

BAR CODE

S.A.N.E. FOLLOW-UP CARE GUIDELINES



Please take this form and the Sexual Assault Discharge Instructions with you and give to your health care provider at your appointment. Remember to call the next business day to make the appointment.

_____ was seen at Methodist Hospital on _____ by a sexual assault nurse examiner following a sexual assault. The Emergency Department physician was also involved in the care and treatment. Please contact Medical Records for the complete record.

Injuries identified _____

The following lab was completed:

- Pregnancy Test (Negative) Other _____
 Pregnancy Test (Positive) Other _____

The following medications were given:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Azithromycin 1 GM po x 1 <input type="checkbox"/> Azithromycin 2 GM po x 1 <input type="checkbox"/> Rocephin 125 mg IM <input type="checkbox"/> Suprax 400 mg po x 1 <input type="checkbox"/> Doxycycline 100 mg po x 1 <input type="checkbox"/> Flagyl 2 GM po x 1 <input type="checkbox"/> Flagyl 500 mg po x 1 <input type="checkbox"/> Levonorgestrel 0.75 mg po x 1 <input type="checkbox"/> Levonorgestrel 0.75 mg po x 2 | <ul style="list-style-type: none"> Hepatitis B vaccine <ul style="list-style-type: none"> <input type="checkbox"/> Recombivax 5 mcg IM <input type="checkbox"/> Engerix-B 20 mcg IM <input type="checkbox"/> Diphtheria/Tetanus Booster <input type="checkbox"/> Phenergan 25 mg po x 1 <input type="checkbox"/> Combivir 1 tab po x 1 <input type="checkbox"/> Kaletra 2 tabs po x 1 <input type="checkbox"/> Other _____ |
|--|---|

The following medications were sent home with the patient:

- Levonorgestrel 0.75mg x 1 tab to take 12 hrs after first dose #1 Other _____
 Other _____

The following prescriptions were given:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Phenergan 25mg po q 6h prn nausea #4 <input type="checkbox"/> Doxycycline 100mg po q 12hr #13 <input type="checkbox"/> Flagyl 500mg, 4 tabs (2GM) po x 1 #4 | <ul style="list-style-type: none"> <input type="checkbox"/> Combivir 1 tab po bid #6 <input type="checkbox"/> Kaletra 2 tabs po bid #12 <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|--|---|

All below under Suggestions for Follow Up *may be appropriate unless the line is crossed out* to indicate not applicable for this patient.

Suggestions For Follow-Up:

Initial follow-up (As soon as possible and within 72 hours) – Recommendations

- Exam and ongoing evaluation and treatment of injuries
- Crisis support and referral information
- Baseline HIV screening (if known/possible exposure)
- Prescription for Kaletra and/or Combivir to complete 28 day supply (if within 72 hrs of event or previously started on PEP)
- Possible referral to HIV specialist
- If on PEP make arrangements for CBC and comprehensive metabolic panel (draw by 72 hrs after beginning the medication(s))
- Blood draw for Anti-HBs and total Anti-HBc if no previous immunizations (prior to assault)for Hepatitis B*
- Blood draw for HBs-Ag if no previous immunizations (prior to assault) for Hepatitis B*
- Consider Gardasil if not previously or not fully immunized

2-Week Recommendations:

- Screening for bacterial vaginosis and herpes (If no STD prophylaxis at the time of the assault, screen GC, chlamydia, trichomonas also)
- Evaluation and treatment of injuries as appropriate
- Crisis support and referral information
- If on PEP, CBC and comprehensive chemistry panel

6-Week Recommendations: (See at 4 weeks if on PEP)

- Inspection for HPV
- 2nd Hepatitis B vaccine (if not immunized before event)
- Pregnancy test if no menses since assault
- Crisis support and referral information
- HIV Screen
- Syphilis IgG
- If on PEP,CBC and comprehensive chemistry panel
- Schedule 2nd Gardasil if not previously fully immunized

3-Month Recommendations:

- Hepatitis B & C screening
- HIV testing
- HPV testing (and annually even if negative)
- Support and referral information
- Syphilis IgG

6-Month Recommendations:

- Hepatitis C Screening
- HIV Testing
- 3rd Hepatitis B vaccine (If not immunized before event)
- Inspection for HPV
- Support and referral information
- Syphilis IgG
- Gardasil if 3rd dose needed

* Positive titers indicate previous exposure or infection. May stop immunization series if any positive. Consult specialist for further guidelines.

PATIENT LABEL

PERMANENT PART OF RECORD