

Guidelines for Emergency Department Evaluation of the Sexual Assault Patient

SART Activation Criteria:

- Age ≥ 13 years old.
- Report of sexual assault / concern for sexual assault.
- Time lapse < 120 hours (or 5 days) prior to arrival for ALL patients (regardless of sex).
- The patient wants evidence collection in addition to medical care and prophylactic medications.
- The patient has been medically screened by an ED provider and found to be medically stable.
- The patient is able to provide consent and behaviorally capable of cooperating with evidence collection.

SART Activation¹:

- Confirm with the triage RN², if SART was activated in triage.
- ED provider can initiate SART activation via the following process:
 - Call Operator by dialing extension 3151 or 3144.
 - Request “SART Activation.”
 - Document the activation time.
 - Give a call back number that can be dialed from outside the facility.
- Give the patient a copy of the following:
 - NYSDOH Sexual Assault Bill of Rights³
 - Forensic Rape Exam (FRE) Direct Reimbursement Form

ED Screening Exam:

- Document a medical screening evaluation **ASAP**. If SART is activated, detailed forensic history is NOT required.
- The purpose of the screening exam is to:
 - Identify any immediate medical or trauma issues that need to be addressed to stabilize the patient.
 - Identify if the patient is able to consent to sexual assault forensic examination and behaviorally capable of cooperating with the examination. If there is a concern for acute psychosis and/or ability to provide consent please consult psychiatry.
 - Identify any issues specific to the case (e.g., drug facilitated case, bite marks, acute psychosis, strangulation) that you may wish to discuss with the examiner by phone prior to their arrival.
 - See “Recommendations for Medical/Radiographic Evaluation of Non-fatal Strangulation”
 - Order labs and/or PEP (as indicated).

Things to Remember:

- Patients should be evaluated by a SART examiner within 1 hour of activation,
- Patients should be placed in the crisis center or in a private room within the ED with an advocate.
- Patients should remain in their clothing until the examiner arrives.
- The first voided urine (no wipes) should be kept for the examiner.
- In cases with recent oral penetration, the patient should remain NPO (including no medications), until the SART exam.

Social Work Consult:

- **A social work consult should be placed for all SART cases⁴.**
- Our social workers act as a “SAFE Advocate” and assist with Crime Victim Services and safe discharge planning/transportation home.

Labs and Prophylaxis:

- Two “Order Sets” now exist in EPIC to assist with meds/lab orders.
- Search “sexual assault” in order sets:
 - “Post Exposure Prophylaxis for Sexual Assault” for HIV meds.
 - “ED Suspected Sexual Abuse/Assault” for labs/other meds etc.

¹ Please cancel the call via the Operator if the patient changes their mind or they cannot consent and document this in a progress note.

² The triage nurse should give a report to the ED attending physician, after activating SART, and document the name of the physician in the triage note.

³ The 'New York State Sexual Assault Victim Bill of Rights' must be provided to every presenting sexual offense victim before a medical facility commences a physical examination of a sexual offense victim in order to inform the victim of their rights and offering an explanation of such rights. Visit <https://www.health.ny.gov/professionals/safe/> for copy of bill of rights in other languages.

⁴ Please document if the patient declines to see social work. The ED social worker can be reached by dialing extension 4628.

Labs:

- Pregnancy test (beta-hCG) *before giving emergency contraception.*
- HIV AG/AB Screen (for baseline) *with counseling and consent prior to initiating HIV prophylaxis.*
- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (OR Basic Metabolic Panel (BMP) + Hepatic Panel)
- Hepatitis C Antibody
- Hepatitis B Surface Antigen
- Hepatitis B Surface Antibody
- Syphilis Rapid Plasma Reagin (RPR)
- Do NOT order alcohol tests and urine drug screens in EPIC⁵.

Medications/Prophylaxis:

- 1) Ondansetron (4 mg) for nausea/vomiting associated with medication administration.
- 2) Emergency contraception⁶:
 - a. Levonorgestrel (1.5 mg) offered up to 120 hours.
- 3) HIV PEP⁷:
 - a. Emtricitabine/Tenofovir (Truvada) 200 mg/300 mg – 1 tablet daily
 - b. Raltegravir (Isentress) 400mg – 1 tablet twice a day
- 4) Gonorrhea:
 - a. Ceftriaxone⁸ (500 mg) intramuscularly (IM) – 1 dose OR Gentamicin (240 mg) IM + Azithromycin (2 g) – 1 dose orally, if cephalosporin allergy
- 5) Chlamydia:
 - a. Doxycycline (100 mg) twice a day orally x 7 days OR Azithromycin (1 g) – 1 dose orally.
- 6) Trichomonas:
 - a. Metronidazole (2 g) – 1 dose orally, which can be given to take at home if recent alcohol consumption or experiencing nausea/vomiting.
- 7) Hepatitis B:
 - a. If prior vaccination with positive titers no further intervention is needed.
 - b. If perpetrator is known to be HBV positive administer the following:
 - i. Hepatitis B Immune Globulin (0.06 mL/kg) IM within 24 hours
 - c. If never vaccinated, administer the following:
 - i. Hepatitis B vaccine (1 mL) IM and refer to the ID Clinic for further doses.
- 8) Tetanus (if vaccinations are not up-to-date):
 - a. Tdap (Boostrix) 0.5 mL IM – 1 dose.

Police Notification:

- Patients do not have to report the assault to NYPD/SVU.
- Patients can have evidence collection regardless of police involvement.
- If the patient wants police involvement, notify hospital police at extension 4300 and/or call SVU at **646-610-7272**. In the case of safety concerns, hospital police officers can be assigned outside the patient's room pending NYPD arrival.

E-referrals/Outpatient Follow-up:

- Document patient's updated contact information in the chart: **Name, Phone Number, Email Address**⁹
- Infectious Disease (ID) clinic within 7 days for remaining doses of HIV PEP¹⁰ OR within 4 weeks for all individuals declining STI/HIV PEP
 - o E-building, 4th floor (or contact Associate Director Ms. Singh-Bahadur at 718-245-2816)
 - o Tuesday 1 PM – 5 PM; Wednesday 8:30 AM – 11:30 AM; Friday 1 PM – 4 PM
- Gynecology Women's Health Clinic within 2-4 weeks in the E-building, 6th floor, Suite C (or contact Ms. Cooper at 718-245-3495)
- Adolescent Medicine Clinic (Dr. Suss or Dr. Cambridge) for patients age 13-18 years old¹¹ - E-building, 4th floor, Suite B - Tuesday 12 PM – 4 PM

⁵ If there is concern for drug-facilitated sexual assault notify the SART examiner for consideration of SOECK Part B. The SART examiner will collect labs and urine for the SOECK Part B to maintain the chain of custody and store it in the appropriate conditions.

⁶ Document if patient declines emergency contraception.

⁷ HIV offered up to 72 hours. Document if patient declines HIV PEP.

⁸ Ceftriaxone (1000 mg) IM to be administered for patients > 150 kg.

⁹ Indicate if they have consented for notifications. Please indicate preferred form of contact (e.g., text, voice, email, family member)

¹⁰ We provide the first dose of HIV PEP in the ED and first 7 days of HIV PEP via the EPIC order set. Remaining doses to be provided at Infectious Disease (ID) Clinic Follow-up in E-building.

¹¹ See pediatric guidelines in Pediatric Emergency Department