Policy:	**Guidelines for the Care of the Adult Female Sexual Assault Patient**
Applies to:	ED Clinical Staff
Effective Date:	October 2005
Reviewed by:	Patricia Mian, RN
Approved by:	ED Executive Committee, Dr. Alasdair Conn
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Standards/Definitions:

Emergency Department Service to Patients:
Service includes treatment and documentation of acute trauma; treatment and documentation of signs and symptoms consistent with sexual assault; collection of evidence; prevention of infection and pregnancy; crisis intervention; and follow-up counseling.

Definition:
Physical sexual activity involving two or more persons that occurs without the consent of one of the persons involved. Sexual assault includes any non-consensual contact involving the breasts, genitals or anus with or without penetration.

Detailed Procedure:

Participation in the SANE Program:
Massachusetts General Hospital is a designated SANE (Sexual Assault Nurse Examiner) site in agreement with the Massachusetts Department of Public Health. The role of the SANE nurse is to provide specialized forensic examination and care to patients 12 years or older reporting sexual assault. The SANE nurse will function in consultation with the ED physician and primary nurse regarding the provision of medical treatment, medication orders and readiness for discharge. If a SANE is not available, the forensic examination and collection will be done by the ED physician/primary nurse.

GUIDELINES

1. Patient's participation in treatment
The patient is encouraged to participate in all decisions of care in the Emergency Department. Care should be tailored to the patient's specific requests and needs. The patient may decline any part of the protocol at any time.

2. Limitations
The Emergency Department does not determine whether or not a sexual assault has occurred but provides the services outlined above. The criminal justice system determines whether or not an assault has occurred.

3. Length of time since assault
A full evidentiary exam can be performed 5 days (up to 120 hours) after a sexual assault. Oral and anal specimens can be collected for up to 24 hours following an oral or anal assault; however, the kit should still be used according to protocol eliminating only these two steps.

4. Reporting
There is no legal requirement that providers report cases of sexual assault to the police. It is always the patient's decision to do so. Providers can, however, help the patient notify the police if that is the patient's decision. Any verbal information provided to the police should be given only with the patient's permission.

Providers are mandated to report the abuse and neglect of:

- children under the age of 18;
- disabled persons aged 18 to 59;
- persons 60 years of age and older.

Providers are mandated to report any sexual assaults to the State Department of Public Safety (DPS) and the police department in the city or town where the rape took place. The DPS provides a form, Provider Sexual Assault Crime Report, to fax.

5. Documentation
Documentation of history and physical exam should be done on the Sexual Assault Evidence Collection Kit forms which are included in the kit. The original white Forms 1through 6 become part of the MGH medical record. The yellow copies of Forms 2, 3, and 4 are returned to the kit and the yellow copy of Form 6 is given to the patient. Additional information can be recorded on the ED Triage/Discharge Record and ED Nursing Flow Sheet. All documentation should be written with full awareness that the medical record functions as a legal document; may be read in court; and may carry more weight than verbal testimony. It should be complete, legible and without judgments or conclusions.

ASSESSMENT
1. Triage Nurse
The triage nurse will assess the patient to determine complaint of sexual assault. The nurse will not interview the patient about the assault or elicit details about the event. The nurse will perform an initial screening for any evidence of trauma or injuries resulting from the assault. Vital signs should be taken and review of significant medical history, current medications and allergies should be documented in the appropriate place.

The nurse should write a brief note such as, "ESI2 Reported Sexual Assault".

The sexual assault patient is considered a high priority patient and should be brought to a designated treatment area, as soon as possible.

2. Emergency Medicine Attending Physician
The Emergency Medicine attending will supervise medical and surgical care, as indicated. The ED physician will be available to the SANE for all medical consultation. Any urgent medical or surgical issues take priority over the sexual assault exam and should be addressed in accordance with Emergency Department procedures and COBRA/EMTALA regulations. The Emergency Medicine attending will briefly document in the department record an abbreviated history and physical. Note the Emergency exam findings, treatment and follow-up plans.

3. Primary Nurse
The primary nurse performs a focused assessment of the patient. The primary nurse will page the SANE once the patient is medically cleared and is able to consent to the examination. The RN will document an initial assessment note, including signs and symptoms of physical and

emotional trauma. The RN should note that the patient reports sexual assault but should not document a detailed report of the assault. For example, "Patient reports sexual assault." The primary nurse will collaborate with the SANE and is accountable for the nursing care of the patient.

The patient should not undress at this time. This is part of the evidence collection (Step 9) process.

EXAMINATION AND EVIDENCE COLLECTION

The SANE or physician and nurse will perform the examination and evidence collection and will document history and exam on the Evidence Collection Kit Forms 1-6.

A. Obtain consent for examination and evidence collection.
Using Form 1, obtain written consent from the patient for each portion of the examination, evidence collection, photography and follow-up.

B. Obtain history of assault.
Use Form 2 to document information pertaining to the assault. This is the documentation that is used for forensic analysis of evidence. This form includes patient information, assailant information, acts described by patient, weapons or force used, actions post-assault (cleansing), pertinent medical history, case status and any mandatory reporting. The yellow part of Form 2 is returned to the kit.

C. Patient's Report of Incident
Use Form 3 to obtain patient's report of incident. Include information that relates directly to the assault, such as brief description of physical surroundings, threats, force, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation. The yellow part of Form 3 is returned to the kit.

D. Assess for trauma and document injuries
Use Form 4 and document the following:

- Physical Appearance: note and document general physical appearance such as disheveled clothes, tears or dirty stains on clothes, matted hair, guarding of injuries, grimacing or otherwise appearing to be in pain.
- Emotional Status: note patient's signs and symptoms of emotional trauma; and document behavior such as tearful, especially when relating details of the assault, agitation, sadness, fearfulness, shaking, nervous mannerisms, reddened eyes, pacing, rocking back and forth, etc.
- Perform Physical Exam: examine the patient's entire body for injuries, particularly in light of history of assault. Indicate any areas of trauma on the figures or the body map. Note the location, size and appearance. Document bite marks and shade any area that the patient describes as tender or painful to touch, with or without visible bruising.

The yellow copy of Form 4 is returned to the kit.

E. Physical Examination
Use Form 5 for findings from physical examination, including limited pelvic exam and visualization and documentation of trauma sustained as a result of the sexual assault.

F. Collection of evidence and Sexually Transmitted Infection (STI specimens.

1. Collection of Evidence: Evidence is collected according to the Protocol of the Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit. The Sexual Assault Evidence Collection Kit should only be identified by a Kit number to protect the patient's confidentiality. If the patient has reported the sexual assault to the police, the patient's name may be written only in the designated space on the outside of the Kit.

2. Toxicology Testing
If there are clinical indications from the case history or patient's history that testing may be warranted to determine if the sexual assault was facilitated by drugs, the Blood and Urine Specimen Collection for Comprehensive Toxicology Testing should be used (Step 3). Suspected ingestion should have occurred within 72 hours of testing, and patient must sign specific consent form.

3. STI Specimens:
- baseline test for Hepatitis B - blood for Hepatitis B antigen and antibody.
- STD testing is not routinely collected for sexual assault patients. Offer testing only if patient requires testing or patient demonstrates signs/symptoms of infection.

4. Pregnancy: blood or urine is taken for Beta Sub Unit Test.

TREATMENT

1. Prophylaxis for Sexually Transmitted Infection
   A. For Gonorrhea:
      1. Ceftriaxone 250 mgm 1Mx1 to cover genital, anal and pharyngeal contact, if not allergic to penicillin.
      2. Lidocaine 1% (drug diluent use only) 0.9ml IM x1.
      3. Azithromycin 2 gm po x1, if penicillin or cephalosporins allergy and with pharyngeal contact.
   B. For Chlamydia:
      1. Azithromycin 1 gm, po x1 (unless already given 2 gm Azithromycin for gonorrhea).
      2. Doxycyline 100 mg po. BID for 7 days, if allergic to macrolide antibiotics.
   C. For Hepatitis B:
      1. Hepatitis B vaccine
         A. Recombivax 10 mcg/1ml IM for age ~ 20.
         B. For < 20: age specific dosing.
   D. HIV PEP: The ED physician should call the ID Needlestick Beeper for a consultation. HIV testing should not be done in the Emergency Department. Patients may be started on HIV PEP, if clinically indicated, as determined by the ED/ID physicians. Follow-up should be arranged within 2-3 days.

2. Pregnancy Prophylaxis Medication

Post-coital contraception is offered following detailed menstrual history in order to advise the patient of the options.
If no birth control is being practiced, if the assault occurred within 72 hours, if pregnancy is likely as a result of the point in the patient's cycle in which the assault occurred and taking into consideration whether or not the patient would be at high risk emotionally should pregnancy occur, then:

- Patient takes one tablet of Plan B STAT and one tablet 12 hours later.
- Pregnancy prophylaxis must not be given unless the pregnancy test is negative. A pre-existing fetus may be harmed by the contraceptive medication.

COUNSELING

Because of the emotional trauma following a sexual assault, during the daytime and evenings (depending on availability), the Emergency Department Psychiatric Clinical Nurse Specialist should be called. If the Emergency PCNS is not available, the Emergency Social Worker can be called. Both the PCNS and Social Worker can be paged though the house operator. If the patient is suicidal or has significant psychiatric problems (i.e., psychotic), the psychiatric resident on-call should be paged. Advocacy services are available through the Boston Area Rape Crisis Center and should be offered to all patients.

RAPE KIT DISPOSITION

The Kit should never be left unattended.

If the police are present and the patient is reporting the crime, the police will sign for and take the Kit.

If the police are not present and the patient wants to report the crime, nursing may assist the patient in making the phone call. The call is made to the police in the town where the rape occurred.

If the patient does not want the rape reported, the Administrator will call the police in the jurisdiction where the rape occurred stating that they have an unreported rape, Kit #xxx. The police should transport the Kit - identified by Kit Number, only - to the appropriate crime lab. If they are unable to respond immediately, Kits are secured in the locked refrigerator.

When a detective/officer arrives to pick up a kit, the resource nurse will open the locked refrigerator; and remove the Kit.

The chain of evidence should be documented on all Rape Kits using the labels on the outside of the Kit and transportation bag.

DISCHARGE AND FOLLOW-UP

Treatment and Discharge - Use Form 6 to document care provided and aftercare instructions.

All patients should be given the Aftercare Information and Follow-Up Booklet.
Review the Emergency Department Care and the necessary follow-up appointments (GID, GYN, PCP) that are listed in the Booklet with the patient.

The patient should be given her Kit number - written on Form 6 - and the Aftercare Booklet.

The Provider Sexual Crime Report, once completed by the SANE or ED physician/primary nurse, should be faxed.

The patient's completed medical record should be secured in the MAMP safe by the primary nurse. The primary nurse should complete the patient log, located in the locked refrigerator, including the patient's medical record number, kit number, name of the SANE primary nurse and disposition of Kit. The Emergency Department Psychiatric Clinical Nurse Specialist will transfer the records to Medical Records.