

H&H ED Flow Chart for Evaluation of Post-Sexual Assault/Abuse in Pediatric Patients

Is the pt \geq 13yrs with sexual contact <120 hours, stable AND consents to forensic examination?

Yes

Follow the **ADULT SART Flowchart**

No

Is this case known to ACS?

If yes: Brooklyn ACS Field Office
(Day: 718-623-4531/4500)
(Evening: 646-945-1560/1423/1448)

If no: Call hotline (800) 635-1522
Complete 2221 form and SW database

ED Social Work Consult
ACS Report made by SW or MD as indicated

Physician performs physical and forensic exam as indicated in patients <13 years
Physician orders **Diagnostic Tests and Post-Sexual Assault Medications**
Consent for Forensic Examination must be completed (found in kit)

Photos of any visible exam findings

Use the camera attached to nurse's station that directly downloads photos into the patient's chart

Include a photo of the patient's face

Include name/MRN/date in each photo

Physician documents in the EMR:
History, exam findings, care provided, any photography, consent, consults, disposition and follow up

Physician arranges patient disposition with **appropriate follow-up**

Email tracey.braithwaite@nychhc.org
Barbara.nicolas@nychhc.org
& Jeffrey.rallo@nychhc.org the MRN and case summary.

Add ALL patients to "Follow-Up Binder"
For a call back in 24 hours to assess medication compliance and any questions/concerns

HCG: every female of childbearing age
RPR: for syphilis
Hepatitis B: IgM Antibody, surface antibody, Surface Antigen
Hepatitis C Antibody

If consenting to **HIV PEP:**

- **HIV-1 Ab Screen**
- **CBC**
- **CMP**

Additional diagnostic testing per MD: DNA swab, STI cultures

Medications: see next page

- If <13 yrs, treat case by case based on clinical judgment

If ACS/NYPD involved and confirm this themselves:

Brooklyn Advocacy Center 718-330-5409
320 Schermerhorn St. Brooklyn, NY 11207

If \geq 13 yrs: Adolescent Clinic

Dr. Suss & Dr. Cambridge Mon-Fri 9a-11a E building 4th floor

If <13 yrs: Primary Care Physician (If none, KCH E-building clinic)

**Must call their MD and speak to them directly (or answering service if after hours)*

Pediatric Infectious Disease Clinic (If starting HIV PEP, make appt in 1-2 weeks)

Child Psychiatry/Behavioral Health : Walk-in Clinic R building Mon-Fri 8:30a-1P

Prophylaxis after Child Sexual Abuse/Assault of Preadolescent Children:

Do not prophylactically treat prepubescent children as this may destroy evidence and delay in treatment does not have a significant impact on the patient’s health.

Prophylaxis after Sexual Abuse/Assault of Adolescents:

Antibiotic prophylaxis is recommended to include an empiric regimen to cover chlamydia trachomatis, gonorrhea, trichomoniasis and bacterial vaginosis.

**The patient should have a negative pregnancy test prior to dispensing of medications.*

Weight < 100-lbs. (45-kg)	Weight ≥ 100-lbs. (45-kg)
Coverage of Gonorrhea	
Ceftriaxone 25-50 mg/kg IM, single dose (Max: 250 mg)	Ceftriaxone 500 mg IM/IV, in a single dose
PLUS Coverage of Chlamydia Trachomatis	
Erythromycin base 50 mg/kg of body weight/day orally, divided into 4 doses for 14 days	Azithromycin 1g orally in a single dose OR Doxycycline* 100 mg orally twice a day for 7 days <i>*Child must be ≥ to 8 years old for doxycycline</i>
PLUS Prevention of Hepatitis B Infection	
Begin or complete hepatitis B immunization If not fully immunized: Follow up doses of vaccine should be administered 1 to 2 and 4 to 6 months after the first dose. OR HB Immunoglobulin 0.06 ml/kg IM in the ED if perpetrator known to be HBV positive	
Emergency Contraception	
1-dose regimen of Levonorgestrel oral tablets (Plan B) which is approved for patients of any age. <i>*The patient should have a negative pregnancy test before emergency contraception is given within 120 hours of assault</i>	
Consider adding Metronidazole 5 mg/ kg/day in 3 divided doses for 7 days	For trichomoniasis and bacterial vaginosis Metronidazole 2 g orally in single dose <i>*contraindication: recent alcohol intake.</i>

HIV Prophylaxis for non-pill swallowing patients (If can take pills, use Adult PEP Packs)

For patients with a history of a single sexual exposure, PEP can be considered, and if given should be started **as soon as possible** after the exposure but certainly within 72 hours

If the patient receives PEP, a follow up Tele-visit order must be placed for evaluation at 24 hours for tolerance of medication and any concerns. **Document a working telephone number** (home and cell) where the patient may be reached.

*****Patient MUST go home with ENTIRE 28 Day supply of HIV PEP given in ED *****

Raltegravir chewable tablets (25 mg, 100 mg)

Weight	Dosing	# of chewable tablets
11 to 14 kg	75 mg twice daily	3 x 25 mg BID
14 to 20 kg	100 mg twice daily	1 x 100 mg BID
20 to 28 kg	150 mg twice daily	1.5 x 100 mg BID
28 to 40 kg	200 mg twice daily	2 x 100 mg BID
> 40 kg	300 mg twice daily	3 x 100 mg BID

Zidovudine oral solution (50 mg / 5 ml)

Weight	Dosing	Frequency
4 to 9 kg	12 mg/kg/dose	Twice daily
9 to 30 kg	9 mg/kg/dose	Twice daily
> 30 kg	300 mg/dose	Twice daily

Lamivudine oral solution (10 mg / ml)

Weight	Dosing	Frequency
< 50 kg	4 mg/kg/dose	Twice daily
> 50 kg	150 mg	Twice daily