Acute Sexual Assault Guidelines: Prepubertal Child (< 72 Hours)

This card outlines the steps a practitioner should follow to care for a prepubertal child after an acute sexual assault. Emergency room triage should first notify the social worker on call. The social worker and the medical provider collaborates to obtain history, assess safety, and make referrals. If additional consultation is needed, page the Child Abuse provider on call.

### Physical

- Woods lamp—Nonspecific, but may help guide swabs.
- Sexual assault evidence collection kit—Not necessary in most cases unless abuse was ongoing. Best if done two weeks after sexual contact.

### Medical Treatment

#### Blood
- RPR, HIV, Hep B panel, and add Hep C (if indicated because of high risk).
- Venipuncture is preferred.
- If indicated, direct drug or alcohol exposure, perform drug screening test.
- Date rape drugs (GHB/Rohypnol/Ketamine) if within 24 hours and if suspected. Either draw and send to Lab or give to police for crime lab (too 6 ml purple top tubes). DO NOT DO BOTH.

#### STI prophylaxis

- **For children under 45 kg (< 100 lb)**
  - **Anitbiotic:** Ondansetron (Zofran) 0.1 mg/kg/dose up to 4 mg PO q 4 h or Suprax 8 mg/kg PO q 12h
  - **GC:** Ceftriaxone 125 mg IM x 1 or Suprax 8 mg/kg PO q 12h
  - **CT:** Azithromycin 15 mg/kg/day orally 5 days

- **For children greater than or equal to 45 kg (100 lb)**
  - **Anitbiotic:** Ondansetron (Zofran) 0.1 mg/kg/dose up to 4 mg PO q 4 h or Suprax 8 mg/kg PO q 12h
  - **GC:** Ceftriaxone 250 mg IM x 1 or Cefixime 400 mg PO x 1
  - **CT:** Azithromycin 1 g orally single dose or Doxycycline 100 mg PO BID x 7 days plus
  - **Trich:** Metronidazole 2 g PO x 7 days

#### Medical Referrals

- **Follow-up:** If minor genital injuries or child cannot be examined, refer to Child Protection Center (CPC). Always fax records to CPC if child is to go to CPC for follow-up. Give CPC brochure to family.
- **CPC brochure**: www.acep.org/evaluating-injuries
- **CPC**
  - For medical follow-up in two weeks for children under 45 kg (< 100 lb).
  - For medical follow-up in one week for children 45 kg (< 100 lb). Give CPC brochure to family.

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History

- Specifics of incident—Who, what, time, date, where, type of contact (for example, p/v, p/m, p/a, hand/ genital, mouth/penetration, bite, kiss, pain/blending, ejaculation).
- Medical history—Allergies, meds, Hep B and Td immunization status, use of contraception, age of menarche, LMP, relevant sexual history.
- ROS—Aural, genital, oral, vaginal/anal itching, discharge, pain, abdominal/pelvic pain, dysuria, frequency, urgency, bleeding, areas of soreness, constipation, sleep.

Physical

- Woods lamp—Non-specific: Use with history to guide diagnostic work-up.
- Sexual assault evidence collection kit—Buccal swabs.
- Urine culture (if indicated).
- Blood culture (if indicated).
- Trich:
- Cultures (gold standard) and/or NAAT testing (urine/vaginal for gonorrhea and chlamydial infection).
- Girls—Vaginal wet mount for trichomonads, clue cells, yeast, WBCs, and pH.
- Optional—Anogenital exam and all injuries by photos (colposcopic and/or digital), note, diagram.
- Complete PE—Document anogenital exam and all injuries by photos (colposcopic and/or digital), note, diagram.
- If discharge is present, then:
  - Cultures (gold standard) and/or NAAT testing (urine/vaginal for gonorrhea and chlamydial infection).
  - Girls—Vaginal wet mount for trichomonads, clue cells, yeast, WBCs, and pH.

Adolescents (< 72 hours)

Acute Sexual Assault Guidelines:

- If suspected drug, store for later testing.
- Date rape drugs (GHB/Rohypnol/Ketamine) if within 24 hours of assault and if suspected. Either draw and send to Lab or give to police for crime lab (two 6 ml purple top tubes). DO NOT DO BOTH. Refrigerate.
- Document anogenital exam and all injuries by photos (colposcopic and/or digital), note, diagram.
- If discharge present, then:
  - Cultures (gold standard) and/or NAAT testing (urine/vaginal for gonorrhea and chlamydial infection).
  - Girls—Vaginal wet mount for trichomonads, clue cells, yeast, WBCs, and pH.

Medical Treatment

- Antiemetic: Administer early if PEP—Ondansetron (Zofran) 40 mg PO x 1; or Vistaril or Atarax 0.5–1 mg/kg/dose up to 50 mg PO x 1.

STI prophylaxis for gonorrhea, chlamydia, trichomoniasis, and BV

- GC: Ceftriaxone 250 mg IM 1 x or Cefixime 400 mg PO x 1 plus CT: Azithromycin 1 g PO x 1 dose or Doxycycline 100 mg PO BID x 7 days plus Trich: Metronidazole 2 g PO x 1 dose.
- BV: Metronidazole 500 mg PO BID x 7 days

Immunizations

- Girls: Hepatitis B vaccine if not previously immunized or status unknown; HBIG if indicated.
- Tetanus: icon dose (0.5–1 mg/kg/dose up to 50 mg PO x 1).

Pregnancy prophylaxis

- Give with written informed consent within 72 hours of incident if urine or serum pregnancy is negative. (May wait up to 5 days post assault.)
- Plan B: 1.5 mg Levonorgestrel given in one dose.

Consider

- Consult surgery and OB/GYN for serious injuries.
- HIV prophylaxis if high risk. (PEP)—consult HIV specialist if needed.
- Hepatitis B vaccine if not previously immunized or status unknown; HBIG if indicated.
- TD immunization when anogenital injuries are present or if not UTD. Consider tetanus immune globulin in severe injuries.
- Herpes Simplex symptomatic treatment: Acyclovir 400 mg PO 3 times/day for 7–10 days or Valacyclovir 1 G PO BID for 7–10 days.

Follow-up

- If minor anogenital injuries or exam cannot be done, refer to Child Protection Center (CPC). Always fax records to CPC if child is going to CPC for follow-up. Give CPC brochure to family.
- Medical follow-up in two weeks (PMDC, CPC, DHCC, or adolescent clinic) for STIs, and other issues. Repeat blood work as shown below.