

Treatment and Follow-up After a Sexual Assault Exam

Make an appointment as soon as possible with your doctor for additional testing and medical care. Bring this form to your doctor to make sure you receive the recommended follow-up testing and treatment.

Recommendations for follow-up appointments:

<p>Next day (as soon as possible) follow-up</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baseline HIV Testing <input type="checkbox"/> Discuss possible need for Hepatitis B immunization & testing <input type="checkbox"/> If you were started on HIV prevention medications <ul style="list-style-type: none"> It is essential that you make an appointment as soon as possible for baseline lab tests (HIV baseline, CBC/diff, CR/BUN, and LFT's). These medications may cause kidney or liver damage so you must be under the care of a physician while taking these medications. These lab tests will be repeated in 2 weeks to monitor the health of your kidneys and liver. 	<p>Two Week Follow-up Recommendations (if needed)</p> <p>If you have symptoms of infections such as: Increase in discharge, burning or pressure during urination, sores or blisters, "Flu-like" symptoms, an "odor" from the vagina, painful intercourse, swollen lymph nodes, abdominal pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sexually Transmitted Infection testing (if no treatment given at time of the exam) <input type="checkbox"/> Screening for bacterial vaginosis, herpes, HPV <input type="checkbox"/> Evaluation of injuries as needed <input type="checkbox"/> Pregnancy test if no menses since assault <input type="checkbox"/> Crisis support and referral as needed
<p>Six Week Follow-up Recommendations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Syphilis test <input type="checkbox"/> HIV test <input type="checkbox"/> Pregnancy test if no menses since assault <input type="checkbox"/> HPV and STI screening as needed <input type="checkbox"/> Second Hepatitis B immunization if needed <input type="checkbox"/> Crisis support and referral as needed 	<p>Three Month Follow-up Recommendations</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV test <input type="checkbox"/> HPV screening as needed <input type="checkbox"/> Hepatitis B and C screening as needed <input type="checkbox"/> Crisis support and referral as needed
<p>Six Months Follow-up Recommendations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis B and C screening as needed <input type="checkbox"/> Third Hepatitis B immunization if needed <input type="checkbox"/> HPV screening as needed <input type="checkbox"/> Crisis support and referral as needed 	<p>There is some risk you have been exposed to sexually transmitted infections during your assault.</p> <p>We recommend condom use with your consensual partner until all tests return negative.</p> <p>If you vomit pill fragments within 2 hours of taking the medications, please call the ED and ask about getting an additional dose of medication.</p>

You have received the following medicines:

- Ceftriaxone** 500 mg IM or _____ (Alternative to Ceftriaxone)
- Azithromycin** 1g by mouth or (Alternative for Azithromycin) or **Doxycycline** 100 mg 2 times/day orally for 7 days
- Metronidazole** 2g by mouth or **Metronidazole** 500 mg orally 2 times/day orally for 7 days
- Levonorgestrel** 1.5 mg by mouth
- Hepatitis B vaccine
- Tetanus vaccine
- Other _____

HIV Prevention medications to reduce your risk of HIV, if indicated for you. These medications need to be taken for 28 days to be effective. These medications are very well tolerated. You may experience some side effects including: Nausea and vomiting, headache, stomach pain, tiredness, sleeping difficulties and weight loss.

- Truvada** 1 tablet daily for 28 days with food
- Tivicay** 1 tablet daily for 28 days with food or **Isentress** 1 tablet twice daily for 28 days with food
- Zofran as needed for nausea

Signature of Patient / Parent / Guardian _____ Date _____