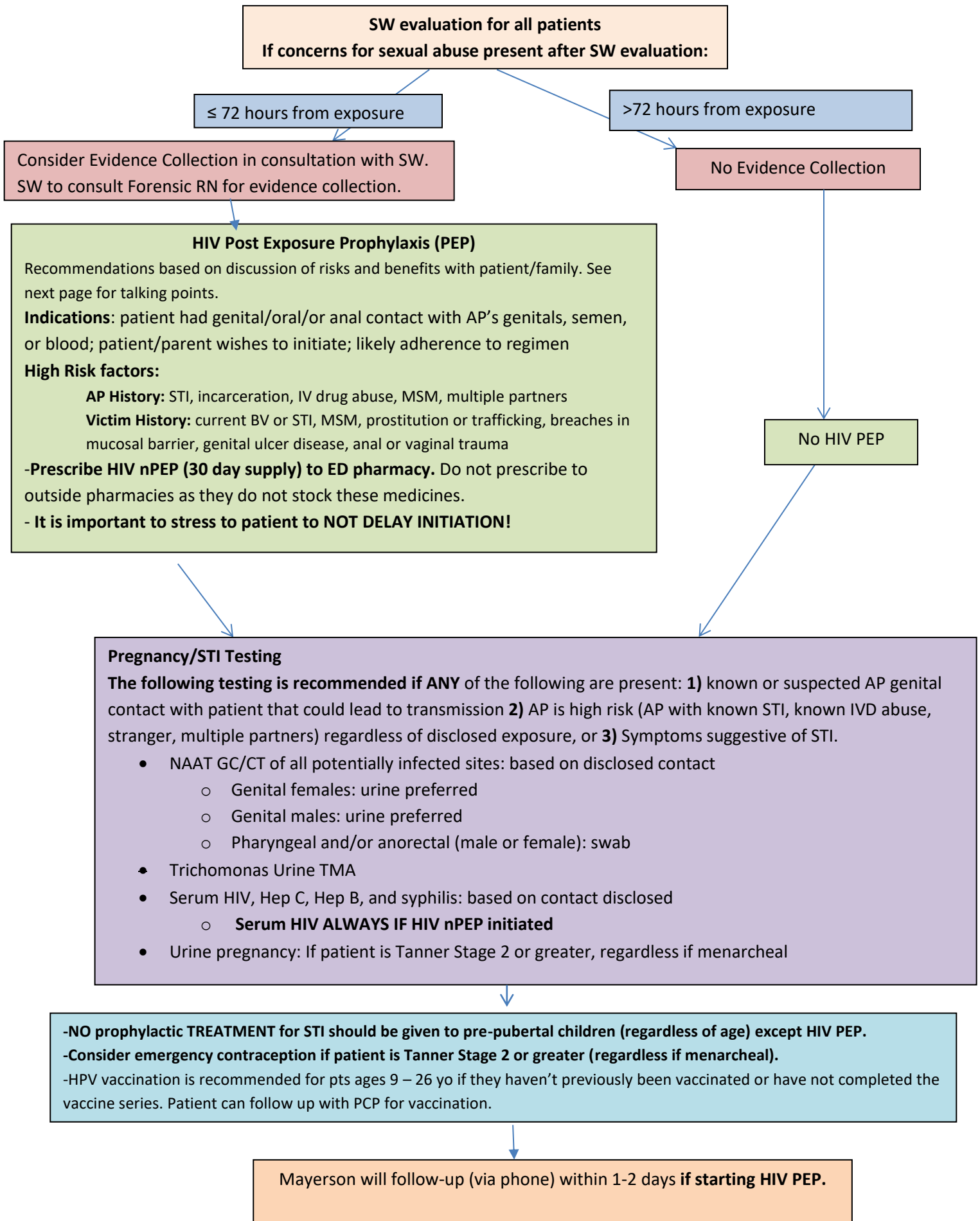


# Sexual Abuse Evaluation Protocol - PRE-pubertal children (male and female)



# Sexual Abuse Evaluation Protocol - Pubertal Children (male and female)

SW evaluation for all patients  
If concerns for sexual abuse present after SW evaluation:

≤ 72 hours from exposure

73-120 hours from exposure

> 120 hours (5 days) from exposure

Consider Evidence Collection in consult w/ SW.  
SW to consult Forensic RN for evidence collection

Consider evidence collection if genital to genital contact within 96 hours in female victims.

No Evidence Collection

**HIV Post Exposure Prophylaxis (PEP)**  
Recommendations based on discussion of risks and benefits with patient. (See next page for talking points)  
**Indications:** patient had genital/oral/or anal contact with AP's genitals, semen, or blood; patient/parent wishes to initiate; likely adherence to regimen  
**High Risk factors:**  
**AP History:** STI, incarceration, IV drug abuse, MSM, multiple APs  
**Victim History:** current BV or STI, MSM, prostitution or trafficking, breaches in mucosal barrier, genital ulcer disease, anal or vaginal trauma and current menstruation  
**-Prescribe HIV nPEP (30 day supply) to ED pharmacy.**  
**-Do not prescribe to outside pharmacies as they do not stock these medicines.**  
**-It is important to stress to patient to NOT DELAY INITIATION!**

NO HIV PEP

No HIV PEP

**Pregnancy/STI testing:**  
**ALL recommended:**

- NAAT GC/CT (Based on history of contact)
  - Genital: Urine (swab if tolerated)
  - Anorectal and/or pharyngeal: swab
  - Trichomonas urine TMA
- Pregnancy (ALWAYS obtain prior to treatment)
  - Urine
- HIV, Hep C, Hep B, and syphilis (Based on contact disclosed)
  - Serum studies

**Pregnancy/STI Testing:**  
**Recommended based on contact disclosed:**

- Urine pregnancy: ALWAYS prior to treatment.
- Serum HIV, Hep C, Hep B, and syphilis: based on contact disclosed
  - Serum HIV ALWAYS IF HIV nPEP initiated

**The following testing is recommended if you are NOT treating, but optional if treating for STI.**

- NAAT GC/CT (urine, and/or pharyngeal/rectal swab based on contact)
- Trichomonas urine TMA

**Treatment:**

- For GC/CT/Trich: Based on symptoms and physical exam

**Prophylaxis: All Recommended**

- Emergency Contraception
- Ceftriaxone
- Doxycycline or Azithromycin
- Metronidazole
- Note: HPV vaccination is recommended for pts ages 9 – 26 yo if they have not previously been vaccinated or have not completed the vaccine series. Follow up with PCP for vaccination.

Mayerson will follow-up (via phone) within 1-2 days if starting HIV nPEP.

Ohio Age of Legal Consent		
Victim Age	AP age	Legal?
<13	Any	No
13 -15yo	13-17	Yes
	18 and older	No
16 & older	>13 yo	Yes

**\*never legal if forced, AP in position of power, or AP and victim are related.\***

Indiana Age of Legal Consent		
Victim Age	AP age	Legal?
<14	Any	No
14-15	14-17	Yes
	18 and older	No
16 & older	>14	yes

Age of consent increases to 18 if the AP is the guardian or a child care worker for the minor.

Kentucky Age of Legal Consent		
Victim Age	AP age	Legal?
<14	Any	No
14-15	14-17	Yes
	18 and older	No
16 & older	>14	yes

**\*never legal if forced, AP in position of power, or AP and victim are related**

**HIV nPEP dosage for ≥ 35 kg:**  
Pt needs both medications X 30 days  
**Tivicay** (Dolutegravir) 50 mg tablet PO daily x 30 days  
**Truvada**(Emtricitabine 200 mg/Tenofovir Disoproxil Fumarate 300mg) 1 tablet PO daily x 30 days

**HIV nPEP dosage for <35 kg or cannot swallow pills**  
Pt needs all 3 medications x 30 days  
**Zidovudine**

- 4 to <9 kg: 12 mg/kg/dose PO BID
- ≥9 to <30 kg: 9 mg/kg/dose PO BID
- ≥30 kg: 300 mg PO BID

**Lamivudine** 4 mg/kg/dose PO BID (max 150 mg BID)  
**Lopinavir-ritonavir (Kaletra)**

- 14 days to 6 months: 16 mg lopinavir/kg PO BID
- < 15 kg and > 6 months: 12 mg lopinavir/kg PO BID
- 15-35 kg: 10 mg lopinavir/kg PO BID
- ≥ 35 kg: 400 mg lopinavir PO BID

**Treatment Options:**

- E.C: Ella (Ulipristal acetate 30 mg PO x 1 dose) **within 5 days or 120 hours of sexual contact in pubertal females or Tanner stage 2+**
- **Ceftriaxone:**
  - 25 kg to 45 kg: 250 mg IM
  - >45 kg to <150 kg: 500 mg IM
  - ≥150 kg: 1 gram IM
- **Doxycycline:** 100 mg PO BID x 7 days
  - *Alternative: Azithromycin 1 gram PO x 1 dose if ≥45 kg (often preferred; consider one-time dosing if concern for non-compliance or allergy)*
- **Metronidazole:**
  - 15 mg/kg/DOSE BID; max 500 mg BID X 7 days
  - Alternative in males: >45 kg: metronidazole 2 gm PO x 1 dose
  - Alternative in non-pregnant females: see CDC guidelines
  - Counsel about avoiding alcohol x 3 days after stopping med. OK to have patient take at home if concerned about nausea.
- **Gastrointestinal side effects can occur with this combination. Consider ondansetron for nausea/vomiting prophylaxis**

**Serum Testing Specifics:**  
HIV: Ag/Ab  
Hep B: Surface Ag, Core Ab, and Surface Ab  
Hep C: Hep C Ab  
Syphilis: Syphilis Screen

**Follow-up testing**  
To be arranged by Mayerson and may include:

- HIV: 6 weeks, 3 months
- Syphilis: 6 weeks, 3 months
- Hep C: 3 months
- Hep B: 6 weeks and 3 months

**HIV Post-Exposure Prophylaxis (PEP) Talking Points:**  
*HIV infection from sexual assault can occur, but the likelihood of this is very low.*

**HIV Transmission Risk**

Receptive Anal intercourse	1.4%
Insertive Anal Intercourse	0.1%
Receptive penile-vaginal intercourse	0.08%
Insertive penile-vaginal intercourse	0.04%
oral sex	Low risk

**nPEP is a 30-day course of antiretroviral medications**  
nPEP has been shown to decrease the risk of acquiring HIV by 81%.  
**The sooner it is started, the more efficacious it is. It should be started within 72 hours of exposure.**  
Side Effects of nPEP: Nausea, vomiting, and loose stool are the most common.

**What to think about:**

1. Likelihood of AP having HIV (local rates of infection and risk factors of AP)
2. Exposure characteristics that may increase transmission
3. Time since event (≤72 hours)
4. Likelihood of adherence to meds and follow up.