
  - Only if penile discharge noted on examination, order:
    - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
    - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
  - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site

TREATMENT PLAN & MEDICATION ORDERS (See Appendix A for dosing guidelines):

- STI empiric treatment is not indicated in this age group. Treatment should only be considered if there are clinical signs and symptoms concerning for STI. If indicated, begin treatment only after completing necessary testing
- HIV NPEP if assault meets criteria:
  - Discuss benefits and limitations of nPEP HIV prophylaxis medications. Document victim or family's consent or declination of medication
  - Obtain written consent for HIV testing
  - See **Appendix B** for medication dosing guidelines and additional considerations
  - Give first dose of medications in ED after administering ondansetron (Zofran)
  - Area pharmacies are improving their supply of stock NPEP medications but may not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - If child presents to the ED on Monday-Friday 8:30 am to 4:30 pm, send a prescription to CGCH ACC Pharmacy as soon as you know the child will be sent home on NPEP. The pharmacy will prepare the prescriptions and deliver them to the ED for pt discharge. Otherwise:
      1. Write prescription for 28 day supply of medication. Assure correct administration formulation (liquid or pill form).
      2. Administer the first dose of NPEP while child is in the ED
      3. Instruct the caregiver to call their preferred pharmacy before discharge to determine if they have the medication on hand (based on hours open). If their pharmacy is not open, does not have the medication on hand, or

the family does not have a preferred pharmacy, provide them with the following pharmacy information:

a. Schnucks Specialty Pharmacy 314 344 9201
    i. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
    ii. Open Monday-Friday 9:00 am to 5:30 pm
    iii. Family delivery services
    iv. Pediatric formulations
    v. Need insurance info
    vi. Can eprescribe
b. Walgreens Specialty Pharmacy 314 251 2100
    i. 3920 Hampton Ave.
    ii. NE corner of Hampton & Chippewa
    iii. Pharmacy open 24 hours
    iv. Can eprescribe
c. Walgreens Specialty Pharmacy 314 371 4286
    i. 4218 Lindell Blvd
    ii. Pharmacy open 24 hours
    iii. Can eprescribe

4. Patient's local pharmacy may only carry small supply. Parents should take prescription **immediately** to pharmacy of choice. It may take the pharmacy several hours to locate sufficient quantity of medication.

- Document informed consent discussion and caregiver's decision

- Hepatitis B PEP if no history of immunization or unknown history:
    - Provide VIS
    - Obtain consent from caregiver

DISCHARGE PLAN:

- Discharge instructions to caregiver:
    - Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)." Carefully review and make sure the information is accurate and specific for this child. Include any instructions on pain control & symptom management
    - If applicable, provide information on HIV & HBV prophylaxis medications. Search Care Notes "Postexposure Prophylaxis" **AND** if taking HIV NPEP, search Smart Phrase for "CGNPEPRX" (411258). Emphasize importance of starting medication after discharge without missing doses. Carefully review and make sure the information is accurate and specific for this child
    - Provide follow up number for Child Protection Department/SAM Clinic at 314-577-5347. Instruct caregiver to call SAM clinic ASAP to discuss next steps
    - For SSM CGCH patients: If child has been placed on HIV prophylaxis, inform caregiver that SAM clinic will contact caregiver weekly to assure medication compliance
    - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
    - Encourage parent to speak with their PMD about beginning HPV series if child is 9 years or older
    - Instruct caregiver that child will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C performed over the next several months. For SSM CGCH patients: This can be arranged with the SAM clinic or child's PMD
- Discharge referrals:
    - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching child's chart and any specific instructions.

    - **<u>If injury or infection was diagnosed or suspected</u>, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
    - Social Services if child requires assistance with obtaining HIV medications due to cost or formulation
    - PMD for follow-up immunizations
- Forms completed for this visit:
    - MO SAFECARE exam form
    - Sexual Assault Evidence Collection kit physical exam form
    - Consent for HIV testing if indicated
    - Consent for HIV prophylaxis if indicated
    - Consent for HBV if indicated
    - Discharge instructions
    - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

***TYPE OF ASSAULT*:**
Subacute (72 hours to two weeks since last sexual contact)
***CHILD AGE*:**
Prepubertal Child (Genital Tanner Score 1, 2)
***CONTACT HISTORY OR DISCLOSURE*:**
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Services will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- Do not perform a pelvic/speculum examination on a genital Tanner 1,2 female unless under general anesthesia. Perform examination using frog-leg, supine and/or knee-chest positioning and labial traction for female

LABORATORY TESTING: (may vary for non-SSM organizations)

- Do not perform routine surveillance NAAT testing for gonorrhea and chlamydia
- Female:
  - Only if vaginal discharge noted on examination, order:
    - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
    - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
  - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
- Male:
  - Only if penile discharge noted on examination, order:
    - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
    - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
  - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site

TREATMENT PLAN & MEDICATION ORDERS (See Appendix A for dosing guidelines):

- STI empiric treatment is not indicated in this age group. Treatment should only be considered if there are clinical signs and symptoms concerning for STI. If indicated, begin treatment only after completing necessary testing
- Prophylaxis for Hepatitis B if no history of immunization or unknown history:
  - Provide VIS
  - Obtain consent from caregiver

DISCHARGE PLAN:

- Discharge instructions to caregiver:
  - Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)." Carefully review and make sure the information is accurate and specific for this child. Include any instructions on pain control & symptom management
  - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP to discuss next steps and follow-up
  - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
  - Instruct caregiver that child will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C performed over the next several months. For SSM CGCH patients: This can be arranged with the SAM clinic or child's PMD
- Discharge referrals:
  - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching child's chart and any specific instructions.
  - **If injury or infection was diagnosed or suspected, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
- Forms completed for this visit:
  - MO SAFECARE exam form (if applicable)
  - Consent for HBV if indicated
  - Discharge instructions
  - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Non-Acute (over two weeks) since last sexual contact
CHILD AGE:
Prepubertal Child (Genital Tanner Score 1, 2)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Services will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations. (See Appendix D for guidelines)
- Do not perform a pelvic/speculum examination on a genital Tanner 1,2 female unless under general anesthesia. Perform examination using frog-leg, supine and/or knee-chest positioning and labial traction for female

LABORATORY TESTING: (may vary for non-SSM organizations)

- **All toilet trained patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source unprepped/dirty urine) using two yellow Aptima® NAAT kits**
- **All non-toilet trained patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source vagina/introitus or penis) using two white Aptima® NAAT kits**

- Female: obtain specimens as indicated by disclosure or symptoms:
  - Penile to vaginal contact and vaginal discharge/lesions noted on examination, order:
    - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina using single orange or white Aptima® NAAT swab kit. Urine is not acceptable
    - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
  - Genital to oral contact or signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
  - Penile to anal contact or signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
    - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
    - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
  - If last sexual contact was over six weeks ago, obtain serology for:
    - Hepatitis B panel (LAB01077)
    - Hepatitis C antibody (LAB01066)

        - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228)
        - RPR (LAB07050)
- Male: obtain specimens as indicated by disclosure or symptoms:
    - Vaginal to penile contact, and penile discharge/lesions noted on examination, order:
        - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus using single orange or white Aptima® NAAT swab. Urine is not acceptable
        - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
    - Genital to oral contact or signs/symptoms noted on examination, order:
        - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
    - Penile to anal contact or signs/symptoms noted on examination, order
        - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
        - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
        - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
    - If last sexual contact was over six weeks ago, obtain serology for:
        - Hepatitis B panel (LAB01077)
        - Hepatitis C antibody (LAB01066)
        - HIV-1 HIV-2 Antibody & HIV P24 AG panel. (LAB07228) Obtain consent
        - RPR (LAB07050)

TREATMENT PLAN & MEDICATION ORDERS (See Appendix A for dosing schedules):

- STI empiric treatment is not indicated in this age group. Treatment should only be considered if there are clinical signs and symptoms concerning for STI. If indicated, begin treatment only after completing necessary testing

DISCHARGE PLAN:

- Discharge instructions to caregiver:
    - Search Care Notes for “Child Maltreatment Sexual Abuse (General Information).” Carefully review and make sure the information is accurate and specific for this child. Include any instructions on pain control & symptom management
    - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps and follow-up
    - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
    - Instruct caregiver that child may need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C. For SSM CGCH patients: This can be arranged with the SAM clinic or child’s PMD
- Discharge referrals:
    - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions.
    - **If injury or infection was diagnosed or suspected, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347**

(ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.

- Forms completed for this visit:
    - MO SAFECARE exam form (if applicable)
    - Discharge instructions
    - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Ongoing (multiple contacts and time frames)
CHILD AGE:
Prepubertal Child (Genital Tanner Score 1, 2)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

Management of children who are victims of ongoing sexual abuse is often difficult. Medical decision making must take into account when the last sexual contact took place as well as the overall length of time the abuse has occurred.

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Services will complete SAFECARE exam form if last sexual contact was less than 72 hours ago. If over 72 hours since last sexual contact, Social Services will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- If the most recent sexual abuse occurred within 72 hours, perform a Sexual Assault Evidence Collection Kit (see Appendix C for evidence collection guidelines) assuring correct swabs for genital contact, oral contact or anal contact as well as any area of licking, kissing or ejaculation. Do not perform a pelvic/speculum examination on a genital Tanner 1,2 female unless under general anesthesia. Perform examination using frog-leg, supine and/or knee-chest positioning and labial traction for female
- If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
    - Perpetrator known HIV positive
      OR
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
      OR
    - Perpetrator unknown but assault included receptive penile to anal contact
      OR
    - Multiple perpetrators
      OR
    - Exposure of vagina, rectum, eye, mouth or other mucous membrane, non-intact skin or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk or any body fluid that is visibly contaminated with blood
      AND
    - Patient agrees to take all medications for 28 days
      AND
    - Patient does not have history of allergy to any of the medications
      AND
    - Patient is HIV negative per history. NPEP should be initiated without waiting for the results of the HIV test. Refusal to undergo baseline testing should not preclude NPEP initiation
- If you anticipate NPEP is indicated and the CGCH ACC Pharmacy is open, contact them immediately. They will process the discharge order and have the medications available for the patient upon discharge. Hours are Monday-Friday 8:30 am to 4:30 pm

LABORATORY TESTING: (may vary for non-SSM organizations)

- Order baseline for HIV prophylaxis only:
  - CBC (LAB02029)
  - CMP (LAB01669)
  - HIV-1 HIV-2 Antibody & HIV P24 AG panel LAB(07228), obtain consent
- **All toilet trained patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source urine) using two yellow Aptima® NAAT kits (source unprepped/dirty urine)**
- **All non-toilet trained patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source vagina/introitus or penis) using two white Aptima® NAAT kits**
- Female: obtain specimens as indicated by disclosure or signs/symptoms:
  - Penile to vaginal contact or vaginal discharge/lesions noted on examination, order:
    - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
    - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
  - Genital to oral contact or signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
  - Penile to anal contact or signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
    - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
    - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
  - If last sexual contact was over six weeks ago, obtain serology for:
    - Hepatitis B panel (LAB01077)
    - Hepatitis C antibody (LAB01066)
    - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228)
    - RPR (LAB07050)
- Male: obtain specimens as indicated by disclosure or symptoms:
  - Vaginal to penile contact, or penile discharge/lesions noted on examination, order:
    - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
    - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
  - Genital to oral contact or signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
  - Penile to anal contact or signs/symptoms noted on examination, order

        - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
        - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
        - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
    - If last sexual contact was over six weeks ago, obtain serology for:
        - Hepatitis B panel (LAB01077)
        - Hepatitis C antibody (LAB01066)
        - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228). Obtain consent
        - RPR (LAB07050)

TREATMENT PLAN & MEDICATION ORDERS: (See Appendix A for dosing schedules)

- STI empiric treatment is not indicated in this age group. Treatment should only be considered if there are clinical signs and symptoms concerning for STI. If indicated, begin treatment only after completing necessary testing
- HIV NPEP if assault meets criteria:
    - Obtain written consent for HIV prophylaxis
    - Obtain written consent for HIV testing
    - See **Appendix B** for medication dosing guidelines and additional considerations
    - Give first dose of medications in ED after administering ondansetron (Zofran)
    - Area pharmacies are improving their supply of stock NPEP medications but may not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
        - If child presents to the ED on Monday-Friday 8:30 am to 4:30 pm, send a prescription for nPeP to CGCH ACC Pharmacy as soon as you know the child will be sent home on nPeP. The pharmacy will prepare the prescriptions and deliver them to the ED for pt discharge. Otherwise:
            1. Write prescription for 28 day supply of medication. Assure correct administration formulation (liquid or pill form).
            2. Administer the first dose of nPEP while child is in the ED
            3. Instruct the caregiver to call their preferred pharmacy before discharge to determine if they have the medication on hand (based on hours open). If their pharmacy is not open, does not have the medication on hand, or the family does not have a preferred pharmacy, provide them with the following pharmacy information:
                a. Schnucks Specialty Pharmacy 314 344 9201
                    i. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
                    ii. Open Monday-Friday 9:00 am to 5:30 pm
                    iii. Family delivery services
                    iv. Pediatric formulations
                    v. Need insurance info
                    vi. Can eprescribe
                b. Walgreens Specialty Pharmacy 314 251 2100
                    i. 3920 Hampton Ave.
                    ii. NE corner of Hampton & Chippewa
                    iii. Pharmacy open 24 hours
                    iv. Can eprescribe
                c. Walgreens Specialty Pharmacy 314 371 4286
                    i. 4218 Lindell Blvd
                    ii. Pharmacy open 24 hours
                    iii. Can eprescribe

4. Patient's local pharmacy may only carry small supply. Parents should take prescription **immediately** to pharmacy of choice. It may take the pharmacy several hours to locate sufficient quantity of medication.

- Document informed consent discussion and caregiver's decision

- Hepatitis B PEP if no history of immunization or unknown history:
  - Provide VIS
  - Obtain consent from caregiver

DISCHARGE PLAN:

- Discharge instructions to caregiver:
  - Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)." Carefully review and make sure the information is accurate and specific for this child. Include any instructions on pain control & symptom management
  - If applicable, provide information on HIV & HBV prophylaxis medications. Search Care Notes "Post-exposure Prophylaxis" **AND** if taking HIV NPeP, search Smart Phrase for "CGNPEPRX" (411258). Emphasize importance of starting medication after discharge without missing doses. Carefully review and make sure the information is accurate and specific for this child
  - Provide follow up number for Child Protection Department/SAM Clinic at 314-577-5347. Instruct caregiver to call SAM clinic ASAP to discuss next steps
  - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
  - For SSM CGCH patients: If child has been placed on HIV prophylaxis, inform caregiver that SAM clinic will contact caregiver weekly to assure medication compliance
  - If child received serology today, advise parent that child needs repeat testing for HIV and/or syphilis, Hepatitis B, Hepatitis C performed. For SSM CGCH patients: This can be arranged with the SAM clinic or child's PMD
  - If child received initial doses of HBV vaccine in ED, instruct caregiver to follow-up with PMD in one-two months and six months for series completion
  - Encourage parent to speak with their PMD about beginning HPV series if child is 9 years or older
- Discharge referrals:
  - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching child's chart and any specific instructions.
  - **If injury or infection was diagnosed or suspected, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
  - Social Services if child requires assistance with obtaining HIV medications due to cost or formulation
  - PMD for follow-up immunizations
- Forms completed for this visit:
  - MO SAFECARE exam form if applicable
  - Sexual Assault Evidence Collection kit physical exam form
  - Consent for HIV testing if indicated
  - Consent for HIV prophylaxis if indicated
  - Consent for HBV if indicated
  - Discharge instructions
  - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ABUSE:
Parental concerns without history or disclosure
CHILD AGE:
Prepubertal child (Genital Tanner Score 1-2)
CONTACT HISTORY OR DISCLOSURE:
Parental concerns due to behaviors, symptoms (eg., discharge or unexplained injury), or high-risk environment without child disclosure

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Services will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- Do not perform a pelvic/speculum examination on a genital Tanner 1,2 female unless under general anesthesia. Perform examination using frog-leg, supine, and/or knee-chest positioning and labial traction for female

LABORATORY TESTING: (may vary for non-SSM organizations)

- In all patients with isolated concerning behaviors (eg., aggressive sexual behaviors, self-stimulating behaviors unresponsive to distraction), discharge/symptoms or unexplained injury, order
  - Toilet trained patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source unprepped/dirty urine) using two yellow Aptima® NAAT kits
  - Non-toilet trained patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source vagina/introitus or penis) using two white Aptima® NAAT kits
- Female:
  - If vaginal discharge noted on examination, order:
    - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
  - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
  - If oral signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
  - If anal signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab(JEMBEC® plate) (source rectal)
    - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
    - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
- Male:
  - If penile discharge noted on examination, order:

        - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
    - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
    - If oral signs/symptoms noted on examination, order:
        - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
    - If anal signs/symptoms noted on examination, order:
        - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
        - Chlamydia culture (LAB00737) using dark green top mini-tip culture swab (red top viral media) (source rectal)
        - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population

TREATMENT PLAN & MEDICATION ORDERS: (See Appendix A for dosing schedules)

- STI empiric treatment is not indicated in this age group. Treatment should only be considered if there are clinical signs and symptoms concerning for STI. If indicated, begin treatment only after completing necessary testing

DISCHARGE PLAN:

- Discharge instructions to caregiver:
    - Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)." Carefully review and make sure the information is accurate and specific for this child. Include any instructions on pain control & symptom management
    - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
    - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM for next steps
- Discharge referrals:
    - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching child's chart and any specific instructions.
    - **If injury or infection was diagnosed or suspected, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
- Forms you should have completed for this visit:
    - MO SAFECARE exam form if indicated
    - Discharge instructions
    - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Acute (72 hours or less since last contact)
CHILD AGE:
Postpubertal Child (Genital Tanner Score 3, 4, 5)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Service will complete SAFECARE exam form
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- Perform a Sexual Assault Evidence Collection kit (See Appendix C for evidence collection guidelines) assuring correct swabs for genital contact, oral contact or anal contact as well as any areas of licking, kissing or ejaculation.
- **If female patient is sexually active with a history of prior pelvic examinations and able to tolerate a speculum exam, consider pelvic exam with speculum to obtain endocervical swabs for DNA up to 7 days after assault**
- If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
    - Perpetrator known HIV positive
      OR
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
      OR
    - Perpetrator unknown but assault included receptive penile to anal contact
      OR
    - Multiple perpetrators
      OR
    - Exposure of vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk or any body fluid that is visibly contaminated with blood
      AND
    - Patient agrees to take all medications for 28 days
      AND
    - Patient does not have history of allergy to any of the medications
      AND
    - Patient is HIV negative per history. NPEP should be initiated without waiting for the results of the HIV test. Refusal to undergo baseline testing should not preclude NPEP initiation
- If you anticipate NPEP is indicated and the CGCH ACC Pharmacy is open, contact them immediately. They will process the discharge order and have the medications available for the patient upon discharge. Hours are Monday-Friday 8:30 am to 4:30 pm

LABORATORY TESTING: (may vary for non-SSM organizations)

- Order baseline for HIV prophylaxis only:
    - CBC (LAB02029)
    - CMP (LAB01669)
    - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228), obtain consent
- Female:

- Urine HCG (LAB07904)
- During medical interview, obtain sexual activity history, previous STI hx., and date/time of last consensual sexual activity. This information is important if a Sexual Assault Evidence Collection kit will be obtained or if STI testing is being considered. If the patient is sexually active, presents within 72 hours and is concerned they have an STI because of prior symptoms, his/her symptoms may reflect an STI acquired prior to the assault. Discuss testing with the patient and explain they will be treated regardless of testing to prevent or treat infection. Allow patient to make testing decision. If they elect testing, consider the following:
  - Vaginal discharge noted on examination order:
    - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
    - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
  - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
  - Oral signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
  - Anal signs/symptoms noted on examination, order:
    - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
    - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
    - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population

- Male:
  - During medical interview, obtain sexual activity history, previous STI hx., and date/time of last consensual sexual activity. This information is important if a Sexual Assault Evidence Collection kit will be obtained or if STI testing is being considered. If the patient is sexually active, presents within 72 hours and is concerned they have an STI because of prior symptoms, his/her symptoms may reflect an STI acquired prior to the assault. Discuss testing with the patient and explain they will be treated regardless of testing to prevent or treat infection. Allow patient to make testing decision. If they elect testing, consider the following:
    - Penile discharge noted on examination, order:
      - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
      - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable

- If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
- Oral signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
- Anal signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
  - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
  - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population

TREATMENT PLAN & MEDICATION ORDERS: (See Appendix A for dosing schedules)

- **Confirm negative HCG in female before ordering meds**
- Pregnancy prevention for females
  - Obtain written consent for Ella (ulipristal) pregnancy prophylaxis up to five days after assault
- Hepatitis B PEP if no history of immunization or unknown history:
  - Provide VIS
  - Obtain consent from caregiver
- Nausea prophylaxis with negative pregnancy test
- The risk of acquiring an STI as a consequence of sexual assault is unknown but many infections are preventable with prophylactic antibiotics. The Centers for Disease Control recommend all victims of sexual assault presenting to the Emergency Department within 72 hours should receive ceftriaxone, azithromycin and metronidazole to treat for:
  - Chlamydia
  - Gonorrhea
  - Trichomonas
- Symptomatic treatment for:
  - Herpes
  - Candida
- HIV NPEP if assault meets criteria:
  - Discuss benefits and limitations of nPEP HIV prophylaxis medications. Document victim or family's consent or declination of medication
  - Obtain written consent for HIV testing
  - See **Appendix B** for medication dosing guidelines and additional considerations
  - Give first dose of medications in ED after administering ondansetron (Zofran)
  - Area pharmacies are improving their supply of stock NPEP medications but may not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - If patient presents to the ED on Monday-Friday 8:30 am to 4:30 pm, send a prescription for nPeP to CGCH ACC Pharmacy as soon as you know the patient will be sent home on nPeP. The pharmacy will prepare the prescriptions and deliver them to the ED for pt discharge. Otherwise:
      1. Write prescription for 28 day supply of medication. Assure correct administration formulation (liquid or pill form).
      2. Administer the first dose of nPEP while patient is in the ED

3. Instruct the caregiver to call their preferred pharmacy before discharge to determine if they have the medication on hand (based on hours open). If their pharmacy is not open, does not have the medication on hand, or the family does not have a preferred pharmacy, provide them with the following pharmacy information:
    a. Schnucks Specialty Pharmacy 314 344 9201
        i. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
        ii. Open Monday-Friday 9:00 am to 5:30 pm
        iii. Family delivery services
        iv. Pediatric formulations
        v. Need insurance info
        vi. Can eprescribe
    b. Walgreens Specialty Pharmacy 314 251 2100
        i. 3920 Hampton Ave.
        ii. NE corner of Hampton & Chippewa
        iii. Pharmacy open 24 hours
        iv. Can eprescribe
    c. Walgreens Specialty Pharmacy 314 371 4286
        i. 4218 Lindell Blvd
        ii. Pharmacy open 24 hours
        iii. Can eprescribe
4. Patient's local pharmacy may only carry small supply. Parents should take prescription **immediately** to pharmacy of choice. It may take the pharmacy several hours to locate sufficient quantity of medication.

- Document informed consent discussion and caregiver's decision

DISCHARGE PLAN:

- Discharge instructions to caregiver:
    - Send home with prescription anti-nausea medication and HIV medications
    - Search Care Notes for "Sexual Assault Discharge Care." Carefully review and make sure the information is accurate and specific for this patient. Include any instructions on pain control & symptom management
    - If applicable, provide information on HIV & HBV prophylaxis medications. Search Care Notes "Post-exposure Prophylaxis" **AND** if taking HIV NPeP, search Smart Phrase for "CGNPEPRX" (411258). Emphasize importance of starting medication after discharge without missing doses. Carefully review and make sure the information is accurate and specific for this patient
    - If applicable, provide information on emergency contraception (EC) medication. Search Care Notes for "Emergency Contraception, Ambulatory Care (General Information)" including safe sex precautions to prevent pregnancy and STIs. Carefully review and make sure the information is accurate and specific for this patient
    - If applicable, provide information on metronidazole including side effects of medication and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this patient
    - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If patient is over 16 and sexually active, refer instead to adolescent medicine clinic.
    - For SSM CGCH patients: If patient has been placed on HIV prophylaxis, inform caregiver that SAM clinic will contact caregiver weekly to assure medication compliance
    - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
    - If patient received initial doses of HBV and/or HPV vaccines in ED, instruct caregiver to follow-up with PMD in one-two months and six months for series completion

    - Instruct caregiver that patient will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C performed over the next several months. For SSM CGCH patients: This can be arranged with the appropriate referral source or patient's PMD
- Discharge referrals:
    - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching patient's chart and any specific instructions.
    - **<u>If injury or infection was diagnosed or suspected</u>, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
    - Social Services if patient requires assistance with obtaining HIV medications due to cost or formulation
    - PMD for follow-up immunizations
- Forms completed for this visit:
    - MO SAFECARE exam form
    - Sexual Assault Evidence Collection kit physical exam form
    - Consent for HBV if indicated
    - Consent for HIV testing if indicated
    - Consent for HIV prophylaxis if indicated
    - Consent for pregnancy prophylaxis if indicated
    - Discharge instructions
    - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Subacute Assault (72 hours-2 weeks)
CHILD AGE:
Postpubertal Child (Genital Tanner Score 3, 4, 5)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Service will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- **If female patient is sexually active with a history of prior pelvic examinations and able to tolerate a speculum exam, consider pelvic exam with speculum to obtain endocervical swabs for DNA up to 7 days after assault**

LABORATORY TESTING: (may vary for non-SSM organizations):

- STI testing may not be reflective of infection occurring during the assault
- Female:
    - Urine HCG (LAB07904)
    - Obtain sexual activity history & previous STI hx. If sexually active & symptomatic, consider testing ***only as indicated by history & symptoms*** for:
        - Vaginal discharge noted on examination, order:
            - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
            - Trichomonas vaginalis amplified probe (10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
        - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
        - Oral signs/symptoms noted on examination, order:
            - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
        - Anal signs/symptoms noted on examination, order:
            - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
            - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
            - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
- Male:
    - Obtain sexual activity history & previous STI hx. If sexually active & symptomatic, consider testing ***only as indicated by history & symptoms*** for:

- Penile discharge noted on examination, order:
  - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
  - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
- If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
- Oral signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
- Anal signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
  - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
  - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population

TREATMENT PLAN & MEDICATION ORDERS: (See Appendix A for dosing schedules)

- Confirm negative HCG in female before ordering meds
- STI Treatment Options:
  - If patient is symptomatic for STI at time of ED visit, treat empirically for gonorrhea, chlamydia and trichomonas.
  - If patient is asymptomatic during ED examination:
    - they must return two weeks after assault to SAM clinic or PMD/GYN for repeat examination and STI testing for gonorrhea, chlamydia and trichomonas. Studies suggest less than 50% of acute sexual assault victims follow up on testing recommendations
      OR
    - if there are concerns the patient may not return for a two week follow-up visit or patient expresses concern that he/she may have an STI from a prior consensual encounter consider empiric treatment for gonorrhea, chlamydia and trichomonas during the ED visit. Discuss with the patient and allow them to make the decision emphasizing need for follow-up should they decline treatment
- Pregnancy prevention for females:
  - Obtain written consent for Ella (ulipristal) pregnancy prophylaxis administered up to five days after assault
- Treat symptomatically for:
  - Herpes
  - Candida
- Nausea prophylaxis if empirically treating and negative pregnancy test

DISCHARGE PLAN:

- If indicated, send home with prescription for anti-nausea medication

- Search Care Notes for “Child Maltreatment Sexual Abuse (General Information).” Carefully review and make sure the information is accurate and specific for this patient. Include any instructions on pain control & symptom management
- If applicable, provide information on metronidazole, including side effects of medication and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this patient
- Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If patient is over 16 and sexually active, refer instead to adolescent medicine clinic
- Instruct caregiver that patient will need follow up blood testing for HV and/or syphilis, Hepatitis B, Hepatitis C performed in over the next several months. For SSM CGCH patients: This can be arranged with the appropriate referral source or patient’s PMD
- For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
- Discharge referrals:
    - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching patient’s chart and any specific instructions.
    - **<u>If injury or infection was diagnosed or suspected</u>, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
- Forms completed for this visit:
    - MO SAFECARE exam form if indicated
    - Discharge instructions
    - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Non-Acute Assault (over two weeks)
CHILD AGE:
Postpubertal Child (Genital Tanner Score 3, 4, 5)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Service will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- Female exam may include pelvic speculum exam if patient is sexually active and able to tolerate the examination

LABORATORY TESTING: (may vary for non-SSM organizations)

- Female:
  - Urine HCG (LAB07904)
  - Obtain sexual activity history & previous STI hx. Based on type of assault and/or clinical exam:
    - Penile to vaginal contact, order:
      - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
      - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
      - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
    - Genital to oral/oral to genital contact, order:
      - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
    - Penile to anal contact, order:
      - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
      - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
      - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
    - If last assault was over six weeks ago, obtain serology for:
      - Hepatitis B panel (LAB01077)

- Hepatitis C antibody (LAB01066)
- HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228), obtain consent
- RPR (LAB07050)

- Male:
  - Obtain sexual activity history & previous STI hx. Based on type of assault and/or clinical exam:
    - Genital/oral to penile contact, order:
      - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
      - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
      - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
    - Genital to oral contact, order:
      - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
    - Penile to anal contact, order:
      - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
      - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
      - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
    - If last assault was over six weeks ago, obtain serology for:
      - Hepatitis B panel (LAB01077)
      - Hepatitis C antibody (LAB01066)
      - HIV-1 HIV-2 Antibody & HIV P24 AG panel, obtain consent (LAB07228)
      - RPR (LAB07050)

TREATMENT PLAN & MEDICATION ORDERS (See Appendix A for dosing schedules):

- Confirm negative HCG in female before ordering meds
- STI treatment only if symptomatic. Administer after testing is complete. As per CDC recommendations, treat with ceftriaxone, azithromycin and metronidazole for:
  - Chlamydia
  - Gonorrhea
  - Trichomonas
- Symptomatic treatment as indicated for:
  - Herpes
  - Candida
- Nausea prophylaxis if indicated

DISCHARGE PLAN:

- Send home with prescription anti-nausea medication if indicated
- Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)." Carefully review and make sure the information is accurate and specific for this patient. Include any instructions on pain control & symptom management
- If applicable, provide information on metronidazole including side effects of medication and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this patient
- Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If patient is over 16 and sexually active, refer instead to adolescent medicine clinic.
- Instruct caregiver that patient will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C. For SSM CGCH patients: This can be arranged with the appropriate referral source or patient's PMD
- Discharge referrals:
    - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching patient's chart and any specific instructions.
    - **If injury or infection was diagnosed or suspected, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
    - Social Services if patient requires assistance with obtaining HIV medications due to cost or formulation
    - PMD for follow-up immunizations
- Forms completed for this visit:
    - MO SAFECARE exam form
    - Consent for HIV testing if indicated
    - Discharge instructions
    - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ASSAULT:
Ongoing abuse (multiple contacts and time frames)
CHILD AGE:
Postpubertal Child (Genital Tanner Score 3, 4, 5)
CONTACT HISTORY OR DISCLOSURE:
Genital contact (eg., penile to vaginal, oral, or anal area); mucous membrane contact with ejaculate

Management of children and adolescents who are victims of ongoing sexual abuse is often difficult. Medical decision making must take into account when the last assault took place as well as the length of time the abuse the abuse has occurred.

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Services will complete SAFECARE exam form if last sexual contact was less than 72 hours ago. If over 72 hours since last sexual contact, Social Services will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations (See Appendix D for guidelines)
- If the most recent abuse occurred within 72 hours, perform a Sexual Assault Evidence Collection kit (See Appendix C for evidence collection guidelines) assuring correct swabs for genital contact, oral contact or anal contact as well as any area of licking, kissing or ejaculation.
- **If female patient is sexually active with a history of prior pelvic examinations and able to tolerate a speculum exam, consider pelvic exam with speculum to obtain endocervical swabs for DNA up to 7 days after assault**
- If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
    - Perpetrator known HIV positive
      OR
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
      OR
    - Perpetrator unknown but assault included receptive penile to anal contact
      OR
    - Multiple perpetrators
      OR
    - Exposure of vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk or any body fluid that is visibly contaminated with blood
      AND
    - Patient agrees to take all medications for 28 days
      AND
    - Patient does not have history of allergy to any of the medications
      AND
    - Patient is HIV negative per history.
- NPEP should be initiated without waiting for the results of the HIV test. Refusal to undergo baseline testing should not preclude NPEP initiation
- If you anticipate NPEP is indicated and the CGCH ACC Pharmacy is open, contact them immediately. They will process the discharge order and have the medications available for the patient upon discharge. Hours are Monday-Friday 8:30 am to 4:30 pm

LABORATORY TESTING: (may vary for non-SSM organizations)

- Order baseline for HIV prophylaxis only:
  - CBC (LAB02020)
  - CMP (LAB01669)
  - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228), obtain consent
- Female:
  - Urine HCG (LAB07904)
  - During medical interview, obtain sexual activity history, previous STI hx., and date/time of last consensual sexual activity. This information is important if a Sexual Assault Evidence Collection kit will be obtained or if STI testing is being considered. If the patient is sexually active, presents within 72 hours and is concerned they have an STI because of prior symptoms, his/her symptoms may reflect an STI acquired prior to the assault. Discuss testing with the patient and explain they will be treated regardless of testing to prevent or treat infection. Allow patient to make testing decision. If they elect testing, consider the following:
    - Vaginal discharge noted on examination, order:
      - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
      - Trichomonas vaginalis amplified probe (SAM10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
    - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
    - Oral signs/symptoms noted on examination, order:
      - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
    - Anal signs/symptoms noted on examination, order:
      - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
      - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
      - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
- Male:
  - During medical interview, obtain sexual activity history, previous STI hx., and date/time of last consensual sexual activity. This information is important if a Sexual Assault Evidence Collection kit will be obtained or if STI testing is being considered. If the patient is sexually active, presents within 72 hours and is concerned they have an STI because of prior symptoms, his/her symptoms may reflect an STI acquired prior to the assault. Discuss testing with the patient and explain they will be treated regardless of testing to prevent or treat infection. Allow patient to make testing decision. If they elect testing, consider the following:
    - Penile discharge noted on examination, order:

- Chlamydia + GC amplified probe SAM (LAB0073) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
- Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable

- If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
- Oral signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
- Anal signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
  - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
  - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population
- If last sexual contact was over six weeks ago, obtain serology for:
  - Hepatitis B panel (LAB01077)
  - Hepatitis C antibody (LAB01066)
  - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228)
  - RPR (LAB07050)

TREATMENT PLAN & MEDICATION ORDERS: (See Appendix A for dosing schedules)

- Confirm negative HCG in female before ordering meds
- If most recent assault occurred within 5 days and urine HCG is negative, offer pregnancy prevention for females:
  - Obtain written consent/declination for Ella (ulipristal) pregnancy prophylaxis
- The risk of acquiring an STI as a consequence of sexual assault is unknown, but many infections are preventable with prophylactic antibiotics. The Centers for Disease Control recommend all victims of sexual assault presenting to the Emergency Department within 72 hours should receive ceftriaxone, azithromycin and metronidazole to treat for:
  - Chlamydia
  - Gonorrhea
  - Trichomonas
- HIV NPEP if the assault meets criteria:
  - Discuss benefits and limitations of nPEP HIV prophylaxis medications. Document victim or family's consent or declination of medication
  - Obtain written consent for HIV testing
  - See **Appendix B** for medication dosing guidelines and additional considerations
  - Give first dose of medications in ED after administering ondansetron (Zofran)
  - Area pharmacies are improving their supply of stock NPEP medications but may not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:

- If patient presents to the ED on Monday-Friday 8:30 am to 4:30 pm, send a prescription for nPeP to CGCH ACC Pharmacy as soon as you know the patient will be sent home on nPeP. The pharmacy will prepare the prescriptions and deliver them to the ED for pt discharge. Otherwise:
    1. Write prescription for 28 day supply of medication. Assure correct administration formulation (liquid or pill form).
    2. Administer the first dose of nPEP while patient is in the ED
    3. Instruct the caregiver to call their preferred pharmacy before discharge to determine if they have the medication on hand (based on hours open). If their pharmacy is not open, does not have the medication on hand, or the family does not have a preferred pharmacy, provide them with the following pharmacy information:
        a. Schnucks Specialty Pharmacy 314 344 9201
            i. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
            ii. Open Monday-Friday 9:00 am to 5:30 pm
            iii. Family delivery services
            iv. Pediatric formulations
            v. Need insurance info
            vi. Can eprescribe
        b. Walgreens Specialty Pharmacy 314 251 2100
            i. 3920 Hampton Ave.
            ii. NE corner of Hampton & Chippewa
            iii. Pharmacy open 24 hours
            iv. Can eprescribe
        c. Walgreens Specialty Pharmacy 314 371 4286
            i. 4218 Lindell Blvd
            ii. Pharmacy open 24 hours
            iii. Can eprescribe
    4. Patient's local pharmacy may only carry small supply. Parents should take prescription **immediately** to pharmacy of choice. It may take the pharmacy several hours to locate sufficient quantity of medication.
- Document informed consent discussion and caregiver's decision
- If most recent assault occurred within two weeks and patient has no or unknown history of Hepatitis B immunization :
    - Provide VIS
    - Obtain consent from caregiver

DISCHARGE PLAN:

- Discharge instructions to caregiver:
    - Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)." Carefully review and make sure the information is accurate and specific for this patient. Include any instructions on pain control & symptom management
    - If applicable, provide information on HIV & HBV prophylaxis medications. Search Care Notes "Post-exposure Prophylaxis" **AND** if taking HIV NPeP, search Smart Phrase for "CGNPEPRX" (411258). Emphasize importance of starting medication after discharge without missing doses. Carefully review and make sure the information is accurate and specific for this patient
    - If applicable, provide information on emergency contraception (EC) medication. Search "Emergency Contraception, Ambulatory Care (General Information) in Care Notes instructions on EC, including safe sex precautions to prevent pregnancy and STIs. Carefully review and make sure the information is accurate and specific for this patient

  - If applicable, provide information on metronidazole including side effects of medication and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this patient
  - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If patient is over 16 and sexually active, refer instead to adolescent medicine clinic.
  - For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
  - For SSM CGCH patients: If patient has been placed on HIV prophylaxis, inform caregiver that SAM clinic will contact caregiver weekly to assure medication compliance
  - If patient received initial doses of HBV and/or HPV vaccines in ED, instruct caregiver to follow-up with PMD in one-two months and six months for series completion
  - Instruct caregiver that patient will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C over the next several months. For SSM CGCH patients: This can be arranged with the appropriate referral source or patient's PMD
- Discharge referrals:
  - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching patient's chart and any specific instructions.
  - **<u>If injury or infection was diagnosed or suspected</u>, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
  - Social Services if patient requires assistance with obtaining HIV medications due to cost or formulation
  - PMD for follow-up immunizations
- Forms completed for this visit:
  - MO SAFECARE exam form if applicable
  - Sexual Assault Evidence Collection kit physical exam form if applicable
  - Consent for HBV if indicated
  - Consent for HIV testing if applicable
  - Consent for HIV prophylaxis if applicable
  - Consent for pregnancy prophylaxis if applicable
  - Discharge instructions
  - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

TYPE OF ABUSE:
Parental or child concerns without history or disclosure
CHILD AGE:
Postpubertal child (Genital Tanner Score 3, 4, 5)
CONTACT HISTORY OR DISCLOSURE:
Concerns due to behaviors, symptoms (eg., discharge, unexplained injury, mental status changes), or high risk environment without child disclosure or knowledge of event

INITIAL STEPS:

- Medically stabilize and immediately address any urgent/emergent issues (pain, bleeding, etc.)
- Review Social Service consult. Social Services will complete SAFECARE exam form only if SAFECARE provider is performing examination
- ED attending or resident will perform examination
- Photo document all examinations. (See Appendix D for guidelines)
- If patient presents with concerns that a sexual assault might have occurred but is unsure, consider Drug Facilitated Sexual Assault (DFSA). If patient believes the assault might have occurred within 72 hours:
  - Perform a Sexual Assault Evidence Collection kit (See Appendix C for evidence collection guidelines) assuring correct swabs for genital contact, oral contact or anal contact as well as any areas of licking, kissing or ejaculation.
  - **If female patient is sexually active with a history of prior pelvic examinations and able to tolerate a speculum exam, consider pelvic exam with speculum to obtain endocervical swabs for DNA up to 7 days after assault**
  - Perform DFSA &/or ETOH evidence collection kit for **evidentiary** purposes. (See Appendix E for guidelines)
  - If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
    - Perpetrator known HIV positive
      OR
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
      OR
    - Perpetrator unknown but assault included receptive penile to anal contact
      OR
    - Multiple perpetrators
      OR
    - Exposure of vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk or any body fluid that is visibly contaminated with blood
      AND
    - Patient agrees to take all medications for 28 days
      AND
    - Patient does not have history of allergy to any of the medications
      AND
    - Patient is HIV negative per history. NPEP should be initiated without waiting for the results of the HIV test. Refusal to undergo baseline testing should not preclude NPEP initiation

LABORATORY TESTING: (may vary for non-SSM organizations)

- Lab orders (order sets may vary for non-SSM organizations):
- If patient is symptomatic (nausea, vomiting, headache, mental status changes, obtunded) order toxicology testing for **treatmen**t purposes as follows:
    - Urine comprehensive drug screen (drug screen tox urine panel) (LAB01638) on first available urine. This is a comprehensive screen and takes approx. 24 hours to result out. In addition, if limited drug panel is indicated for more immediate results **ALSO** order UDS (LAB01632)
- Blood ETOH (LAB01215), assure skin prep is betadine only and no alcohol base
- Order baseline for HIV prophylaxis only:
    - CBC (LAB02029)
    - CMP (LAB01669)
    - HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228), obtain consent
- Female:
    - POC Urine HCG (LAB07924)
    - During medical interview, obtain sexual activity history, previous STI hx., and date/time of last consensual sexual activity. This information is important if a Sexual Assault Evidence Collection kit will be obtained or if STI testing is being considered. If the patient is sexually active, presents within 72 hours and is concerned they have an STI because of prior symptoms, his/her symptoms may reflect an STI acquired prior to the assault. Discuss testing with the patient and explain they will be treated regardless of testing to prevent or treat infection. Allow patient to make testing decision. If they elect testing, consider the following:
        - Vaginal discharge noted on examination, order:
            - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or vagina). Urine uses two yellow Aptima® NAAT kits. If source is vaginal, specimen may be obtained from discharge or introitus but must use 2 orange or 2 white Aptima® NAAT swab kits
            - Trichomonas vaginalis amplified probe (LAB10667) (source vagina). Specimen may be obtained from introitus or vagina with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
        - If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
        - Oral signs/symptoms noted on examination, order:
            - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
        - Anal signs/symptoms noted on examination, order:
            - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
            - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
            - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population

- Male:
    - During medical interview, obtain sexual activity history, previous STI hx., and date/time of last consensual sexual activity. This information is important if a Sexual Assault Evidence Collection kit will be obtained or if STI testing is being considered. If the patient

is sexually active, presents within 72 hours and is concerned they have an STI because of prior symptoms, his/her symptoms may reflect an STI acquired prior to the assault. Discuss testing with the patient and explain they will be treated regardless of testing to prevent or treat infection. Allow patient to make testing decision. If they elect testing, consider the following:

- Penile discharge noted on examination, order:
  - Chlamydia + GC amplified probe SAM (LAB00735) (source unprepped/dirty urine or penis). Urine uses two yellow Aptima® NAAT kits. If source is penis, specimen may be obtained from discharge or interior meatus but must use 2 orange or 2 white Aptima® NAAT swab kits
  - Trichomonas vaginalis amplified probe (LAB10667) (source urethra). Specimen may be obtained from penile discharge or interior meatus with single orange or white Aptima® NAAT swab kit. Urine is not acceptable
- If genital lesions are noted on examination and herpes is suspected, order HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
- Oral signs/symptoms noted on examination, order:
  - Gonorrhea culture (ALB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source oral)
- Anal signs/symptoms noted on examination, order:
  - Gonorrhea culture (LAB04037) using dark green top mini-tip culture swab (JEMBEC® plate) (source rectal)
  - Chlamydia culture (LAB07337) using dark green top mini-tip culture swab (red top viral media) (source rectal)
  - Chlamydia + GC amplified probe (LAB00735) is ***NOT*** approved for rectal specimens in this population

TREATMENT PLAN & MEDICATION ORDERS: (See Appendix A for dosing schedules)

- Confirm negative HCG in female before ordering meds
- Pregnancy prevention for females
  - Obtain written consent for Ella (ulipristal) pregnancy prophylaxis up to 5 days after assault
- HIV NPEP if assault meets criteria:
  - Obtain written consent for HIV prophylaxis
  - Obtain written consent for HIV testing
  - See **Appendix B** for medication dosing guidelines and additional considerations
  - Give first dose of medications in ED after administering ondansetron (Zofran)
  - Area pharmacies are improving their supply of stock NPEP medications but may not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - If patient presents to the ED on Monday-Friday 8:30 am to 4:30 pm, send a prescription for nPeP to CGCH ACC Pharmacy as soon as you know the patient will be sent home on nPeP. The pharmacy will prepare the prescriptions and deliver them to the ED for pt discharge. Otherwise:
      1. Write prescription for 28 day supply of medication. Assure correct administration formulation (liquid or pill form).
      2. Administer the first dose of nPEP while patient is in the ED

3. Instruct the caregiver to call their preferred pharmacy before discharge to determine if they have the medication on hand (based on hours open). If their pharmacy is not open, does not have the medication on hand, or the family does not have a preferred pharmacy, provide them with the following pharmacy information:
    a. Schnucks Specialty Pharmacy 314 344 9201
        i. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
        ii. Open Monday-Friday 9:00 am to 5:30 pm
        iii. Family delivery services
        iv. Pediatric formulations
        v. Need insurance info
        vi. Can eprescribe
    b. Walgreens Specialty Pharmacy 314 251 2100
        i. 3920 Hampton Ave.
        ii. NE corner of Hampton & Chippewa
        iii. Pharmacy open 24 hours
        iv. Can eprescribe
    c. Walgreens Specialty Pharmacy 314 371 4286
        i. 4218 Lindell Blvd
        ii. Pharmacy open 24 hours
        iii. Can eprescribe

- Patient's local pharmacy may only carry small supply. Parents should take prescription **immediately** to pharmacy of choice. It may take the pharmacy several hours to locate sufficient quantity of medication.

- Document informed consent discussion and caregiver's decision
- The risk of acquiring an STI as a consequence of sexual assault is unknown but many infections are preventable with prophylactic antibiotics. The Centers for Disease Control recommend all victims of sexual assault presenting to the Emergency Department within 72 hours of last assault should receive ceftriaxone, azithromycin and metronidazole to treat for:
    - Chlamydia
    - Gonorrhea
    - Trichomonas
- Symptomatic treatment for:
    - Herpes
    - Candida
- Nausea prophylaxis with negative pregnancy test
- Hepatitis B PEP if no history of immunization or unknown history:
    - Provide VIS
    - Obtain consent from caregiver

DISCHARGE PLAN:

- Discharge instructions to caregiver:
    - Send home with prescription anti-nausea medication and HIV medications if applicable
    - Search Care Notes for "Child Maltreatment Sexual Abuse (General Information)" **OR** "Sexual Assault Discharge Care." Carefully review and make sure the information is accurate and specific for this patient. Include any instructions on pain control & symptom management
    - There is currently no Care Note for Drug Facilitated Sexual Assault. Emphasize the online resources provided in "Sexual Assault Discharge Care" to help caregiver obtain more information

- If applicable, provide information on HIV & HBV prophylaxis medications. Search Care Notes "Post-exposure Prophylaxis" **AND** if taking HIV NPeP, search Smart Phrase for "CGNPEPRX" (411258). Emphasize importance of starting medication after discharge without missing doses. Carefully review and make sure the information is accurate and specific for this patient
- If applicable, provide information on emergency contraception (EC) medication. Search Care Notes for "Emergency Contraception, Ambulatory Care (General Information)," including safe sex precautions to prevent pregnancy and STIs. Carefully review and make sure the information is accurate and specific for this patient
- If applicable, provide information on metronidazole including side effects of medication and stress avoiding alcohol for at least three days after administration.
- Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If patient is over 16 and sexually active, refer instead to adolescent medicine clinic.
- For SSM CGCH patients: If patient has been placed on HIV prophylaxis, inform caregiver that SAM clinic will contact caregiver weekly to assure medication compliance
- If patient received initial doses of HBV and/or HPV vaccines in ED, instruct caregiver to follow-up with PMD in one-two months and six months for series completion
- Instruct caregiver that patient will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C over the next several months. For SSM CGCH patients: This can be arranged with the appropriate referral source or patient's PMD

- Discharge referrals:
  - For all SAM patients inform SAM clinic. EPIC message Throne, Deborah attaching patient's chart and any specific instructions.
  - **If injury or infection was diagnosed or suspected, notify the SAM clinic immediately. During business hours, call to speak w/staff member at x5347 (ASCOM 633-7337, pager 314 908 0724). After hours, call SAM clinic voice mail line x5347 & leave a message regarding nature of concerns.**
  - Social Services if patient requires assistance with obtaining HIV medications due to cost or formulation
  - PMD for follow-up immunizations
- Forms completed for this visit:
  - MO SAFECARE exam form if applicable
  - Sexual Assault Evidence Collection kit physical exam form if applicable
  - Consent for HBV if applicable
  - Consent for HIV testing if applicable
  - Consent for HIV prophylaxis if applicable
  - Consent for pregnancy prophylaxis if applicable
  - Discharge instructions
  - EPIC documentation

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

APPENDIX A:

MEDICATION DOSING SCHEDULE

ANTI-NAUSEA:

- Ondansetron (Zofran) 4mg po 30 minutes prior to additional medications (**contraindicated in pregnancy**)
- Discharge with prescription for an additional dose of ondansetron (Zofran)

BV (BACTERIAL VAGINOSIS):

- Metronidazole (Flagyl) 500mg po BID x 7 days

CANDIDASIS:

- Fluconazole (Diflucan) 150mg po x1 or 4mg/kg x1 and repeat in one week (40mg/ml dose)

CHLAMYDIA:

- Less than 45kg:
  - Erythromycin 50mg/kg/day po divided into four doses/day for 14 days (MO Medicaid may not pay for erythromycin, ask social services to check preferred pharmacy before discharge). **If not covered or erythromycin allergy:**
    - Azithromycin 20mg/kg up to max 1Gm po x1
- Greater than 45kg & less than 8 years of age:
  - Azithromycin (Zithromax) 1 Gram po x1 in ED
- Over 8 years of age:
  - Azithromycin (Zithromax) 1 Gram po x1 in ED
  - **–OR-**
  - Doxycycline 100mg BID po for 7 days (contraindicated in pregnancy)

GONORRHEA:

- Children:
  - Uncomplicated vulvovaginitis, cervicitis, urethritis, pharyngitis or proctitis
    - Less than 45 kg Ceftriaxone 25-50 mg/kg to max 125mg IM
    - Greater than 45 kg Ceftriaxone 250mg IM
  - Dual therapy is not recommended in children per CDC recommendations. It is recommended children should be tested for other STIs
- Adolescents:
  - Uncomplicated gonococcal infection of cervix, urethra, rectum or pharynx
    - Ceftriaxone 250mg IM AND azithromycin 1 Gram po
  - **For known cephalosporin allergy or previous penicillin anaphylaxis**:
    - No ceftriaxone
    - Azithromycin 2G which covers gonorrhea and chlamydia **-AND-** Gentamycin 5mg/kg (max 240mg) IM only single dose
    - Instruct patient: No sexual contact for seven days & notify partners
    - No need to test for cure unless symptoms persist or alternate treatment regimen is used
    - Routine testing in 3 months is recommended for all sexually active patients

HERPES INITIAL OUTBREAK:

- Acyclovir (Zovirax) 400mg po TID x 7-10 days
  Or
- Valacyclovir (Valtrex) 1G po BID x 7-10 days

HEPATITIS B WITH NO/UNKNOWN HISTORY OF IMMUNIZATION (VIS and consent):

- HBIG 0.06ml/kg IM x1 only if assailant is known positive Hepatitis B and child is unvaccinated
- Initial dose Hepatitis B vaccine per formulary availability if vaccine history is unknown

HIV (consent or declination form):

- See Appendix B for dosing schedule

PREGNANCY PREVENTION (consent form):

- Ella (ulipristal), 30mg po 1x in ED 30 minutes after administering anti-nausea medication. May administer 5 days post-assault

TRICHOMONAS:

- Tanner 1 or 2:
  - Metronidazole 15mg/kg/day po dividied into three doses/day for 7 days
- Tanner 3,4, or 5:
  - Metronidazole (Flagyl) 2 Gram po x1 in ED
  - **–OR-**
  - Tinizadole (Tindamax) 2 Gram po x1 in ED
  - **–OR IF ALCOHOL INGESTION IS SUSPECTED-**
  - Send home with prescription for metronidazole or tinizadole

POST PUBERTAL PROPHYLACTIC/EMPIRIC TREATMENT GUIDE:

If not pregnant order:

- Ondansetron 4mg po

30 minutes later, and no allergies or contraindications, administer:

- Ceftriaxone 250 mg IM
  AND
- Azithromycin 1 Gram po
  AND
- Metronidazole 2 Gram po

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

APPENDIX B:

HIV NON-OCCUPATIONAL POST EXPOSURE PROPHYLAXIS (NPEP) AFTER SEXUAL ASSAULT

POINTS TO REMEMBER:

- Transmission of HIV during sexual assault is rare but possible. In many cases, the alleged perpetrator HIV status is unknown and prophylaxis is the only option available to the victim.
- NPEP efficacy is unknown. Current theory recommends beginning NPEP within the first 24 hours for best efficacy. Efficacy is thought to diminish significantly if started more than 72 hours after exposure. The first dose should be administered in the ED to meet this recommendation.
- If you anticipate NPEP is indicated and the CGCH ACC Pharmacy is open, contact them immediately. They will process the discharge order and have the medications available for the patient upon discharge. Hours are Monday-Friday 8:30 am to 4:30 pm

INCLUSION CRITERIA:

- NPEP medication risks should be explained when speaking to the parent or patient about risks/benefits of NPEP. The medication risks include nausea, vomiting, abdominal discomfort, and elevated liver enzymes. To minimize the risks associated with the medication, offer NPEP to victims meeting the following criteria:
    - Perpetrator known HIV positive
      OR
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
      OR
    - Perpetrator unknown but assault included receptive penile to anal contact
      OR
    - Multiple perpetrators
      OR
    - Exposure of vagina, rectum, eye, mouth or other mucous membrane, non-intact skin or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk or any body fluid that is visibly contaminated with blood
      AND
    - Patient agrees to take all medications for 28 days
      AND
    - Patient does not have history of allergy to any of the medications
      AND
    - Patient is HIV negative per history. NPEP should be initiated without waiting for the results of the HIV test. Refusal to undergo baseline testing should not preclude NPEP initiation

CONSENTS:

- Obtain written consent/declination for HIV prophylaxis after explaining risks/benefits
- Obtain written consent for HIV testing

LABORATORY TESTING: **(may vary for non-SSM organizations)**

- Baseline CBC (LAB02029)

- Baseline CMP (LAB01669)
- HIV-1 HIV-2 Antibody & HIV P24 AG panel (LAB07228)
- Urine HCG (LAB07904)
- (post discharge labs will be ordered and monitored by Child Protection Department)

MEDICATION ORDERS:

- First dose administered in ED with ondansetron (Zofran) before discharge
- Three dose regimen is recommended to limit emergence of resistance
- Dosing:
  - Adults and adolescents age 12 and over:
    - Truvada (combination tenofovir DF 300mg/emtricitaine 200mg) po daily (supplied as combination tablet)

    AND
    - Isentress (raltegravir) 400mg po BID (supplied as tablet)
  - Adults and adolescents age 12 and over with elevated creatinine for age:
    - Please check GFR based on the Schwartz formula (GFR (mL/min/1.73 m^2) = (0.41 × Height in cm)/Creatinine in mg/dL) & discuss with nephrology before starting NPEP
    - AZT (zidovudine) & 3tc/Epivir (lamivudine) po with doses adjusted to degree of renal function (supplied as component separate liquids)

    AND
    - Isentress (raltegravir) 400mg po BID (supplied as tablet)
  - Children age 4 weeks-11yrs:
    - If child's creatinine is elevated for age, consult nephrology before starting NPEP
    - AZT (zidovudine) (supplied as 10mg/ml oral solution)

Weight	Dose
4 to <9 kg	12 mg/kg po BID
9 to <30 kg	9 mg/kg po BID
≥ 30 kg	300 mg po BID

    AND
    - 3tc/Epivir (lamivudine) 4mg/kg po BID max 300mg/day (supplied as 10mg/ml oral solution)

    AND
    - Isentress (raltegravir) po (supplied as 100mg oral suspension packets). Raltegravir suspension administration instructions: mix entire 100mg powder packet w/5ml water. Concentration is 20mg/ml solution. Withdraw correct volume for dose and administer within 30 minutes of preparation
    - Dosing for raltegravir oral suspension packets (100mg packet).

Weight	**Dose**
3 to <4 kg	20 mg (1 mL) BID
4 to <6 kg	30 mg (1.5 mL) BID
6 to <8 kg	40 mg (2 mL) BID
8 to <11 kg	60 mg (3 mL) BID
11 to <14 kg	80 mg (4 mL) BID
14 to <20 kg	100 mg (5 mL) BID

    - Dosing for raltegravir chewable tablets (100ng tablet)

Weight	**Dose**
14 to <20 kg	100 mg (1 tab) BID
20 to <28 kg	150 mg (1.5 tabs) BID
28 to <40 kg	200 mg (2 tabs) BID
≥ 40 kg	300 mg (3 tabs) BID

IMPORTANT MEDICATION CONSIDERATIONS:

- Area pharmacies are improving their supply of stock NPEP medications but may not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - If patient presents to the ED on Monday-Friday 8:30 am to 4:30 pm, send a prescription for nPeP to CGCH ACC Pharmacy as soon as you know the patient will be sent home on nPeP. The pharmacy will prepare the prescriptions and deliver them to the ED for pt discharge. Otherwise:
        - Write prescription for 28 day supply of medication. Assure correct administration formulation (liquid or pill form).
        - Administer the first dose of nPEP while patient is in the ED
        - Instruct the caregiver to call their preferred pharmacy before discharge to determine if they have the medication on hand (based on hours open). If their pharmacy is not open, does not have the medication on hand, or the family does not have a preferred pharmacy, provide them with the following pharmacy information:
            - Schnucks Specialty Pharmacy 314 344 9201
                - 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
                - Open Monday-Friday 9:00 am to 5:30 pm
                - Family delivery services
                - Pediatric formulations
                - Need insurance info
                - Can eprescribe
            - Walgreens Specialty Pharmacy 314 251 2100
                - 3920 Hampton Ave.
                - NE corner of Hampton & Chippewa
                - Pharmacy open 24 hours
                - Can eprescribe
            - Walgreens Specialty Pharmacy 314 371 4286
                - 4218 Lindell Blvd
                - Pharmacy open 24 hours
                - Can eprescribe
- Patient's local pharmacy may only carry small supply. Parents should take prescription **immediately** to pharmacy of choice. It may take the pharmacy several hours to locate sufficient quantity of medication.
- Remember to supply family with a prescription for 3-5 days of Zofran (ondansetron) with refills. If additional prescription is needed, advise them to speak with their physician or Child Protection when contacted for condition check
- Document explanation of risks, benefits and decision in EPIC
- Send EPIC message to Throne,Deborah (Child Protection RN) regarding starting NPEP. Child Protection monitors compliance and symptoms weekly and orders post treatment testing

DISCHARGE PLAN:

- Refer to the appropriate management guidelines for discharge plan

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

APPENDIX C:

FORENSIC EVIDENCE COLLECTION IN AN ACUTE ASSAULT

Several details factor into the decision to perform an evidence collection kit. These include but are not limited to: timing of assault/abuse; age & developmental level of the initiator/perpetrator vs. victim age & developmental level; sexual explorative play vs. aggression/power/control; presence/absence of victim injury; escalating aggression in initiator/perpetrator; law enforcement/Children's Division (CD) suggestion. For example: Current statue in MO requires a family assessment when the initiator is 14 yrs or younger. CD automatically involves law enforcement in all referrals. Law enforcement becomes involved in any case when the initiator/perpetrator is 11 yrs or older. An investigation might be conducted after the family assessment has occurred and may or may not proceed to prosecution in juvenile court. Since statutes vary in IL and MO, contact the Child Protection MD on call for guidance if concerns arise regarding the appropriateness of evidence collection in individual cases.

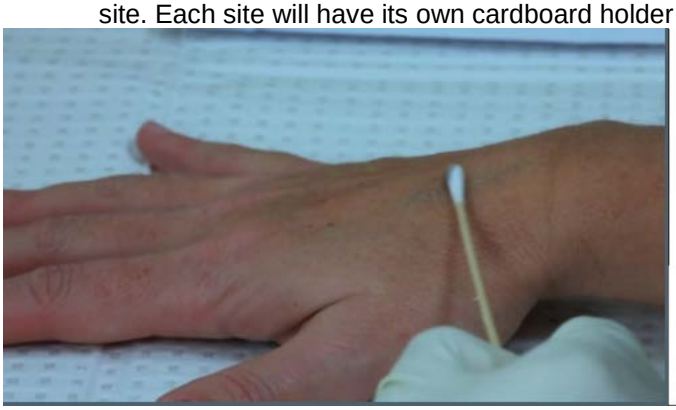
INITIAL STEPS:

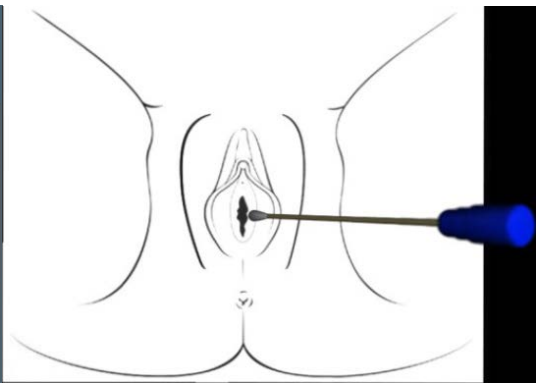
- Order all pertinent labs and medications before beginning examination if possible
- Review the Social Worker interview & Nursing Assessment to determine sources of evidence collection
- Assure all supplies and materials are available before beginning examination:
    - Camera with memory card and charged battery
    - Working light source
    - Sufficient swabs, sterile water, and kit supplies
    - Once evidence collection begins, open evidence must be kept in line of sight to maintain chain of custody. Nursing cannot leave the room to get additional supplies during exam
- Complete as much of the evidence collection kit's physician report as possible at this time
- When child arrives to the ED, ask if clothing they are wearing was worn at time of assault. The crime lab only wants clothing that might have been touched by the assailant or contaminated w/DNA secretions. Do not collect shoes or other articles of clothing unless there is an index of suspicion about DNA transfer. Nursing will remove and document clothing processed for evidence. Each article of clothing is collected, bagged separately in paper bags, and placed in a larger bag to contain all articles of clothing before sealing with evidence tape. Child should be in hospital gown at start of examination.
- Remember, evidence collection will be processed at the crime lab, not at Cardinal Glennon. If you note discharge or other concerns on examination and require laboratory testing, request appropriate testing materials for medical management

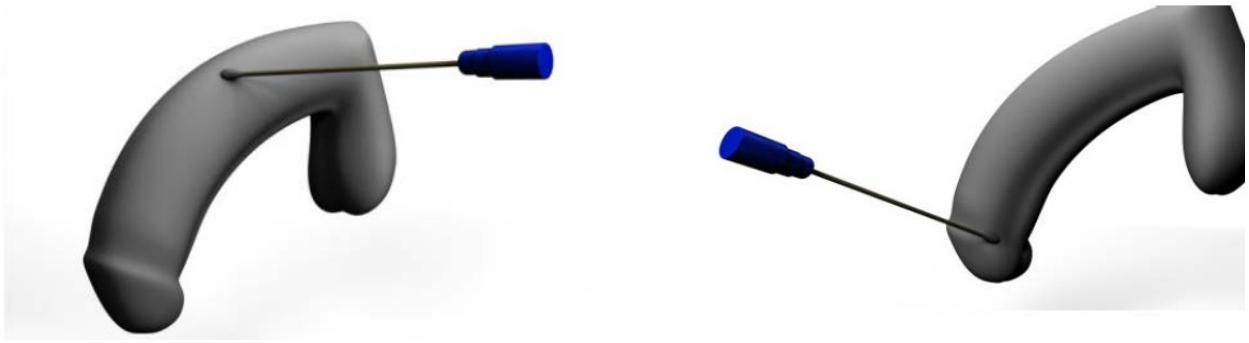
THE EXAMINATION & ADDITIONAL EVIDENCE COLLECTION:

- Begin with least invasive portion of examination. Inspect skin from head to toe noting any bites, abrasions, or other types of injury
- Photodocument all injuries noted (see Appendix D for additional guidelines)
- Ask if the child was licked, kissed or bitten. Victims often do not volunteer this information and need to be questioned. The Blue Max Light (ALS) can also aid detection of dried secretions which might yield DNA. The light is shone on the child's skin in a darkened room while viewing through the orange filter. Any fluorescent area should be swabbed.

- **Exterior skin surfaces**: Swab any area child identifies as being licked, kissed or bitten, labial, external vaginal vestibule, penile glans, penile shaft or areas of fluorscence. COLLECT TWO SWABS PER SITE. Moisten first swab with single drop of sterile water. Roll swab over surface using firm pressure (no scrubbing). Repeat procedure over same area using dry swab. Use sharpie to mark the wooden base of the moist swab. The DNA yield on the first swab is the greatest. Place in dryer. Once dry, the two swabs will be placed in a cardboard holder for that site. Each site will have its own cardboard holder

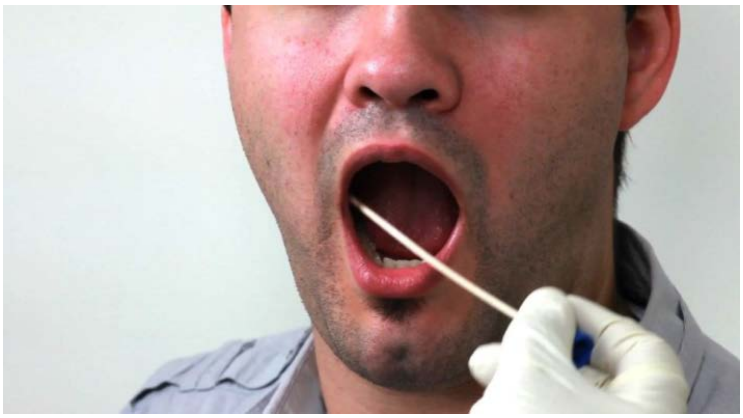




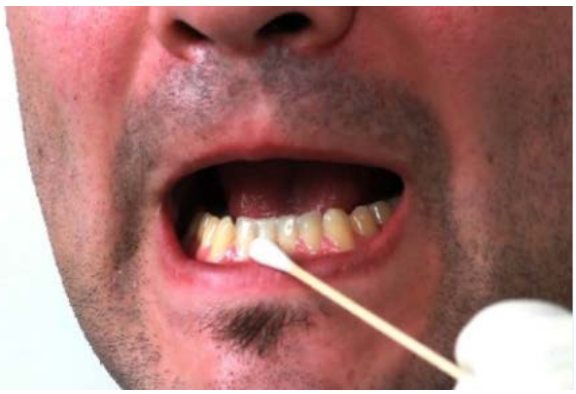


- **Oral Swabs**: THERE SHOULD ALWAYS BE FOUR ORAL SWABS COLLECTED. Obtain oral swab for reference standard if no genital to oral contact occurred. Collect four oral swabs for reference standard swabbing between the cheeks and the teeth. If genital to oral contact occurred, nursing may draw blood for reference standard or oral care may be provided before obtaining reference standard. Oral swabs for DNA retrieval should be obtained between the upper AND the lower lips AND gums AND under the tongue

Buccal swab for reference standard:

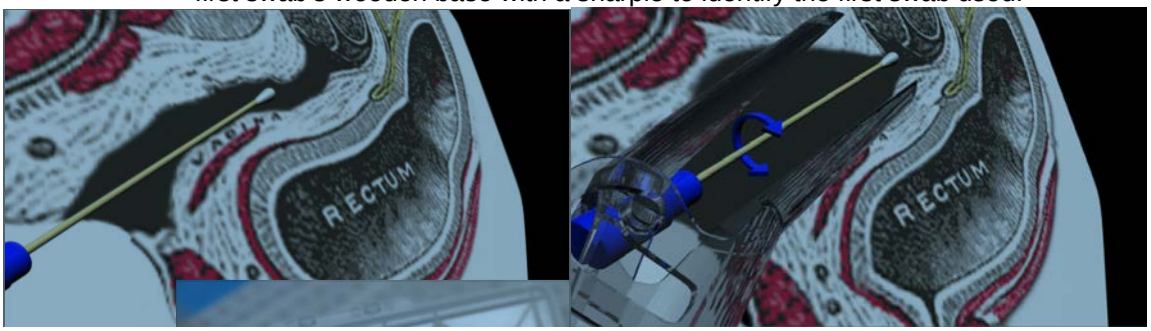


Oral swab for evidence collection:

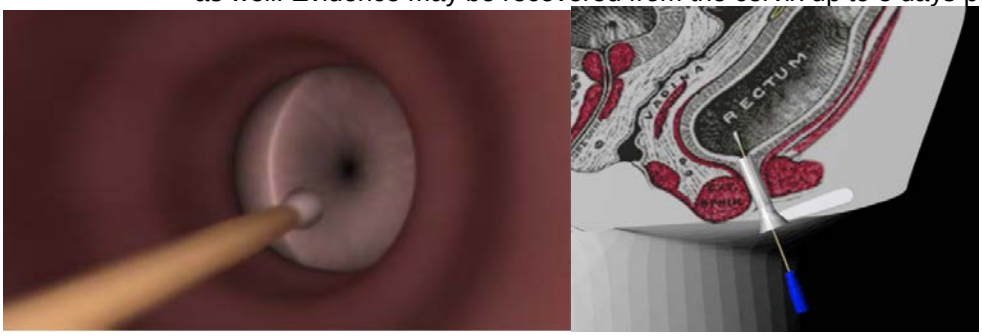



Proceed to genital examination

- **Interior (orifice) swabs**: COLLECT FOUR SWABS PER SITE if possible per crime lab's request (4 vaginal, 4 rectal). Current data suggests collecting from all sites regardless of current disclosure as pediatric disclosures are usually incomplete or delayed. Mark the first swab's wooden base with a sharpie to identify the first swab used.



- If performing a speculum exam, remember to swab the cervical os and under the cervix as well. Evidence may be recovered from the cervix up to 5 days post assault.



- Photodocument genital exam while maintaining labial traction in a female. Assistant may need to perform photography

- Perform any medical testing indicated in the course of the examination

AFTER THE EXAMINATION IS COMPLETE:

- **IMMEDIATELY** speak to your patient about what you did and any medical findings. Provide reassurance about their bodily integrity to the best of your ability. **DO NOT** refer to the evidence collection as a "rape kit." This terminology can be upsetting and degrading to the victim.
- Order any additional testing or treatment as a result of your observations during the examination
- Complete documentation and any discharge instructions

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

APPENDIX D:

PHOTO-DOCUMENTATION

OBTAIN EQUIPMENT:

- Digital camera with memory card and charged battery
- Patient label on index card (in SAM cart). Sign and print your name under the patient label affixed to the card
- Photomacrographic ruler (90 degree angle, 3in x 3 in, circles allow compensation for distortion that might occur in oblique photo angles) Do not use paper tape ruler in room
- Pen or marker

OBTAIN CONSENT:

- SAFE CARE consent form provides consent for photodocumentation of injuries & examination. When asking caregiver to sign form, remember to explain that photographs will be obtained
- Separate consent form for photography is not obtained

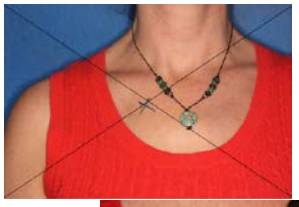
OBTAIN CLEAR PHOTOGRAPHS:

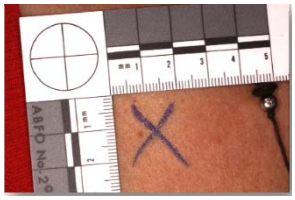
- Set camera to auto focus & portrait mode
- Assure the focal point (red dot in the viewfinder) is a single dot in the center of the viewfinder. The camera will focus on that spot. If multiple dots are in the viewfinder, change the setting to a single center dot to prevent loss of focus on the selected subject
- Proceed as follows:
    - First photo: signed index card with patient label
    - Second photo: Full length photo of child
    - Third photo: child's face
    - Subsequent non-genital photos:
        - Four photos of each injury preferred
            - Close up utilizing photomacrographic ruler
            - Close up without ruler
            - Midrange identifying area of injury (i.e., joints above & below included)
            - Long range photo
        - Continue until all non-genital injuries are documented
    - Genital photos:
        - Colposcopic photography is preferred. If unavailable, utilize digital camera. Assistant may need to take photos while correct labial traction is performed on females
        - Close up photos of genitalia with and without photomacrographic ruler are preferred. Mid & long range photos are not necessary
    - Last photo: signed index card with patient label
- Do NOT delete any blurry or poor quality photos
- On completion of exam, submit memory card to Social Services for secure server download

ADDITIONAL INFORMATION:

- Documentation:
    - EPIC documentation should include description of each injury and number of photos obtained

- Caregiver may ask about distribution of photographs.
    - All photographs are saved to a secure separate server with limited access. They are not part of the child's medical record
    - Non-genital photographs may be submitted to law enforcement for the purpose of investigation
    - Genital photographs are NOT submitted to investigators. They are reviewed by Child Protection/SAM providers and may be used as comparison during follow up examinations
- Example of "story book" photodocumentation:





SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

APPENDIX E:

DRUG-FACILITATED SEXUAL ASSAULT (DFSA)

POINTS TO REMEMBER:

- Drug facilitated sexual assault (DFSA) is a sexual assault carried out on a person after the person has become incapacitated due to the influence of drugs, including alcohol
- The most common drugs used to perpetrate sexual assault include:
  - Alcohol (ethanol) (38%)
  - Tetrahydrocannabinol (THC) (18%)
  - Benzodiazepines (8%)
    - Alprazolam
    - Clonazepam
    - Diazepam
    - Flunitrazepam (Rohypnol)
    - Lorazepam
    - Triazolam
  - *Gamma*-hydrozybutyrate (GHB) 4%
    - *Gamma*-butyrolactone (GBL)
    - Butanediol (BD)
  - Amphetamines:
    - Methamphetamine
    - MDMA
  - Cocaine
  - Muscle relaxants:
    - Carisoprodol
    - Cyclobenzaprine
    - Meprobamate
  - Antihistamines:
    - Diphenhydramine
  - Chloral hydrate
- Toxicology samples should be collected as soon as possible after DFSA is suspected due to the drug's short half-life
- Testing for DFSA is a two-pronged approach:
  - Blood & urine testing sent to CGCH laboratory or reference facility to diagnose & correctly treat the patient
  - Blood & urine testing sent to the crime lab for evidentiary purposes including chain of custody & expert witness testimony
- Victims may need to repeatedly hear that voluntary use of drugs and/or alcohol does not minimize the seriousness of the assault

INCLUSION CRITERIA:

- **Routine toxicology testing is not recommended**
- In any of the following situations, collecting urine and/or blood may be indicated:
  - If a patient's medical condition appears to warrant screening for optimal care (eg., memory loss, impaired motor skills, intoxication)
  - If a patient or accompanying person states the patient was or may have been drugged

- If the patient suspects drug involvement because of a lack of recollection of events

LABORATORY TESTING: (may vary for non-SSM organizations)

- Urine comprehensive drug screen (drug screen tox urine panel) (LAB01638) on first available urine. This is a comprehensive screen and takes approx. 24 hours to result out. In addition, if limited drug panel is indicated for more immediate results **ALSO** order UDS (LAB01632)
- Blood ETOH (LAB01215), assure skin prep is betadine only and no alcohol base

EVIDENCE COLLECTION: (Utilizing Missouri Highway Patrol kits)

- Police may be present for collection of specimen
- Urine & blood are obtained
- Procedure performed by nursing
- Assure skin prep for blood draw is betadine only and no alcohol base

MEDICATION ORDERS & TREATMENT PLAN:

- As indicated by symptom management and type of ingested substance

DISCHARGE PLAN:

- See appropriate guideline for discharge plan. There is currently no Care Notes entry for drug facilitated sexual assault available.

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

APPENDIX F:

EVALUATING GENTIAL LESIONS SUSPICIOUS FOR HERPES

- CDC does not recommend routine screening for HPV in sexual assault unless symptomatic
- If examination yields concerns for herpes (vesicular lesions, ulcers, painful lesions, etc.), current literature suggests children's division report to initiate investigation unless clear evidence for autoinoculation exists
- Photo document any lesions
- Lab orders in presence of active lesions suspicious for herpes:
    - HSV 1 & 2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a FLOQSwab® to obtain specimen. Each swab is placed in universal transport media (red top media). Collect one swab for HSV 1&2 PCR and one swab for Culture HSV w/typing. For sampling multiple lesions, use a fresh FLOQSwab® for each site
    - Any additional cultures deemed necessary by medical evaluation (eg., bacterial, fungal)
    - HSV serology is not routinely recommended due to the non-specific nature of the results. If serology is indicated, order the following: **Lab miscellaneous test**. Under the description, type the following: **Herpes Simplex Type 1&/or 2 antibodies, IgG & IgM with reflex to Type 1 & 2 glycoprotein G-specific Ab, IgG ARUP test 0050916.** (this test is NOT available as a drop down or search function, you must manually enter the test)
- Discharge instructions to caregiver:
    - Search Care Notes for Genital Herpes Simplex (aftercare) or Genital Herpes Simplex (general information). Carefully review and make sure the information is accurate and specific for this child. Consider eliminating the reference to blood testing in the "general information" Care Notes. Include any instructions on pain control & symptom management
    - If serology was performed, please let the care giver know that it will take 1-1/2 to 2 weeks for results
    - Provide follow up number for Child Protection Department/SAM Clinic at 314-577-5347. Instruct caregiver to call SAM clinic ASAP to make appointment for follow-up visit with clinic
- Discharge referrals:
    - SAM clinic. EPIC message Throne, Deborah with child's chart and any specific instructions
- Forms completed for this visit:
    - MO SAFECARE exam form
    - Discharge instructions

SEXUAL ABUSE MANAGEMENT GUIDELINES 2018

CLINICAL PRACTICE GUIDELINES FOR THE RECOGNITION, EVALUATION & MANAGEMENT OF SEX TRAFFICKING OF CHILDREN & ADOLESCENTS

DEFINTION:
Commercial Sexual Exploitation of Children or Sex Trafficking, as it is commonly called, is a form of sexual abuse of children and adolescents. It is defined as the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act. A commercial sex act is sexual contact for which anything of value is given to, promised or received, directly or indirectly by any person. It includes child prostitution, pornography, entertainment in clubs, child sex tourism, child marriages and children or adolescents who have sex for food or shelter. Sex trafficking of persons under the age of 18 does not require the use of force, fraud or coercion by a trafficker as it does among adults. Transportation is also not required for a victim to qualify as a trafficking victim. It is important to remember children under 18 who engage in sexual acts in exchange for shelter, food, or even money, etc. are NOT child prostitutes. They are victims of sex trafficking.

When dealing with these patients, remember these children and adolescent are victims of abuse and not offenders. They are not voluntarily engaging in these acts. They do not possess the maturity nor cognitive development to fully understand or consent to these acts. They lack the ability to remove themselves from the situation and are incapable of resisting their trafficker who controls their life.

EPIDEMIOLOGY:
Age of entrance into sexual exploitation begins as young as 12 to 14 years. Females have more often been identified than males as victims. This may be due to a lack a self-reporting or poor identification by health care providers and law enforcement. Victim risk factors include history of involvement with CPS, prior history of sexual or physical abuse, drug use, mental illness, behavioral problems, truancy, running away, involvement with juvenile justice system and/or dysfunctional family situations.

ROLE of the HEALTH CARE PROVIDER:
Sex trafficking victims rarely receive medical care on a routine basis and are often victims of violent assaults. As a result, they seek medical care intermittently, often for acute illnesses or injuries. When these victims present to the ED, they rarely disclose they are victims of sex trafficking. There are many reasons for this. They might be afraid of their traffickers or might be protective of them. They might be ashamed, depressed or do not regard themselves as victims, making them hostile to any help. It is your responsibility to recognize these victims & their complex emotional state and offer them help with an opportunity to escape their situation. Become familiar with the common medical complaints, demeanor on presentation and infections/injuries which are characteristic of trafficking victims. This information allows you to appropriately respond to the many unique needs of these victims. Studies have shown that these victims will present multiple times for health care so you have multiple occasions to interact and offer help.

PRESENTATION:
- These victims rarely present to the ED alone. They are usually accompanied by their trafficker or an escort, another victim or an appointee of the trafficker assigned to spy on the victim & prevent

disclosure of any information. When interviewed, the escort usually answers for the victim, often in a controlling manner. They usually identify as an uncle, aunt or close family friend. The victim appears fearful or submissive to the escort. The victim rarely makes eye contact with the healthcare provider (HCP). When they do answer questions, their answers are frequently vague and evasive. The most common medical complaints are related to GYN/GU issues including bleeding, birth control, and sexually transmitted infections. They also present to the ED for acute febrile illnesses or chronic medical issues that have not been addressed such as asthma, migraines, diabetes, etc.

- These patients are often victims of violent assaults as well. They might present with injuries secondary to physical and sexual assaults. On exam other injuries may be discovered including contusions, lacerations, burns, fractures, genital and head injuries. Often the history is vague and does not completely explain the presentation.
- Interactions with victims should be conducted in a sensitive and non -judgmental manner. Always assure the victim's confidentiality from their trafficker. Be cognizant of the trauma these victims have sustained and allow them to provide information at their own pace. They often do not completely disclose at their first visit.

SEX TRAFFICKING VICTIMS at CARDINAL GLENNON:

- Victims of sex trafficking may present to our Emergency Department in one of three ways. They might be:
    - A resident of Covering House. Covering House is a nonprofit privately run facility providing care to victims of sex trafficking. It has a large outpatient population and a small residential facility. In 2015, Cardinal Glennon partnered with Covering House to provide care for these residents. When a client presents to the ED, the ED has previously been made aware of their arrival and Dr. DiMaio responds to the ED to complete a medical assessment.
    - Accompanied by Law enforcement for acute evaluation. Cardinal Glennon has also developed a relationship with The St Louis Metropolitan Police Department to provide acute evaluation for possible victims of sex trafficking. These victims will present to the ED accompanied by Law Enforcement with prior notice. They will be interviewed by Social Work first and Dr. DiMaio will respond to the ED to complete a medical assessment. Occasionally these victims may have emergency medical issues at presentation (MVC, physical or sexual assault, or other potentially life-threatening issues) Assessment and emergency management of life-threatening injuries take precedent over the evaluation for sex trafficking.
    - Presenting for medical care on their own. It is important for you to identify these victims and treat them accordingly. If at triage, the nurse suspects the patient may be a victim of sex trafficking, the nursing assessment is completed and the victim is placed in an exam room. The nurse immediately alerts the attending and social work of the concerns to begin assessment and management. If concerns arise during the medical history, the HCP completes a medical assessment including history and physical. Care should be not be interrupted for concerns of sex trafficking. The team discusses their concerns and immediately contacts social work. Social work will interview the victim and assess the situation and report back to the team.

SOCIAL WORK ASSESSMENT:

- If a victim presents to ED with St. Louis Metropolitan Police Department, a social work interview may not be necessary. Upon arrival, social services will discuss case with the officer to determine the need for an interview. If interview is not necessary, the social worker gathers all information from the officer present. If interview is necessary, the social worker interviews the victim alone in exam room. If victim presents to ED unannounced and sex trafficking is

suspected, the social worker will complete interview alone with victim. All information gathered will be shared with team.

- Information gather during interview includes but is not limited to
  - Living arrangement:
    - Where do you live?
    - How long have you live at present location?
    - Who do you live with and how long have you known them?
    - Do you choose where and when you sleep?
    - Do you choose when and what to eat?
  - Cellular phone information:
    - How many cellular phones do you own including ones that are not active?
    - What is you cellular number or numbers?
    - Who pays for your cellular service?
  - School information:
    - What school do you attend?
    - When was the last time you were present at school?
  - Work information:
    - How do you earn money?
    - What type of work do you do?
    - Do you feel safe at work?
  - Travel information:
    - How often do you travel?
    - Where?
    - Who do you travel with?
  - Personal information:
    - Are you sexually active?
    - Have you ever been pressured to have sex for things of value (clothing, food, a place to stay, etc.?)
    - Do you use drugs?
- After interview is completed, the social worker may need to contact the local police department to report a crime or concern. The social worker also offers victim community resources.
- At times, the patient will not provide enough information to determine that they are a victim of sex trafficking. In these situation, the social worker will offer appropriate resources and referrals to outside agencies.

SAFETY AND SECURITY

To ensure the safety of patients and staff when dealing with victims of trafficking, follow these guidelines:

- Remember, victims of trafficking are often fearful and untrusting of authority. They may try to elope before their treatment is completed. To help prevent elopement and secure the victim's safety:
  - If a trafficking victim arrives with law enforcement, assign a safety sitter to each victim during their ED visit. Inform security of the location of the victim in the ED in case an emergent situation arises.
- If a patient discloses they are a victim of trafficking in the course of their visit and wants assistance, follow this safety guideline
  - If the escort/handler is present:
    - Move the victim to a secure room apart from escort/handler
    - Notify charge nurse to begin elopement precautions
    - Alert security with victim's name and room number
    - Social Services contacts law enforcement

        - If victim identifies escort/handler as trafficker, social worker contacts local law enforcement to detain escort/handler
        - Social worker contacts the Sex Trafficking Unit
        - Security stays with victim until Sex Trafficking Unit arrives in ED, assuming responsibility of victim
        - If escort/handler becomes violent or agitated based on hospital policy, they are escorted from the hospital. Under no circumstance should the escort/handler be detained. Secure the room they were in until law enforcement arrives to process for evidence
    - If escort/handler is not present:
        - Notify charge nurse to begin elopement precautions
        - Alert security with victim's name and room number
        - Social services contacts the Sex Trafficking Unit

MEDICAL MANAGEMENT of SUSPECTED SEX TRAFFCIKING VICTIM:

MEDICAL HISTORY:

- Review general health, recent illnesses, nutrition, and GYN/GU history including STIs, birth control pregnancies, abortions, miscarriages, drug use (prescribed and/or other substances) and mental health issues
- Review of systems
- Past medical history including prior hospitalizations & surgery
- Chronic medical conditions
- Injuries & assaults, especially loss of consciousness, fractures, etc. & their treatment history
- Medications & allergies

PHYSICAL EXAM:

- Complete, detailed and thorough exam documenting tatoos, brandings or scars
- GYN exam: obtain screening NAATs for GC, Chlamydia (LAB00735) and Trichomonas (LAB10667)
- If indicated by history or clinical exam:
    - Oral signs/symptoms noted on examination, order:
        - Gonorrhea culture (LAB 04027) using dark green top mini-tip culture swab with JEMBEC® plate (source oral)
    - Anal signs/symptoms noted on examination, order:
        - Gonorrhea culture (LAB 04027) using dark green top mini-tip culture swab with JEMBEC® plate (source oral)
        - Chlamydia culture (LAB07337) using dark greeen top mini-tip culture swab with red top viral media (source rectal)
        - GC/chlamydia amplified probe is ***NOT*** approved for rectal or oral specimens in this population
- Additional testing as clinically indicated: Herpes lesion PCR (LAB10529) and Culture HSV w/typing (LAB08458), fungal culture (LAB03289), bacterial vaginosis (LAB10520), etc.
- Obtain serology for:
    - HIV antiboides 1 and 2 & HIV P 24 (LAB07228)
    - RPR for syphillis (LAB07050)
    - Hepatitis B panel (LAB01077)
    - Hepatitis C antibody (LAB01066)
- Urine HCG POC (LAB07904)
- If appropriate, obtain Forensic Evidence Collection Kit
- Perform lab studies, x-rays, CTs as indicated by history of injury, exam or symptomalogy i.e., LOC, chronic deformity after trauma, dysuria, etc.

TREATMENT PLAN:

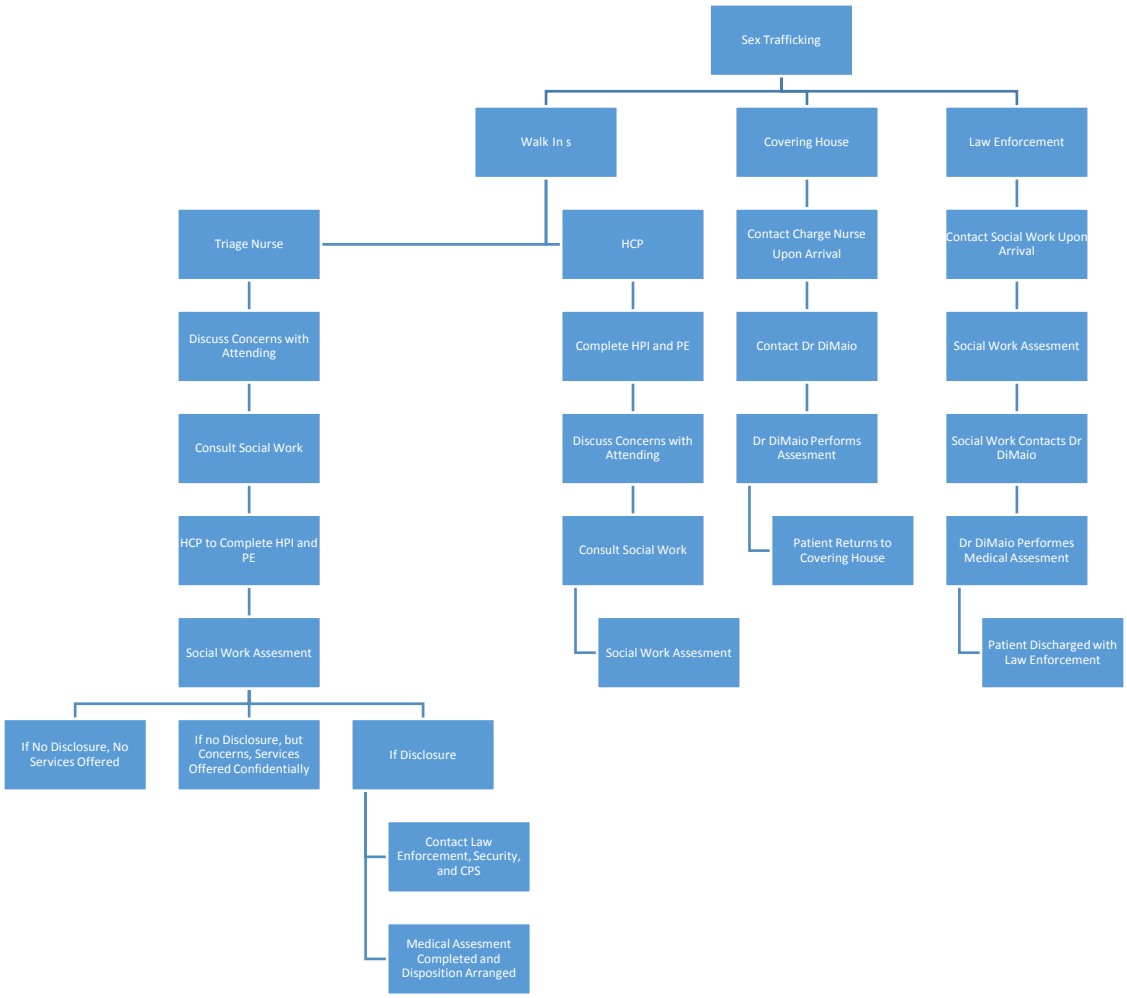
- Administer empiric treatment for STI, including treatment for gonorrhea, chlamydia and trichomonas
- Administer ELLA or similar treatment if HCG is negative and last contact occurred within the appropriate time frame (ELLA 5 days) (Plan B 3 days)
- Administer HIV post exposure prophylaxis as indicated in Appendix B. Document if victim declines
- If appropriate, treat any acute infections or chronic conditions as clinically indicated i.e., asthma, U.T.I.
- Contact appropriate agencies including Children's Divison & Law Enforcement
- Consider mental health assessment if indicated

DISCHARGE PLAN:

- Provide victim with all needed prescriptions
- Arrange medical follow-up in the Child Expolitation Clinic (314 577-5347) with Dr. DiMaio
- Provide referrals to other subspeciality clinics if indicated
- Secure safe discharge for victim

SEX TRAFFICKING ALGORITHM:

Below is a quick algorithm to assist you in your management decision making



M

Post-exposure Prophylaxis Medication Instructions

Most pharmacies in our area do not stock emergency HIV medications and will not have the medications available for 48-72 hours after you give them the prescription.

IT IS IMPORTANT THAT YOUR CHILD TAKE ALL 28 DAYS OF MEDICATION WITHOUT MISSING A DOSE

To make sure your child does not miss a dose of their medication, take your written prescriptions to a pharmacy immediately after discharge from the Emergency Department. If you do not have a preferred pharmacy, the following pharmacies will be able to assist you:

SSM Health Cardinal Glennon Children's Hospital ACC Pharmacy (Ground Floor of the main hospital)
(314) 577-5677
Open Monday-Friday 8:30 am to 4:30 pm

Schnucks Specialty Pharmacy
(314) 344-9201
11550 Page Service Drive, Suite 101B
Corner of Paige and Lindbergh
Open Monday-Friday 9:00 am to 5:30 pm
Also provides home delivery

Community Pharmacy
(314) 454-6676
115 N. Euclid Ave.
Corner of Eculid & West Pine
St. Louis, MO 63108
Open Monday-Friday 8:30 am to 6:00 pm
Also provides home delivery

You also have a prescription for anti-nausea medication (ondansetron/Zofran). You have been given a 5 day supply with refills. Please give ondansetron to your child 30 minutes before the anti-HIV medications if your child is becoming nauseated while on these medicines.

Please remember to keep your child well hydrated while taking these medicines. Certain side effects become worse if your child becomes dehydrated. Make sure to decrease their caffeine intake (sodas, teas, etc.) and increase water intake while on these medicines.

The Child Protection Team will call you weekly to check on your child's progress. Please call them with any questions or concerns at (314) 577-5347.