Patient Label

WV SANE/SAFE Patient Discharge Materials

Keep this information in a safe place for future reference

Hospital Name:	Hospital Phone Number:
Examining Health Professional Name:	Date of Exam:

Mark appropriate boxes and provide patient with information regarding medications and testing.

	Discussed and Completed	Discussed and Declined	Adult/Adolescent Patients per CDC Guidelines (*For alternate therapy refer to CDC guidelines)	Pre-pubescent patients**
Gonorrhea	☐Testing ☐ Genital/Urine ☐Oral ☐Anal ☐Medication	☐Testing ☐Genital/Urine ☐Oral ☐Anal ☐Medication	☐Rocephin (ceftriaxone) 500mg IM injection single dose for patients weighing less than 150kg **OR** ☐Rocephin (ceftriaxone) 1g IM injection single dose for patients weighing greater than or equal to 150kg	Testing **REQUIRED** before treatment. Presumptive treatment is not recommended.
Chlamydia	☐Testing ☐ Genital/Urine ☐Oral ☐Anal ☐Medication	☐Testing ☐Genital/Urine ☐Oral ☐Anal ☐Medication	☐Doxycycline 100mg by mouth twice a day for 7 days **OR** ☐Azithromycin 1gm by mouth single dose	Testing **REQUIRED** before treatment. Presumptive treatment is not recommended.
Trichomonas	☐Testing ☐ Genital/Urine ☐Medication	☐Testing ☐Genital/Urine ☐Medication	☐Female: Flagyl (metronidazole) 500mg by mouth twice a day for 7 days ☐Male: Prophylactic treatment is not generally recommended unless indicated by history	Testing **REQUIRED** before treatment. Presumptive treatment is not recommended.
Pregnancy (Emergency Contraception)	☐Testing ☐Urine ☐Blood ☐Medication	☐Testing ☐Medication ☐N/A (age/gender/ other)	☐Plan B One-Step (levonorgestrel) 1.5mg by mouth single dose up to 72 hours after assault ☐Ella (ulipristal acetate) 30mg by mouth single dose up to 5 days after assault	N/A
Anti-emetic	☐Medication	☐Medication	☐Zofran (ondansetron) 4mg by mouth ☐Other:_____	☐Administer if needed per provider order
Tetanus	☐Medication	☐Medication	☐Tetanus vaccine	Verify immunization history

***CDC Treatment Guidelines Website:** https://www.cdc.gov/std/treatment-guidelines/default.htm

Mark appropriate boxes and discuss information with the patient as applicable.

☐ You have received prophylactic medications to prevent gonorrhea, chlamydia, and/or trichomonas. These medications may cause the following side effects: headache, nausea, abdominal cramping, vomiting, diarrhea, and dizziness
☐ You have received emergency contraception today. Possible side effects of the medication include nausea, vomiting, headache, and menstrual cycle changes. If you vomit within 2-3 hours of taking this medication, notify your healthcare provider as you may need a second dose. Use a reliable barrier contraceptive (such as condoms) until your next menstrual cycle.
☐ You have received an emergency contraception called Ella (ulipristal acetate). Do not take your home oral contraceptive medication for 5 days. Resume your home oral contraceptive on (date):_____
☐ You have received a tetanus vaccine today. Side effects of this vaccine are usually mild and may include: Pain, redness, or swelling at the injection site; tiredness; headache; low-grade fever; nausea, vomiting, or diarrhea; and chills.

Original to patient, copy to hospital medical record

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****Consider screening pre-pubescent patients for STIs if:**

The child is unable to verbalize details of the assault	Abuse by a stranger
Abuse by an assailant known to be infected with or at high risk of an STI	The child lives in an area with a high rate of STI
Child, sibling, or another person in the household with an STI	The child or parent requests STI testing
Penetration or evidence of recent or healed penetrative injury to genitals, anus, or oropharynx	Signs or symptoms of STIs including vaginal discharge or pain, genital itching or odor, urinary symptoms, and genital lesions or ulcerations

Case-By-Case Basis According to Risk Assessment

	Discussed and Completed	Discussed and Declined	Adult/Adolescent Patients per CDC Guidelines (*For alternate therapy refer to CDC guidelines)	Pre-pubescent patients**
HIV- Must be given with 72 hours of assault	☐Testing ☐Medication	☐Testing ☐Medication ☐N/A (beyond 72 hours)	☐Biktarvy (bictegravir 50mg/tenofovir alafenamide 25mg/emtricitabine 200mg) by mouth daily for 28 days **OR** ☐ Truvada (tenofovir 300mg plus emtricitabine 200mg) PO daily **PLUS** Tivicay (dolutegravir 50mg) by mouth daily for 28 days	Baseline blood testing on case-by-case basis depending on the likelihood of infection among the assailant(s)
Syphilis	☐Testing: preferred ☐Medication (not commonly indicated)	☐Testing ☐Medication	Due to long incubation periods, presumptive early trea is **ONLY** recommended with a **KNOWN**** exposure to e syphilis within 90 days of exposure (**known exposure is defined as an assailant with a **confirmed** early syphilis diagnosis)* ☐Benzathine Penicillin G 2.4 million units IM single dose	Baseline blood testing on case-by-case basis
HPV Age 9-26 years	☐Testing: Visual screening ☐Medication	☐Testing ☐Medication ☐N/A (age/ vaccinated prior)	☐Gardasil 9 0.5ml IM injection (physician discretion age 26-45 years) administered ☐Recommended follow-up for vaccination, no vaccine available at the facility	☐Gardasil9 0.5ml IM Injection administered (age 9+) ☐Recommended follow up for vaccination, no vaccine available at facility
Hepatitis B	☐Testing ☐Medication	☐Testing ☐Medication	☐Hepatitis B vaccine booster:_____ ☐Hepatitis B vaccine 1st dose:_____ ☐Hepatitis B immune globulin (HBIG) 0.06mL/kg (see CDC guidelines for more detailed instructions)	Baseline blood testing on case-by-case basis

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Mark appropriate boxes and discuss information with the patient as applicable.

☐ You have received HIV PEP medications today. These medications may cause side effects including fever, tiredness, muscle and joint aches, diarrhea, and vomiting. Medications must be started within 72 hours of exposure and must be taken for 28 days without missing a dose. Follow-up with a specialist to monitor bloodwork and side effects of medication. If you have questions about this medication or HIV, please call 888-448-4911 or 1-800-CDC-INFO (1-800-232-4636).
☐ You have received an HPV vaccine today. You should follow up for additional vaccination. Side effects of this vaccine are usually mild and include pain, swelling, redness, itching, or bruising at the injection site; headache, and fever.
☐ You have received a Hepatitis B vaccine today. Side effects of this vaccine are usually mild and include pain, soreness, redness, or swelling at the injection site; low-grade fever; headache; and tiredness.
☐ You received Hepatitis B immune globulin (HBIG) today. This medication may cause the following side effects: pain, soreness, redness, or swelling at the injection site; headache; tiredness.

Counseling/Support Services: As a survivor of sexual assault, you may experience depression, anxiety, irritability, sleep disturbances, and other symptoms. There are many normal reactions to trauma. It is recommended that you seek assistance in dealing with the effects of surviving a sexual assault. Rape crisis centers offer free counseling services. Your local rape crisis center can be reached at _____ or you can call 1-800-656-HOPE (4673) to schedule an appointment. You may also call or text HELP4WV for mental health needs at 1-844-HELP4WV (1-844-435-7498) or visit www.help4wv.com.

Follow-up Health Care Provider:_____ **Phone Number:**_____
You should follow up routinely after this exam to ensure your health and wellness. Please see the recommended follow-up appointment schedule and what to expect at the visit below.

<1 week: If any positive test
• Discuss results
• Provide treatment (if not administered at the initial visit)
• Discuss follow-up for infections
• Re-check any injuries
	1-2 weeks: If tests negative and STI treatment not provided at the initial visit
	• Repeat STI testing (detects infections that might not have produced a positive result at the initial examination time)
	Pre-pubescent:
	• If no infections are identified or no diagnostic testing performed at the initial visit, consider follow-up with a qualified medical provider approximately 2 weeks after the last exposure
		1-2 weeks: If STI treatment is provided at the initial visit
		• Post-treatment testing (only if having symptoms)
		  ○ Burning or pressure during urination
		  ○ Sores, blisters, white and/or gray growths or warts
		  ○ "Flu-like" symptoms
		  ○ Discharge or unexplained bleeding
		  ○ Pelvic pain or painful intercourse
		  ○ Rash on groin, mouth, palm of hands, arms, legs, or torso
		  ○ Swollen areas in the groin

4-6 weeks • Blood test for syphilis • Blood test for HIV • Assess for anogenital warts • Hepatitis B test (pre-pubescent) • 2nd hepatitis B vaccination (if needed) • 2nd HPV vaccination (if needed) • Pregnancy test (if no period since assault)	**3 months** • Blood test for syphilis • Blood test for HIV • Assess for genital warts • Hepatitis B test (pre-pubescent)	**6 months** • 3rd Hepatitis B vaccination (if needed) • 3rd HPV vaccination (if needed) • Assess for anogenital warts

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Additional Discharge Information:

- It is recommended that you use condoms or abstain from intercourse until STI prophylactic treatment is completed and all your tests return and are negative.
- Bring this discharge sheet with you to any follow-up appointment. This will help the follow-up provider ensure that all testing and treatments are performed.
- If you notice any new bruising or injury from the assault, notify the law enforcement agency you reported to so they may take any additional photographs needed.
- If you have any questions regarding the medical forensic examination or medications, please contact the examining health professional noted at the top of page 1.
- If you experience severe pain, heavy bleeding, breathing problems, and/or other serious medical complaints you should call 911 or return to the emergency department immediately.

The above information has been reviewed and I have no additional questions at this time.

Patient Signature:_____ Date:_____

Healthcare Provider Signature:_____ Date:_____