



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
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 page

-If <13yrs, treat **case-by-case**
based on **Clinical Judgement**

Physician Documents in 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, and
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

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

If ACS/NYPD involved and confirm this themselves:

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

If ≥ 13 yrs: Adolescent Clinic

Drs. Suss & Cambridge, Mon-Fri, 9a-11a, E Building – 4th Floor

If < 13 yrs: Primary Care Physician (if none, our 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

Pediatric Post-Sexual Assault Medications

Pregnancy: Levonorgestrel (Plan B), PO

1.5 mg, as a single dose

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

*Strongly consider giving ondansetron (Zofran) prior to medications to prevent nausea/emesis

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

*****Patient MUST go home with 28 Day supply of HIV PEP in hand!*****

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

