Child Sexual Abuse Management
Emergency Department
Clinical Practice Guideline (CPG)

Clinical Practice Guideline
Protocol Approved by: Division of Pediatric Emergency Medicine, Child Protection and Social Services
Date of Approval: 11/16
SEXUAL ABUSE MANAGEMENT GUIDELINES 2016

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
  - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
  - Perpetrator unknown but assault included receptive penile to anal contact
  - Multiple perpetrators
  - Direct contact of the vagina, penis, anus, or mouth with the semen, vaginal fluids or blood of the alleged assailant, with or without physical injury, tissue damage, or presence of blood at the site of the assault
  - Broken skin or mucous membrane contact with blood, semen or vaginal fluids from the alleged assailant including bites that result in visible blood
  - Patient agrees to take all medications for 28 days
  - Patient does not have history of allergy to any of the medications
  - 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 dark green top mini-tip culture swab to obtain each 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 dark green top mini-tip 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 order HSV 1&2 PCR lesion (LAB10529) **AND** Culture HSV w/typing (LAB08458). De-roof vesicle and use a dark green top mini-tip culture swab 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 dark green top mini-tip 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:
  - 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)
  - Most pharmacies in the area **DO NOT** stock NPEP medications and will not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - Write two prescriptions, one for 3 day supply of medication, one for 25 day supply of medication. Assure correct administration formulation (liquid or pill form).
    - Instruct the caregiver to take the prescription immediately on discharge to one of the following pharmacies (based on hours open)
      1. CGCH ACC Pharmacy x 5677
1. A. Open Monday-Friday 8:30 am to 4:30 pm
   B. Pediatric formulations
   C. Can eprescribe

2. Schnucks Specialty Pharmacy 314 344 9201
   A. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
   B. Open Monday-Friday 9:00 am to 5:30 pm
   C. Family delivery services
   D. Pediatric formulations
   E. Need insurance info
   F. Can eprescribe

3. Walgreens Specialty Pharmacy 314 251 2100
   A. 3920 Hampton Ave.
   B. NE corner of Hampton & Chippewa
   C. Pharmacy open 24 hours
   D. Can eprescribe

4. Walgreens Specialty Pharmacy 314 371 4286
   A. 4218 Lindell Blvd
   B. Pharmacy open 24 hours
   C. Can eprescribe

   • Advise caregiver to take second prescription to their preferred pharmacy immediately to process remaining medication order. This may take three days so it is important to stress this to the caregiver

   ▪ 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

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**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: 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 in six weeks & three months. For SSM CGCH patients: This can be arranged with the SAM clinic or child’s PMD
  - Discharge referrals:
    - SAM clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
• 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 2016

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 order HSV 1 & 2 PCR lesion (LAB10529) AND Culture HSV w/typing (LAB08458). De-roof vesicle and use a dark green top mini-tip culture swab 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 dark green top mini-tip 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 order HSV 1 & 2 PCR lesion (LAB10529) AND Culture HSV w/typing (LAB08458). De-roof vesicle and use a dark green top mini-tip culture swab 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 dark green top
mini-tip 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:
  o Provide VIS
  o Obtain consent from caregiver

DISCHARGE PLAN:

- Discharge instructions to caregiver:
  o 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
  o 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
  o For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
  o Instruct caregiver that child will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C performed in six weeks & three months. For SSM CGCH patients: This can be arranged with the SAM clinic or child’s PMD
- Discharge referrals:
  o SAM clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
- Forms completed for this visit:
  o MO SAFECARE exam form (if applicable)
  o Consent for HBV if indicated
  o Discharge instructions
  o EPIC documentation
MANAGEMENT OF CHILDREN WHO ARE VICTIMS OF ONGOING SEXUAL ABUSE

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
  - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
  - Perpetrator unknown but assault included receptive penile to anal contact
  - Multiple perpetrators
  - Direct contact of the vagina, penis, anus, or mouth with the semen, vaginal fluids or blood of the alleged assailant, with or without physical injury, tissue damage, or presence of blood at the site of the assault
  - Broken skin or mucous membrane contact with blood, semen or vaginal fluids from the alleged assailant including bites that result in visible blood
  - Patient agrees to take all medications for 28 days
  - Patient does not have history of allergy to any of the medications
  - 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 patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source urine) using two yellow Aptima NAAT kits (source unprepped/dirty urine).

- 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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/declination 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)
  - Most pharmacies in the area **DO NOT** stock NPEP medications and will not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - Write two prescriptions, one for 3 day supply of medication, one for 25 day supply of medication. Assure correct administration formulation (liquid or pill form).
    - Instruct the caregiver to take the prescription immediately on discharge to one of the following pharmacies (based on hours open)
      1. CGCH ACC Pharmacy x 5677
         a. Open Monday-Friday 8:30 am to 4:30 pm
         b. Pediatric formulations
         c. Can eprescribe
      2. Schnucks Specialty Pharmacy 314 344 9201
         a. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
         b. Open Monday-Friday 9:00 am to 5:30 pm
         c. Family delivery services
         d. Pediatric formulations
         e. Need insurance info
         f. Can eprescribe
      3. Walgreens Specialty Pharmacy 314 251 2100
         a. 3920 Hampton Ave.
         b. NE corner of Hampton & Chippewa
         c. Pharmacy open 24 hours
         d. Can eprescribe
      4. Walgreens Specialty Pharmacy 314 371 4286
         a. 4218 Lindell Blvd
         b. Pharmacy open 24 hours
         c. Can eprescribe
    - Advise caregiver to take second prescription to their preferred pharmacy immediately to process remaining medication order. This may take three days so it is important to stress this to the caregiver
  - Document informed consent discussion and caregiver’s decision.
• Hepatitis B PEP if most recent sexual contact occurred within two weeks and child has no or unknown history of Hepatitis B immunization:
  o Provide VIS
  o 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:
  • SAM clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
  • 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 2016

**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 patients: Chlamydia + GC amplified Probe SAM (LAB00735) (source unprepped/dirty urine) using two yellow 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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:
  - SAM clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions

- Forms completed for this visit:
  - MO SAFECARE exam form (if applicable)
  - Discharge instructions
  - EPIC documentation
SEXUAL ABUSE MANAGEMENT GUIDELINES 2016

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 Chlamydia + GC amplified Probe SAM (LAB00735) (source unprepped/dirty urine) using two yellow 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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, order HSV 1&2 PCR lesion (LAB10529) and Culture HSV w/typing (LAB08458). De-roof vesicle and use a dark green top mini-tip culture swab 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 dark green top mini-tip 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:
  - SAM Clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions.
- Forms you should have completed for this visit:
  - MO SAFECARE exam form if indicated.
  - Discharge instructions.
  - EPIC documentation.
SEXUAL ABUSE MANAGEMENT GUIDELINES 2016

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. Female exam may include pelvic speculum exam if child is sexually active and able to tolerate the examination
- If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
  - Perpetrator known HIV positive
  - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
  - Perpetrator unknown but assault included receptive penile to anal contact
  - Multiple perpetrators
  - Direct contact of the vagina, penis, anus, or mouth with the semen, vaginal fluids or blood of the alleged assailant, with or without physical injury, tissue damage, or presence of blood at the site of the assault
  - Broken skin or mucous membrane contact with blood, semen or vaginal fluids from the alleged assailant including bites that result in visible blood
  - Patient agrees to take all medications for 28 days
  - Patient does not have history of allergy to any of the medications
  - 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

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
• Female:
  o Urine HCG (LAB07904)
  o 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 (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 dark green top mini-tip culture swab 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 dark green top mini-tip 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:
  o 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 Plan B pregnancy prophylaxis
- Hepatitis B PEP if no history of immunization or unknown history:
  - Provide VIS
  - Obtain consent from caregiver
- Nausea prophylaxis
- STI prophylaxis for all patients:
  - Chlamydia
  - Gonorrhea
  - Trichomonas
- Symptomatic treatment for:
  - Herpes
  - Candida
- 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 medication in ED after administering ondansetron (Zofran)
  - Most pharmacies in the area **DO NOT** stock NPEP medications and will not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    - Write two prescriptions, one for 3 day supply of medication, one for 25 day supply of medication. Assure correct administration formulation (liquid or pill form).
    - Instruct the caregiver to take the prescription immediately on discharge to one of the following pharmacies (based on hours open)
      - CGCH ACC Pharmacy x 5677
        - Open Monday-Friday 8:30 am to 4:30 pm
        - Pediatric formulations
        - Can eprescribe
      - 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
  - Advise caregiver to take second prescription to their preferred pharmacy immediately to process remaining medication order. This may take three days so it is important to stress this to the caregiver
- 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 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
  - 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 child
  - If applicable, provide information on metronidazole. Search Care Notes for “Metronidazole (by mouth) and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this child
  - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If child is over 16 and sexually active, refer instead to adolescent medicine clinic.
  - 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
  - If child 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 child will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C performed in six weeks & three months. For SSM CGCH patients: This can be arranged with the appropriate referral source or child’s PMD

- **Discharge referrals:**
  - SAM Clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
  - 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 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
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 child 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 disclosure:
    - 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 disclosure:
    - 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 PCR lesion (LAB10529) AND Culture HSV w/typing (LAB08458). De-roof vesicle and use a dark green top mini-tip culture swab 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 dark green top mini-tip 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. Treat 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 child. Include any instructions on pain control & symptom management
• If applicable, provide information on metronidazole. Search Care Notes for "Metronidazole (by mouth) and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this child
• Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If child is over 16 and sexually active, refer instead to adolescent medicine clinic.
• Instruct caregiver that child 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 child’s PMD
• Discharge referrals:
  o SAM Clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
  o Social Services if child requires assistance with obtaining HIV medications due to cost or formulation
  o PMD for follow-up immunizations
• Forms completed for this visit:
  o MO SAFECARE exam form
  o Consent for HIV testing if indicated
  o Discharge instructions
  o EPIC documentation
SEXUAL ABUSE MANAGEMENT GUIDELINES 2016

**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 child is sexually active and able to tolerate the examination

**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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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)
- STI Treatment Options:
  - If child is symptomatic for STI at time of ED visit, treat empirically for gonorrhea, chlamydia and trichomonas.
  - If child is asymptomatic during ED visit:
    - they must return two weeks after assault to SAM clinic or PMD/GYN for repeat examination and STI testing for gonorrhea, chlamydia and trichomonas **OR**
    - if there are concerns the child may not return for a two week follow-up visit, consider empiric treatment for gonorrhea, chlamydia and trichomonas during the ED visit
- Treat symptomatically for:
  - Herpes
  - Candida
- **Nausea Prophylaxis if empirically treating**

**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 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. If child is over 16 and sexually active, refer instead to adolescent medicine clinic
- Instruct caregiver that child will need follow up blood testing for HV and/or syphilis, Hepatitis B, Hepatitis C performed in six weeks & three months. For SSM CGCH patients: This can be arranged with the appropriate referral source or child’s PMD
• For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
• Discharge referrals:
  o SAM Clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
• Forms completed for this visit:
  o MO SAFECARE exam form if indicated
  o Discharge instructions
  o EPIC documentation
SEXUAL ABUSE MANAGEMENT GUIDELINES 2016

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 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. Female exam may include pelvic speculum exam if child is sexually active and able to tolerate the examination
- If assault meets the following criteria, consider Non-Occupational Post Exposure HIV prophylaxis (NPEP):
  - Perpetrator known HIV positive
  - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
  - Perpetrator unknown but assault included receptive penile to anal contact
  - Multiple perpetrators
  - Direct contact of the vagina, penis, anus, or mouth with the semen, vaginal fluids or blood of the alleged assailant, with or without physical injury, tissue damage, or presence of blood at the site of the assault
  - Broken skin or mucous membrane contact with blood, semen or vaginal fluids from the alleged assailant including bites that result in visible blood
  - Patient agrees to take all medications for 28 days
  - Patient does not have history of allergy to any of the medications
  - 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)
  - 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 (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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 (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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 72 hours and urine HCG is negative, offer pregnancy prevention for females:
  - Obtain written consent/declination for Plan B pregnancy prophylaxis
- If most recent abuse occurred within 72 hours or symptoms are present, provide STI empiric treatment for:
  - Chlamydia
  - Gonorrhea
  - Trichomonas
- If most recent abuse occurred within 72 hours and meets criteria, HIV NPEP:
  - Obtain written consent/declination for HIV prophylaxis
  - Obtain written consent for HIV testing
  - See Appendix B for medication dosing guidelines and additional considerations
  - Give first dose of medication in ED after administering ondansetron (Zofran)
  - Most pharmacies in the area **DO NOT** stock NPEP medications and will not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
    1. Write two prescriptions, one for 3 day supply of medication, one for 25 day supply of medication. Assure correct administration formulation (liquid or pill form).
    2. Instruct the caregiver to take the prescription immediately on discharge to one of the following pharmacies (based on hours open)
      a. CGCH ACC Pharmacy x 5677
        i. Open Monday-Friday 8:30 am to 4:30 pm
        ii. Pediatric formulations
        iii. Can eprescribe
      b. 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
c. Walgreens Specialty Pharmacy 314 251 2100
   i. 3920 Hampton Ave.
   ii. NE corner of Hampton & Chippewa
   iii. Pharmacy open 24 hours
   iv. Can eprescribe
d. Walgreens Specialty Pharmacy 314 371 4286
   i. 4218 Lindell Blvd
   ii. Pharmacy open 24 hours
   iii. Can eprescribe

3. Advise caregiver to take second prescription to their preferred pharmacy immediately to process remaining medication order. This may take three days so it is important to stress this to the caregiver
   o Document informed consent discussion and decision of caregiver
   o If most recent assault occurred within two weeks and child has no or unknown history of Hepatitis B immunization:
     ▪ Provide VIS
     ▪ Obtain consent from caregiver

DISCHARGE PLAN:
- Discharge instructions to caregiver:
  o 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
  o 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
  o 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 child
  o If applicable, provide information on metronidazole. Search Care Notes for “Metronidazole (by mouth) and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this child
  o Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If child is over 16 and sexually active, refer instead to adolescent medicine clinic.
  o For SSM CGCH patients: Inform caregiver that ED follow-up nurse will call with any positive results
  o 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
  o If child 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
  o Instruct caregiver that child will need follow up blood testing for HIV and/or syphilis, Hepatitis B, Hepatitis C in six weeks & three months. For SSM CGCH patients: This can be arranged with the appropriate referral source or child’s PMD

- Discharge referrals:
- SAM Clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions
- 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 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
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 child presents with concerns that a sexual assault might have occurred but is unsure, consider Drug Facilitated Sexual Assault (DFSA). If child 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. Exam may include pelvic speculum exam if child is sexually active and able to tolerate the examination
  - 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
    - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
    - Perpetrator unknown but assault included receptive penile to anal contact
    - Multiple perpetrators
    - Direct contact of the vagina, penis, anus, or mouth with the semen, vaginal fluids or blood of the alleged assailant, with or without physical injury, tissue damage, or presence of blood at the site of the assault
    - Broken skin or mucous membrane contact with blood, semen or vaginal fluids from the alleged assailant including bites that result in visible blood
    - Patient agrees to take all medications for 28 days
    - Patient does not have history of allergy to any of the medications
    - 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 child is symptomatic (nausea, vomiting, headache, mental status changes, obtunded) order toxicology testing for treatment 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)
    - 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 (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 dark green top mini-tip culture swab 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 dark green top mini-tip 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 dark green top mini-tip culture swab 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 dark green top mini-tip 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
  o Obtain written consent for Plan B pregnancy prophylaxis
  o HIV NPEP if assault meets criteria:
    o Obtain written consent for HIV prophylaxis
    o Obtain written consent for HIV testing
    o See Appendix B for medication dosing guidelines and additional considerations
    o Give first dose of medications in ED after administering ondansetron (Zofran)
    o Most pharmacies in the area DO NOT stock NPEP medications and will not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
      ▪ Write two prescriptions, one for 3 day supply of medication, one for 25 day supply of medication. Assure correct administration formulation (liquid or pill form).
      ▪ Instruct the caregiver to take the prescription immediately on discharge to one of the following pharmacies (based on hours open)
        1. CGCH ACC Pharmacy x 5677
           a. Open Monday-Friday 8:30 am to 4:30 pm
           b. Pediatric formulations
           c. Can eprescribe
        2. Schnucks Specialty Pharmacy 314 344 9201
           a. 11550 Page Service Drive, Suite 101B, corner of Page & Lindbergh
           b. Open Monday-Friday 9:00 am to 5:30 pm
           c. Family delivery services
           d. Pediatric formulations
           e. Need insurance info
           f. Can eprescribe
        3. Walgreens Specialty Pharmacy 314 251 2100
           a. 3920 Hampton Ave.
           b. NE corner of Hampton & Chippewa
           c. Pharmacy open 24 hours
d. Can eprescribe
4. Walgreens Specialty Pharmacy 314 371 4286
   a. 4218 Lindell Blvd
   b. Pharmacy open 24 hours
   c. Can eprescribe
   ▪ Advise caregiver to take second prescription to their preferred pharmacy immediately to process remaining medication order. This may take three days so it is important to stress this to the caregiver

- Document informed consent discussion and caregiver’s decision
- STI prophylaxis for all patients:
  - Chlamydia
  - Gonorrhea
  - Trichomonas
- Symptomatic treatment for:
  - Herpes
  - Candida
- Nausea prophylaxis
- 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 child. 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 child
  - 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 child
  - If applicable, provide information on metronidazole. Search Care Notes for “Metronidazole (by mouth) and stress avoiding alcohol for at least three days after administration. Carefully review and make sure the information is accurate and specific for this child
  - Provide follow up number for Child Protection Department/SAM Clinic 314-577-5347. Instruct caregiver to call SAM clinic ASAP for next steps. If child is over 16 and sexually active, refer instead to adolescent medicine clinic.
  - 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 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 child 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 child’s PMD.

- **Discharge referrals:**
  - SAM Clinic. EPIC message Throne, Deborah attaching child’s chart and any specific instructions.
  - 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 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.
APPENDIX A:

MEDICATION DOSING SCHEDULE

SEXUAL ABUSE MANAGEMENT GUIDELINES 2016

ANTI-NAUSEA:
- Ondansetron (Zofran) 4mg po 30 minutes prior to additional medications
- 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:
- Less than 45kg:
  - Ceftriaxone 25-50mg/kg IV or IM (max 125mg)
- Greater than 45kg:
  - Ceftriaxone 250mg IM
  - **AND-**
    - Azithromycin (Zithromax) 2 Grams po x1 in ED for cephalosporin allergy (2 Grams total if also covering chlamydia)
  - **OR-**
    - Spectinomycin 2 Grams IM for cephalosporin allergy (unavailable in USA)
- In cases of KNOWN cephalosporin allergy:
  - Gentamicin 5mg/kg (max 240mg) IM only single dose
    - **AND—**
      - Azithromycin (Zithromax) 2 Grams po x1 in ED

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):**
- Plan B One Step one tablet po in ED

**TRICHOMONAS:**
- Tanner 1 or 2:
  - Metronidazole 15mg/kg/day po divided 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
SEXY ABUSE MANAGEMENT GUIDELINES 2016

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
  - Perpetrator known to be involved in HIV high risk behavior (eg., IV substance abuse, receptive anal sexual contact)
  - Perpetrator unknown but assault included receptive penile to anal contact
  - Multiple perpetrators
  - Direct contact of the vagina, penis, anus, or mouth with the semen, vaginal fluids or blood of the alleged assailant, with or without physical injury, tissue damage, or presence of blood at the site of the assault
  - Broken skin or mucous membrane contact with blood, semen or vaginal fluids from the alleged assailant including bites that result in visible blood
  - Patient agrees to take all medications for 28 days
  - Patient does not have history of allergy to any of the medications
  - 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 \( \text{GFR (mL/min/1.73 m}^2) = (0.41 \times \text{Height in cm})/\text{Creatinine in mg/dL} \) & discuss with nephrology before starting NPEP
    - AZT (zidovudine) & 3tc/Epi (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 2-11yrs:
    - If child's creatinine is elevated for age, consult nephrology before starting NPEP
    - Viread (tenofovir DF) 8mg/kg, max 300mg, po daily (supplied as 40mg of tenofovir per 1 gram scoop of powder) to be mixed w/soft food. DO NOT MIX IN LIQUID. Administer as soon as possible after mixing to avoid taste issues

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<tr>
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<td>280 mg (7 scoops)</td>
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<tr>
<td>&gt; 35 kg</td>
<td>300 mg (7.5 scoops)</td>
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</tbody>
</table>

AND
  - Emtriva (emtricitabine) 6mg/kg po daily (max 240mg) (supplied as 10mg/ml oral solution)

AND
  - Isentress (raltegravir) 6mg/kg/dose po BID (supplied as 100mg oral suspension packets and 100mg chewable tablet) 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).

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<td>4 to &lt;6 kg</td>
<td>30 mg (1.5 mL) BID</td>
</tr>
<tr>
<td>6 to &lt;8 kg</td>
<td>40 mg (2 mL) BID</td>
</tr>
<tr>
<td>8 to &lt;11 kg</td>
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<tr>
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<td>80 mg (4 mL) BID</td>
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<tr>
<td>14 to &lt;20 kg</td>
<td>100 mg (5 mL) BID</td>
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Dosing for raltegravir chewable tablets (100mg tablet)

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<th>Weight</th>
<th>Dose</th>
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<td>150 mg (1.5 tabs) BID</td>
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<tr>
<td>28 to &lt;40 kg</td>
<td>200 mg (2 tabs) BID</td>
</tr>
<tr>
<td>&gt; 40 kg</td>
<td>300 mg (3 tabs) BID</td>
</tr>
</tbody>
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Children age 4 weeks-2yrs:
- If creatinine is elevated for age, consult nephrology before ordering NPEP
- AZT (zidovudine) (supplied as 10mg/ml oral solution)

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<thead>
<tr>
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<th>Dose</th>
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<tr>
<td>9 to &lt;30 kg</td>
<td>9 mg/kg po BID</td>
</tr>
<tr>
<td>&gt; 30 kg</td>
<td>300 mg po BID</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Weight</th>
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<tr>
<td>6 to &lt;8 kg</td>
<td>40 mg (2 mL) BID</td>
</tr>
<tr>
<td>8 to &lt;11 kg</td>
<td>60 mg (3 mL) BID</td>
</tr>
<tr>
<td>11 to &lt;14 kg</td>
<td>80 mg (4 mL) BID</td>
</tr>
<tr>
<td>14 to &lt;20 kg</td>
<td>100 mg (5 mL) BID</td>
</tr>
</tbody>
</table>

IMPORTANT MEDICATION CONSIDERATIONS:
- Most pharmacies in the area DO NOT stock NPEP medications and will not have availability of NPEP meds for 48-72 hours after receiving prescription. To address this concern:
  - Write two prescriptions, one for 3 day supply of medication, one for 25 day supply of medication. Assure correct administration formulation (powder, chewable tablet or tablet form).
  - Instruct the caregiver to take the prescription immediately on discharge to one of the following pharmacies (based on hours open)
    - CGCH ACC Pharmacy x 5677
      - Open Monday-Friday 8:30 am to 4:30 pm
      - Pediatric formulations
      - Can eprescribe
- 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

  o Advise caregiver to take second prescription to their preferred pharmacy immediately to process remaining medication order. This may take three days so it is important to stress this to the caregiver

  - 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
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

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.
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 fluorescence. 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 2016

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
- Photomacrophographic 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 photomacrophographic 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 photomacrophographic 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 2016**

**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-hydroxybutyrate (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 2016

- CDC does not recommend routine screening for HSV 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:
  - HSV 1&2 PCR Lesion (LAB10529) for rapid identification of herpes **AND**
  - Culture HSV w/typing (LAB08458). Deroof vesicle and use a dark green top minitip 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 dark green top mini-tip 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
DEFINITION:
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:
  o 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.
  o 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.
  o 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.

**MEDICAL MANAGEMENT of SUSPECTED SEX TRAFFICKING 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 exam documenting tatoos, brandings or scars
- GYN exam: obtain screening NAATs for GC, Chlamydia (LAB00735) and Trichomonas (LAB10667)
- Consider GC of anus or throat (LAB04037) if indicated by history or clinical exam
• Additional testing as clinically indicated: Herpes lesion PCR (LAB10529) and Culture HSV w/typing (LAB08458), fungal culture, etc.
• Obtain serology for:
  o HIV antiboies 1 and 2 & HIV P 24 (LAB07228)
  o RPR for syphilis (LAB07050)
  o Hepatitis B panel (LAB01077)
  o Hepatitis C antibody (LAB01066)
• Urine HCG POC (LAB07904)
• If appropriate, obtain Forensic Evidence Collection Kit

TREATMENT PLAN:
• If appropriate to situation, administer prophlaxis for STI, NPEP for HIV and Plan B as per sexual assault protocol
• Administer Plan B One Step if HCG negative and within 72 hours of last sexual activity
• If appropriate, treat any acute infections as clinically indicated
• 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
• Secure safe discharge for victim
SEX TRAFFICKING ALGORITHM:

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