



**Patient Discharge Materials**

Patient Name	DOB/Age
Hospital Name	Phone #
Examining Health Professional	Date of Exam

**Check appropriate circles below while providing patient with information and/or medications:**

	<b>Discussed &amp; Completed</b>	<b>Discussed &amp; Declined</b>	<b>Adult/Adolescent Patients (For alternate therapy refer to CDC treatment guidelines*)</b>	<b>Pre-Pubescent Patients**</b>
<b>Gonorrhea</b>	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Rocephin (Ceftriaxone) 250 mg IM injection single dose <b>PLUS</b> <input type="radio"/> Zithromax (Azithromycin) 1 g by mouth single dose	Testing <b>REQUIRED</b> before treatment Presumptive treatment is not recommended
<b>Chlamydia</b>	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Zithromax (Azithromycin) 1 g by mouth single dose (Do not repeat if already provided for gonorrhea prophylaxis)	Testing <b>REQUIRED</b> before treatment Presumptive treatment is not recommended
<b>Trichomonas</b>	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Flagyl (Metronidazole) 2 g by mouth single dose (May be taken at home if recent alcohol ingestion or EC provided)	Testing <b>REQUIRED</b> before treatment Presumptive treatment is not recommended
<b>Pregnancy (EC)</b>	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication <input type="radio"/> N/A (age or gender)	<input type="radio"/> Plan B Onestep (Levonorgestrel) 1.5mg by mouth single dose up to 72 hours after assault <input type="radio"/> Ella (ulipristil acetate) 30 mg by mouth single dose up to 5 days after assault	N/A
<b>Hepatitis B</b>	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Hepatitis B vaccination, without HBIG, IM injection single dose if previously unvaccinated <b>OR</b> <input type="radio"/> Hepatitis B vaccine booster if already vaccinated but no/unknown postvaccination test	Baseline blood testing on case-by-case basis
<b>HPV</b> Female age 9-26 Male age 9-26	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication <input type="radio"/> N/A (age)	<input type="radio"/> Gardasil (see age limitations)	<input type="radio"/> Gardasil (see age limitations)
<b>HIV-</b> Case-by-case basis: UP TO 72 HOURS	<input type="radio"/> Testing <input type="radio"/> Medication	<input type="radio"/> Testing <input type="radio"/> Medication <input type="radio"/> N/A (over 72 hours)	<input type="radio"/> Truvada (Tenofovir 300mg + Emtricitabine 200mg daily) by mouth daily <b>PLUS</b> <input type="radio"/> Isentress (Raltegravir 400mg) by mouth twice a day <b>OR</b> <input type="radio"/> Tivicay (Dolutegravir 50mg) by mouth daily	Baseline serum testing on case-by-case basis depending on the likelihood of infection among assailant(s)
<b>Syphilis</b>	<input type="radio"/> Testing	<input type="radio"/> Testing	Treatment not recommended	Baseline serum testing on case-by-case basis
<b>Anti-emetic</b>	<input type="radio"/> Medication	<input type="radio"/> Medication	<input type="radio"/> Zofran (Ondasteron hydrochloride) 4 mg by mouth	<input type="radio"/> Administer per hospital protocol as indicated
<b>Tetanus</b>	<input type="radio"/> Medication	<input type="radio"/> Medication	<input type="radio"/> Tdap or Td vaccine	Check immunization history

**The hospital should provide you with a medication instruction sheet for any medication that was provided to you in addition to this discharge instruction sheet.**

\*CDC Treatment Guidelines Website: <https://www.cdc.gov/std/tg2015/>

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

Penetration or evidence of penetrative injury to genitals, anus or oropharynx	Abuse by a stranger
Abuse by perpetrator known to be infected with or at high risk for an STI	Child lives in an area with high rate of STI
Child, sibling or another person in household with STI	Child or parent requests STI testing
Signs or symptoms of STIs (vaginal discharge or pain, genital itching or odor, urinary symptoms, and genital lesions or ulcers)	



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**Counseling/Support Services:**

As a survivor of sexual assault, you may experience sleep disturbances, anxiety, irritability, depression and other symptoms. These are normal reactions to trauma. You are encouraged to seek help in dealing with the effects of surviving an assault. Rape crisis centers offer free counseling services. You may call your local rape crisis center or 1-800-656- HOPE (4673) to schedule an appointment.

**Follow-up Health Care: (For alternate follow-up options, refer to CDC treatment guidelines\*)**

**Provider:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

<p><b>2 week recommendations (if needed)</b></p> <ul style="list-style-type: none"> <li>○ If you have symptoms of infection as listed below: <ul style="list-style-type: none"> <li>○ Burning or pressure during urination</li> <li>○ Sores, blisters or small, white and/or gray growths or warts</li> <li>○ “Flu-like” symptoms</li> <li>○ Discharge</li> <li>○ Unexplained bleeding</li> <li>○ Pelvic pain or painful intercourse</li> <li>○ Rash on groin, mouth, palm of hands, arms, legs or torso</li> <li>○ Swollen areas in groin</li> </ul> </li> <li>○ Screening for trichomonas, bacterial vaginosis, herpes, HPV</li> <li>○ Re-check injuries if needed</li> </ul>	<p><b>6 week recommendations</b></p> <ul style="list-style-type: none"> <li>● Serologic testing for syphilis</li> <li>● HIV test</li> <li>● 2<sup>nd</sup> hepatitis B vaccination (if needed)</li> <li>● 2<sup>nd</sup> HPV vaccination (if needed)</li> <li>● Reevaluate for the development of anogenital warts</li> <li>● Pregnancy test (if no menses since assault)</li> </ul>
<p><b>3 month recommendation</b></p> <ul style="list-style-type: none"> <li>● Serologic testing for syphilis</li> <li>● HIV test</li> <li>● Reevaluate for the development of anogenital warts</li> </ul>	<p><b>6 month recommendation</b></p> <ul style="list-style-type: none"> <li>● HIV test</li> <li>● 3<sup>rd</sup> Hepatitis B vaccination (if needed)</li> <li>● 3<sup>rd</sup> HPV vaccination (if needed)</li> <li>● Reevaluate for the development of anogenital warts</li> </ul>

**Cost of Care: (Check or initial for documents received)**

- \_\_\_\_\_ I received information on Crime Victim Compensation
- \_\_\_\_\_ I received a voucher for follow-up care (if applicable)
- \_\_\_\_\_ I received a document from the hospital explaining that it is illegal for me to be billed for any services that I received as an outpatient related to the assault

**Other:**

- It is recommended that you use condoms or abstain from intercourse until STI prophylactic treatment is completed and all your cultures and blood tests return and are negative.
- **You should bring these discharge instructions with you to the follow-up appointment**, so that the healthcare provider will know what treatments were provided.
- If you notice any new bruising in the next few days, contact the law enforcement agency you reported to so they may take additional photographs.
- If you have any questions regarding the medical forensic examination or medications, please contact the examining health professional listed at the top of the paperwork.
- If you have any questions regarding your urine testing for drug facilitated sexual assault, please refer to the Consent to Toxicology paperwork you were provided.
- 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 WITH ME AND I HAVE NO ADDITIONAL QUESTIONS AT THIS TIME.**

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_