

Pediatric Post-Sexual Assault Medications



Chlamydia: Azithromycin, PO

<45 kg: 20 mg/kg (max 1000mg)

>45 kg: 1000 mg

Gonorrhea: Ceftriaxone, IM

<45 kg: 125 mg

>45 kg: 250 mg

Trichomonas: Metronidazole, PO

<45 kg: 5 mg/kg/dose, TID for 7 days (max 2000mg/day)

>45 kg: 2000mg, as a single dose

HIV Prophylaxis for non-pill swallowing patients

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



**Pediatric ED
SEXUAL ASSAULT/ABUSE
Process Flow Sheet**

Is patient **≥13 years** with
sexual contact <96 hours, stable, AND
consents to forensic examination?

Yes

Follow the **Adult SART Flowchart**

No

ED Social Work Consult

Page via Operator, or call Office x4628, Voicemail x4374

ACS Report made by SW (or MD) as indicated

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

Physician performs **Physical Exam** 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)

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 pages

Physician Documents in Quadramed:
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, and
Jeffrey.rallo@nychhc.org the MRN and case summary.

Photos of any visible exam findings

- Use the camera attached to Nurse's computer station that directly downloads photos into the patient's chart
- Include a photo of patient's face
- Include name/MRN/date in each photo

Required

< 13 Years

Primary Care Physician

Must call PCP or answering service to have conversation and document it.

≥ 13 Years

Adolescent Clinic

Dr. Suss, Dr. Cambridge, Clinic code 992
Mon-Fri, 9a-11a, E-Building 4D

Recommended

General Pediatrician

**Child Psychiatry/
Behavioral Health**
Walk-in Clinic
Mon-Fri, 8:30a-1p
R-Building

**If ACS involved or NYPD bringing
there from ED**

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