

**Wisconsin Chapter – International Association of Forensic Nurses**  
**Forensic Nurse Examiner (FNE) Adult / Adolescent Sexual Assault Report**

**August 2020**

This documentation form was developed by members of the Wisconsin Chapter of the International Association of Forensic Nurses. This form is recommended for the documentation of the care of the adolescent and adult victim of sexual assault. It is not intended to include all that may be needed for an individual patient and not all that is included in this form will be appropriate for every patient. The purpose of this form is to provide direction for FNE in documentation of the care provided to the adolescent and adult sexual assault patient. This form represents what should be included in every documentation form but does not preclude the addition of what a particular FNE Program might consider necessary for their program.

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**Forensic Nurse Examiner (FNE) Program**

**ADULT/ADOLESCENT SEXUAL ASSAULT REPORT**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Contact # \_\_\_\_\_  
Ethnicity \_\_\_\_\_  
Examiner \_\_\_\_\_ Time of Arrival \_\_\_\_\_  
Referral Source \_\_\_\_\_  
Law Enforcement Agency, if applicable \_\_\_\_\_  
Officer's Name \_\_\_\_\_ Case Number \_\_\_\_\_  
Advocate \_\_\_\_\_ Advocate Agency \_\_\_\_\_  
Advocacy offered but declined by patient \_\_\_\_\_  
Child Protective Services, if applicable (County) \_\_\_\_\_  
(Date/Time/Name) \_\_\_\_\_  
Adult Protective Services, if applicable (County) \_\_\_\_\_  
(Date/Time/Name) \_\_\_\_\_  
Family/Friend Present \_\_\_\_\_  
Patient's Primary Language \_\_\_\_\_ Intrepretor \_\_\_\_\_  
Consent(s) obtained YES NO \_\_\_\_\_

**HEALTH HISTORY**

Gender (biological) \_\_\_\_\_ Gender (preferred) \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Patient stated Estimated Measured  
Allergies \_\_\_\_\_ Latex Allergy Yes No Unknown  
Present Medications \_\_\_\_\_  
\_\_\_\_\_  
Current & Ongoing Medical Concerns \_\_\_\_\_  
\_\_\_\_\_  
Past Surgery \_\_\_\_\_  
Physical Injuries &/or Pain Following Assault \_\_\_\_\_  
\_\_\_\_\_  
Current Pain Level (0-10) \_\_\_\_\_ Intervention(s) \_\_\_\_\_  
Last Tetanus \_\_\_\_\_ Hepatitis B Series Yes No Unknown

Examiner Signature \_\_\_\_\_

Physical Disability YES NO Describe \_\_\_\_\_

Cognitive Disability YES NO Describe \_\_\_\_\_

Contraception at Time of Assault:

\_\_\_\_ None \_\_\_\_ Hysterectomy/Tubal Ligation \_\_\_\_ IUD \_\_\_\_ Diaphragm  
\_\_\_\_ Depo Provera ~Date of last injection \_\_\_\_\_

\_\_\_\_ BCP ~How long on the pill \_\_\_\_\_ ~Missed pills this cycle YES NO

\_\_\_\_ Other: \_\_\_\_\_

LMP \_\_\_\_\_ Last Pelvic Exam \_\_\_\_\_

Known to be pregnant at time of assault YES NO Number of weeks/months \_\_\_\_\_

Date/Time last consensual sexual contact(s) if <120 hours \_\_\_\_\_ Name of contact(s) \_\_\_\_\_

Condom Used Last Sexual Contact YES NO

Prior events that could affect exam physical findings:

Genital/Anal Injuries YES NO Describe \_\_\_\_\_

Diagnostic Procedures YES NO Describe \_\_\_\_\_

Medical Treatments YES NO Describe \_\_\_\_\_

Surgeries YES NO Describe \_\_\_\_\_

Childbirth (episiotomy) YES NO Describe \_\_\_\_\_

Are you currently in an abusive relationship YES NO Describe \_\_\_\_\_

**HISTORY OF ASSAULT**

Person providing history \_\_\_\_\_ Date/Time of assault \_\_\_\_\_

Loss of memory and / or lapse of consciousness YES NO \_\_\_\_\_

Voluntary consumption (drugs/alcohol) YES NO Time of last consumption \_\_\_\_\_

What and how much consumed \_\_\_\_\_

Drug Facilitated Sexual Assault (DFSA) suspected YES NO *(If yes, obtain specimen(s) for toxicology. Use WI Crime Lab DFSA/Toxicology Kit. Obtain blood and urine if within 24 hours of assault, obtain urine only if assault > 24 hours and < 4 days.)*

Location of assault (address, if known) \_\_\_\_\_

Physical surroundings \_\_\_\_\_

Examiner Signature \_\_\_\_\_

Suspect(s) (name/age/ethnicity/height/weight/distinguishing characteristics) \_\_\_\_\_

\_\_\_\_\_

Suspect(s):      Partner/Spouse    Family      Friend      Acquaintance      Stranger      Unknown  
   Other \_\_\_\_\_

What happened during assault (summary of event, not meant to be verbatim account) \_\_\_\_\_

\_\_\_\_\_

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Examiner Signature \_\_\_\_\_

**METHODS EMPLOYED BY SUSPECT FOR CONTROL**

Details Described

Mere Presence, Coercion,

Intimidation, Stalking Behaviors YES NO Unknown \_\_\_\_\_

Threat of harm YES NO Unknown \_\_\_\_\_

What was the threat \_\_\_\_\_

To whom or what \_\_\_\_\_

Grasping/Grabbing/Holding YES NO Unknown \_\_\_\_\_

Used Body as Restraint YES NO Unknown \_\_\_\_\_

Use of Ligature (Where Used) YES NO Unknown \_\_\_\_\_

Presence of Weapon (What Kind) YES NO Unknown \_\_\_\_\_

Weapon Inflicted Injuries YES NO Unknown \_\_\_\_\_

Physical Blows

Hands YES NO Unknown \_\_\_\_\_

Feet YES NO Unknown \_\_\_\_\_

Strangulation YES NO Unknown \_\_\_\_\_

*(If yes, use Strangulation Documentation Form)*

Burns YES NO Unknown \_\_\_\_\_

Use of images/media TAKEN VIEWED NO Unknown \_\_\_\_\_

Other methods of control used \_\_\_\_\_

Injury to suspect YES NO Unknown \_\_\_\_\_

**ORAL CONTACT**

Did suspect kiss patient? YES NO Attempted Unknown Location \_\_\_\_\_

Did suspect lick patient? YES NO Attempted Unknown Location \_\_\_\_\_

Did suspect bite patient? YES NO Attempted Unknown Location \_\_\_\_\_

Did suspect's mouth contact patient's genitals? YES NO Attempted Unknown

Did patient's mouth contact suspect's genitals? YES NO Attempted Unknown

Did suspect's mouth contact patient's anus? YES NO Attempted Unknown

Did patient's mouth contact suspect's anus? YES NO Attempted Unknown

Other \_\_\_\_\_

Examiner Signature \_\_\_\_\_

**GENITAL CONTACT**

Did suspect's penis contact patient's external genitals?	YES	NO	Attempted	Unknown	N/A
Did suspect's penis enter patient's vagina?	YES	NO	Attempted	Unknown	N/A
Did suspect's fingers contact patient's external genitals?	YES	NO	Attempted	Unknown	
Did suspect's fingers enter patient's vagina?	YES	NO	Attempted	Unknown	N/A
Did a foreign object contact patient's external genitals?	YES	NO	Attempted	Unknown	
Did a foreign object enter patient's vagina?	YES	NO	Attempted	Unknown	N/A

Describe object \_\_\_\_\_

Did suspect have patient touch /fondle suspect's genitals?	YES	NO	Attempted	Unknown	
Other _____					

**ANAL CONTACT**

Did suspect's penis contact patient's anus?	YES	NO	Attempted	Unknown	N/A
Did suspect's penis enter patient's anus?	YES	NO	Attempted	Unknown	N/A
Did suspect's fingers contact patient's anus?	YES	NO	Attempted	Unknown	
Did suspect's fingers enter patient's anus?	YES	NO	Attempted	Unknown	
Did a foreign object contact patient's anus?	YES	NO	Attempted	Unknown	
Did a foreign object enter patient's anus?	YES	NO	Attempted	Unknown	

Describe object \_\_\_\_\_

Did suspect have patient touch/fondle suspect's anus?	YES	NO	Attempted	Unknown	
Other _____					

Did suspect wear a condom?	YES	NO	Unknown	N/A
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Was jelly, foam, lubricant used?	YES	NO	Unknown	
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If yes, describe substance and location \_\_\_\_\_

Did suspect ejaculate?	YES	NO	Unknown	N/A
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If yes, where? \_\_\_\_\_

Did suspect have any difficulty obtaining or maintaining an erection?	YES	NO	Unknown	N/A
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Position(s) of patient during assault \_\_\_\_\_

Additional Information \_\_\_\_\_

Examiner Signature \_\_\_\_\_

**POST-ASSAULT ACTIVITY**

Voided	YES	NO
Defecated	YES	NO
Genital Wipe/Wash	YES	NO
Bath/Shower	YES	NO
Drank Fluids	YES	NO
Oral Gargle/Swish	YES	NO
Brushed Teeth	YES	NO
Vomited	YES	NO
Changed Clothing	YES	NO

If yes, location of clothing worn during/after assault \_\_\_\_\_

Missing Clothing	YES	NO	If yes, what _____
Douche	YES	NO	N/A
Sanitary Napkin	YES	NO	N/A
Removed/Inserted (circle):	Tampon	Sponge	Diaphragm    Contraceptive Ring    N/A
Other	_____		

**PHYSICAL ASSESSMENT**

	No Injury Noted	Injury/Variant (Describe) (If not assessed, why)	See Anatomical Sheet
Head			
Face			
Mouth			
Neck			
Chest/Breasts			
Right Arm			
Left Arm			
Abdomen			
Hip/Pelvis			
Back			
Buttocks			
Right Leg			
Left Leg			

Examiner Signature \_\_\_\_\_



**FEMALE GENITAL ASSESSMENT**

	No Injury Noted	Injury/Variant (Describe) (If not assessed, why)	See Anatomical Sheet
Medial aspect of thighs			
Mons pubis			
Clitoral hood			
Clitoris			
Periurethral tissue			
Urethral meatus			
Labia majora			
Labia minora			
Perihymenal tissue			
Posterior fourchette			
Perineum			
Hymen			
Vaginal Vault			
Cervix			
Perianal			
Anus			
Rectum			

**MALE GENITAL ASSESSMENT**

	No Injury Noted	Injury/Variant (Describe) (If not assessed, why)	See Anatomical Sheet
Medial aspect of thighs			
Mons pubis			
Penis   Circumcised Uncircumcised			
Urethral meatus			
Scrotum			
Perineum			
Perianal			
Anus			
Rectum			

Examiner Signature \_\_\_\_\_

**ADDITIONAL ASSESSMENTS / INTERVENTIONS**

Behaviors observed during exam (circle):

Calm	Fidgeting/Restless	Withdrawn	Lack of eye contact
Loud	Quiet	Staring	Sobbing
Tearful	Trembling	Tense	Yelling
Other	_____		

\_\_\_\_\_  
\_\_\_\_\_

Statements made during exam/Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photographs taken      YES   NO   Photographer: \_\_\_\_\_

*(If taken by FNE, use Photodocumentation Form)*

Medical Specimens:

Pregnancy Test: YES   NO   Results:   Positive   Negative   Testing Not Indicated

Other (List): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Pain Level (0-10) \_\_\_\_\_ Pain level acceptable? YES NO \_\_\_\_\_

Referred to ED staff for evaluation   YES   NO   Report given to: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Assessment (to include assessment for suicide risk) \_\_\_\_\_

\_\_\_\_\_

Examiner Signature \_\_\_\_\_

**FNE Program Evidence Collection Sheet**

**If WI Crime Lab Evidence Collection Sheet/Inventory Form used, make copy to be included in medical record**

Name of Examiner: \_\_\_\_\_ Date/Time Collection: \_\_\_\_\_

Kit # \_\_\_\_\_

Exam Room # \_\_\_\_\_ Name(s) of person(s) present during exam: \_\_\_\_\_

<b>WI Crime Lab Medical-Forensic Evidence Collection Kit</b>	<b>Collected</b>	<b>Not Collected, Why</b>
Step 1 – WI Crime Lab Information Sheet		
Step 2 – Pre-Void External Genital Wipe		
Step 3 – Optional Toxicology – Use WI Crime Lab Medical-Forensic DFSA (Drug Facilitated Sexual Assault) Kit		
Step 4 – Oral Swabs		
Step 5 - Floss		
Step 6 – Buccal Cell Standard (DNA)		
Step 7 – Fingernail (Right Hand) Evidence		
Step 8 – Fingernail (Left Hand) Evidence		
Step 9 – Clothing		
Step 10 – Skin to Skin Contact		
Step 11 – Debris		
Step 12 – Dried Secretions		
Step 13 – Pubic Hair Combing		
Step 14 – Pubic Hair Standards or Mons Pubis Swabs		
Step 15 – External Genital Swabs		
Step 16 – Vaginal Swabs		
Step 17 – Cervical Swabs		
Step 18 – Penis Swabs		
Step 19 – Anal Swabs		
Other evidence obtained		

Date/Time when evidence given to law enforcement: \_\_\_\_\_

Items that require further drying: \_\_\_\_\_

Officer's Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

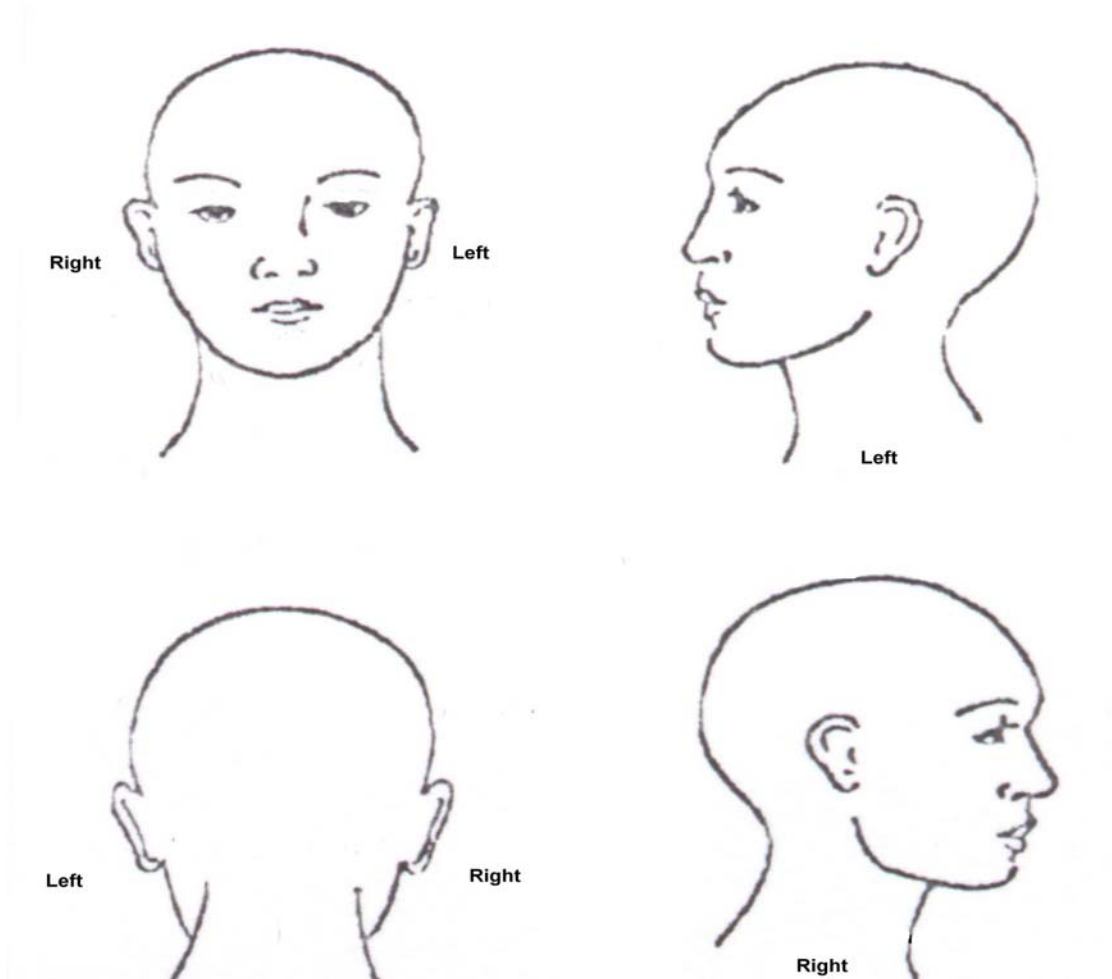
Badge # \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_ Case # \_\_\_\_\_

If reporting, medical records release of information signed by patient YES NO

Examiner Signature \_\_\_\_\_

**Anatomical Sheet - Head View**

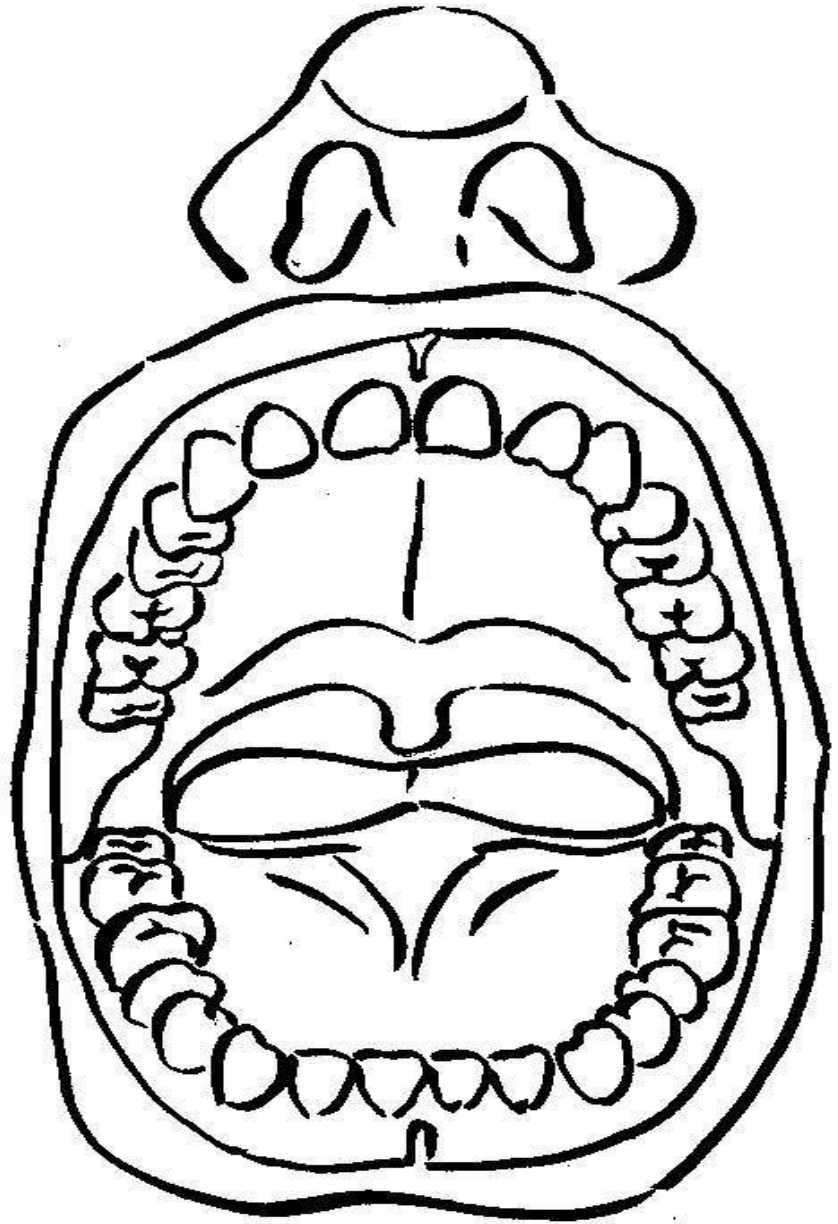
Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.



Examiner Signature \_\_\_\_\_

**Anatomical Sheet - Mouth View**

Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.



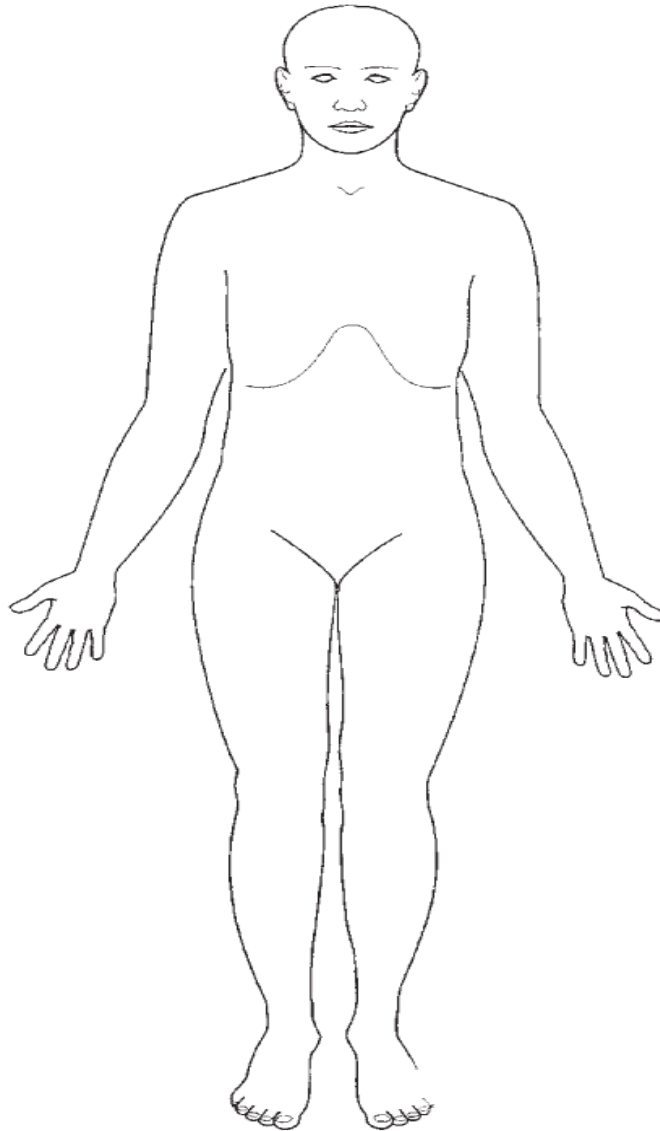
Examiner Signature \_\_\_\_\_

**Adult Anatomical Sheet - Front View**

Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.

Right

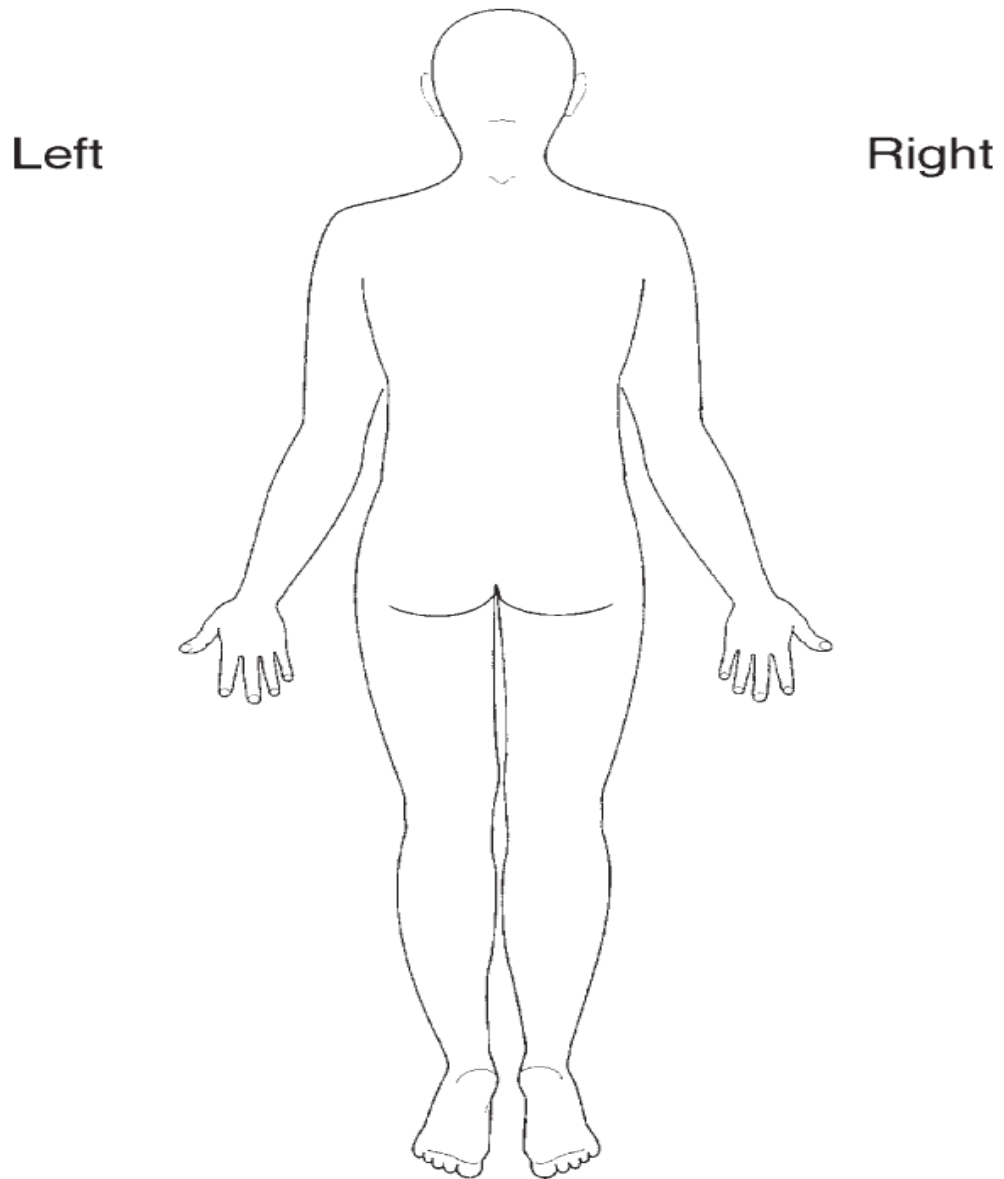
Left



Examiner Signature \_\_\_\_\_

**Adult Anatomical Sheet - Back View**

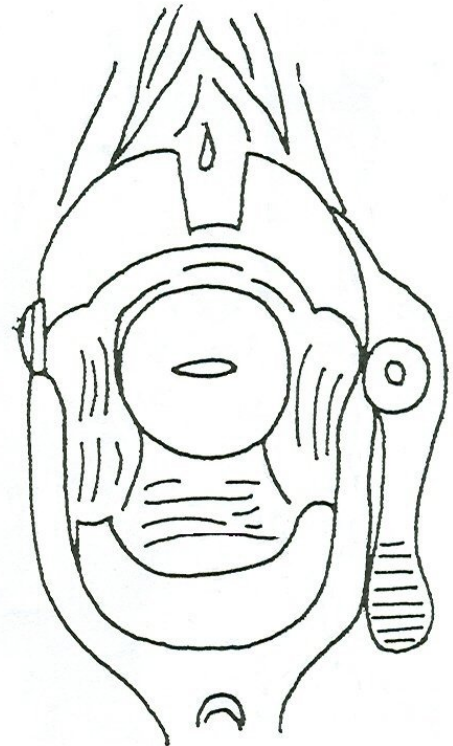
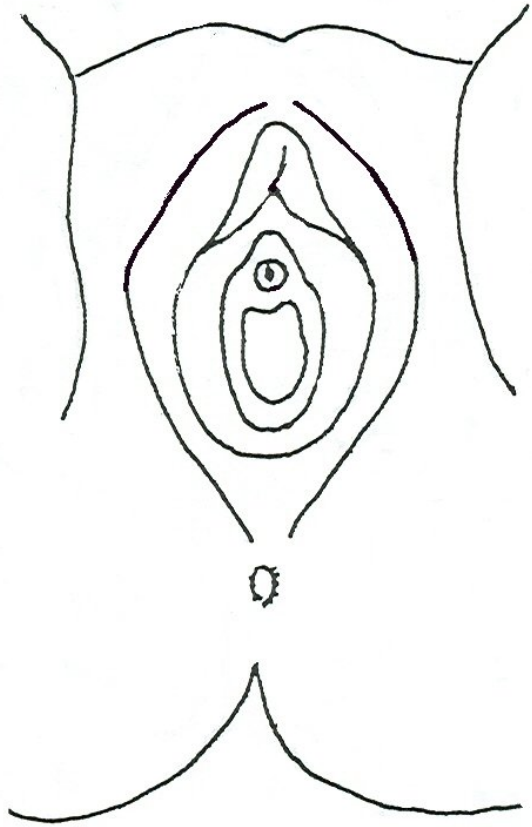
Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.



Examiner Signature: \_\_\_\_\_

**Adult Female Anatomical Sheet - Pelvic Exam**

Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.

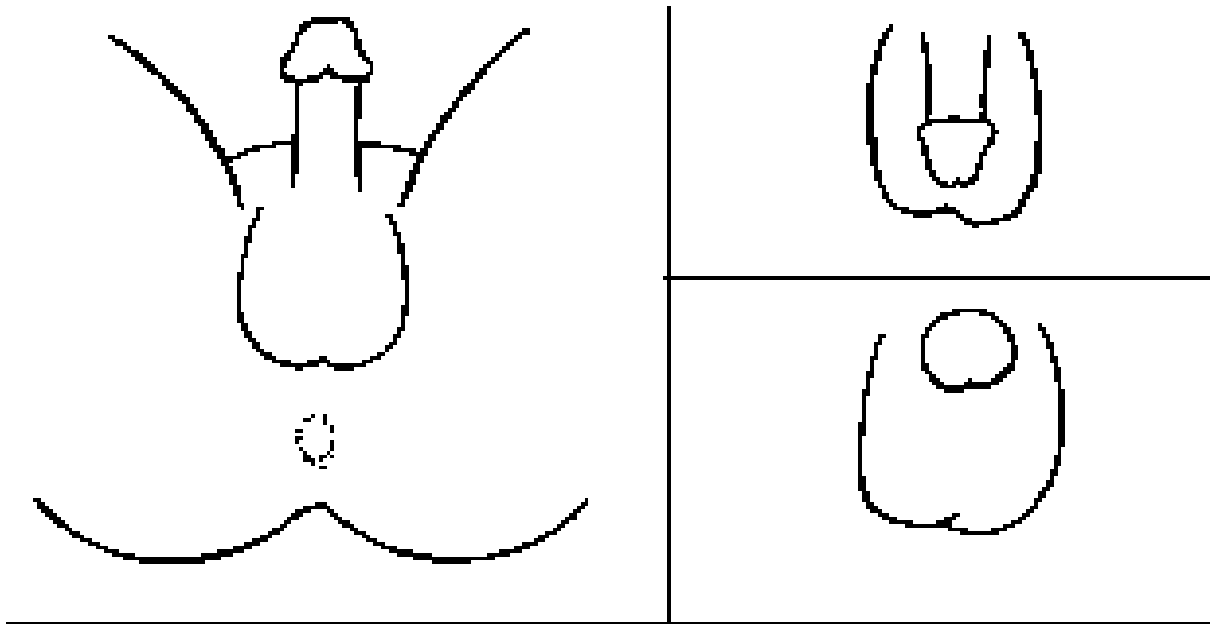


Examiner Signature \_\_\_\_\_

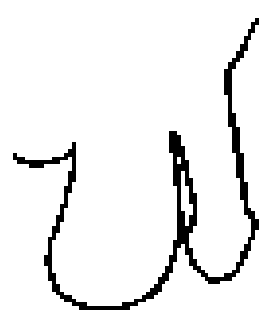


**Adult Male Anatomical Sheet - Genital Exam**

Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.



**Left**

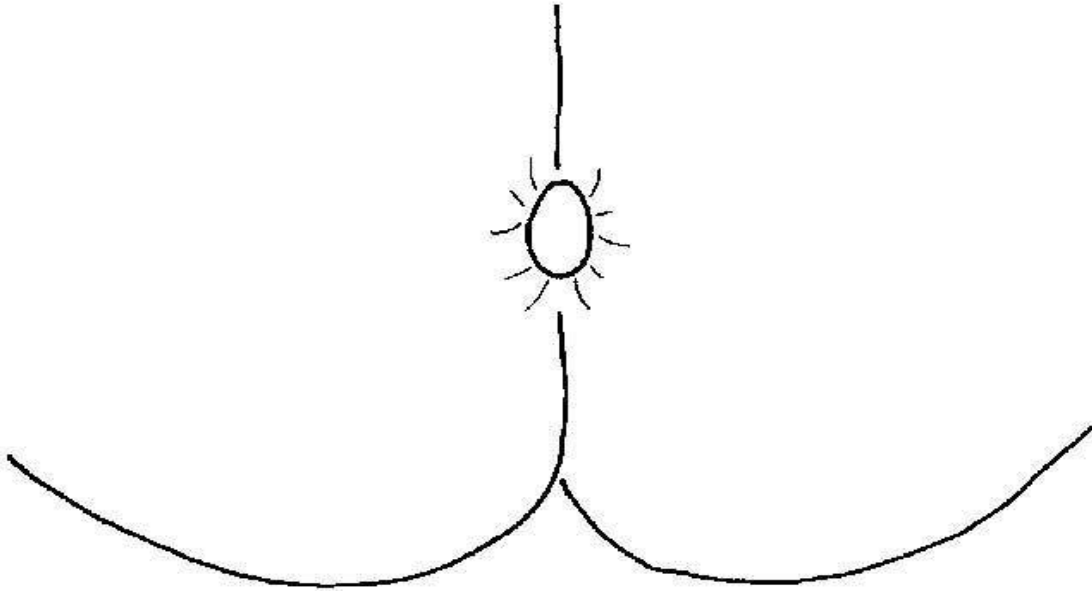


**Right**

Examiner Signature: \_\_\_\_\_

**Adult Anatomical Sheet - Anal Exam**

Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.

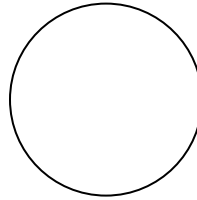


Examiner Signature: \_\_\_\_\_

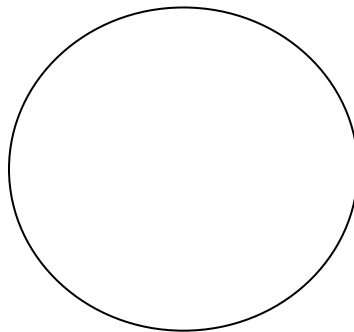
**Adult Anatomical Sheet - Rectal Exam**

Description of injuries to include size, color, shape and how sustained. Note areas of c/o pain.

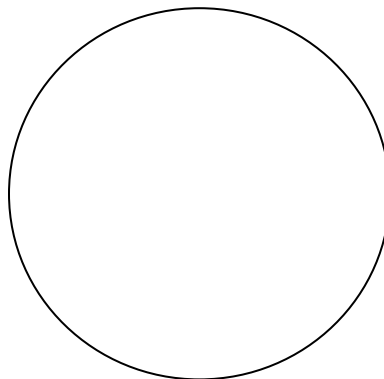
External Exam



Internal Exam  
at 0.5 to 3 cm



Internal Exam  
at 3 to 5 cm



Examiner Signature: \_\_\_\_\_

**Forensic Nurse Examiner (FNE) Program - Discharge Summary / Instructions**

**Pregnancy / Emergency Contraception**

You were tested for pregnancy: YES NO Testing Not Indicated If tested, result: Positive Negative  
\_\_\_\_ You were provided with verbal and written information about emergency contraception. Patient initials \_\_\_\_  
\_\_\_\_ You were given \_\_\_\_\_ as emergency contraception to prevent pregnancy.  
\_\_\_\_ You have decided **not** to use emergency contraceptive at this time. Patient initials \_\_\_\_\_

**Sexually Transmitted Infections**

You were/were not tested for sexually transmitted infections. These infections can spread through sexual contact.  
You were tested for the following sexually transmitted infections:

\_\_\_\_ Gonorrhea                      \_\_\_\_ Chlamydia                      \_\_\_\_ Trichomoniasis  
\_\_\_\_ HIV                                      \_\_\_\_ Syphilis  
\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_ You received \_\_\_\_\_ as treatment to prevent Gonorrhea.  
\_\_\_\_ You received \_\_\_\_\_ as treatment to prevent Chlamydia.  
\_\_\_\_ You received \_\_\_\_\_ as treatment for \_\_\_\_\_.  
\_\_\_\_ You received Hepatitis B vaccine. You must complete the series with your Primary Healthcare Provider.  
\_\_\_\_ You have decided **not** to use antibiotic prophylaxis for the prevention of GC/Chlamydia. Patient initials \_\_\_\_  
You should use a condom every time you have sex until you see your primary care provider and are sure you are free of a sexually transmitted infection.

**HIV Risk Assessment**

We have discussed with you the potential risk factors for exposure to HIV from the assault.  
\_\_\_\_ Your exposure was not considered to be high risk. We recommend that you have a baseline HIV test done when you see your primary care provider.  
\_\_\_\_ Your exposure was considered to be high risk. Referral made to: \_\_\_\_\_  
**\*\*Medications which may prevent HIV MUST be started within 72 hours of the assault.\*\***

**Evidence Collection**

\_\_\_\_ While you were here evidence was collected and given to law enforcement officers to become part of the legal record. The WI Crime Lab gives the results of the analysis of the kit to law enforcement.  
\_\_\_\_ While you were here evidence was collected. Although you do not want police involvement at this time, you may change your mind. The evidence will be sent to the WI Crime Lab for storage and no action will be taken without your initiation.  
\_\_\_\_ While you were here evidence was **not** collected.  
It may take bruises hours or days to be seen. If you see new bruises, please contact law enforcement or the FNE Program to arrange for documentation / pictures to be taken of any bruises that appear after your exam today.

**Follow-up Phone Call**

I will call you in \_\_\_\_ days to see how you are doing. If you need to speak with me before that time, please call \_\_\_\_\_, leave a message and I will call you back.  
Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
Best time to call: \_\_\_\_\_ Is it okay to leave a message? YES NO

**Support/Advocacy**

You have been given a folder containing information about your care today, community resources that are available to assist you, and important issues related to your recovery. In addition, if you would like to talk with someone, call \_\_\_\_\_ at \_\_\_\_\_. Someone is available to talk with you 24 hours a day, seven days a week.

**Medical Follow-up**

It is recommended that you follow-up with your primary care provider about 2 weeks from the date of your assault. You have decided to seek follow-up care with \_\_\_\_\_.

**\*\*Important Note\*\*** When you see your healthcare provider for follow-up we recommend you discuss the need for further or repeat testing for pregnancy and sexually transmitted infections.

**Safety**

Discharged to: \_\_\_\_\_ Time: \_\_\_\_\_

Examiner Signature & Date/Time

Patient Signature & Date/Time

\_\_\_\_\_

\_\_\_\_\_

**HIV RISK ASSESSMENT and GUIDELINES**  
**For Sexually Assaulted Patients**

What is the length of time since exposure? \_\_\_\_\_ (If > 72 hours, HIV PEP is not given. Patient should be referred to provider for F/U).

Did patient have exposure of vagina, rectum, eye, mouth or other mucous membrane, non-intact skin, or percutaneous contact with blood, semen, vaginal secretions, rectal secretions, breast milk, or any body fluid that is visibly contaminated with blood?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unknown

**If the answer is NO, the assessment is completed. Record Risk as No (in box below)**

**If the answer is YES or Unknown to the above question, proceed with Suspect Risk Assessment below**

**Suspect Risk Assessment:**

- |   |           |          |               |
|---|-----------|----------|---------------|
| 1. Unknown suspect                                    | _____ Yes | _____ No | _____ Unknown |
| 2. Multiple suspects                                  | _____ Yes | _____ No | _____ Unknown |
| 3. Known HIV positive suspect                         | _____ Yes | _____ No | _____ Unknown |
| 4. Suspect is sex partner of known HIV + person       | _____ Yes | _____ No | _____ Unknown |
| 5. Known IV drug use by suspect                       | _____ Yes | _____ No | _____ Unknown |
| 6. Suspect is sex partner of known IV drug user       | _____ Yes | _____ No | _____ Unknown |
| 7. Male who engages in sex with other men             | _____ Yes | _____ No | _____ Unknown |
| 8. Assault occurred in area of high prevalence of HIV | _____ Yes | _____ No | _____ Unknown |
| 9. Suspect had blood transfusion before 1992          | _____ Yes | _____ No | _____ Unknown |
| 10. Other factor(s) of high risk                      | _____ Yes | _____ No | _____ Unknown |
- Describe other factor(s) of high risk \_\_\_\_\_  
 \_\_\_\_\_

**If the answer is YES or Unknown to any of the Suspect Risk Assessment questions:**

Did ejaculation occur? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown  
 Did suspect use a condom during assault? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

***Does the patient have a Risk for HIV Exposure?***

\_\_\_\_\_ ***Yes***    \_\_\_\_\_ ***No***

**If HIV PEP is deemed necessary...**

**Does the patient want to proceed with HIV Post Exposure Prophylaxis (PEP) Treatment?**

\_\_\_\_\_ NO Patient's /Parent's signature \_\_\_\_\_

Patient's other choice for HIV exposure care \_\_\_\_\_

\_\_\_\_\_ YES Follow your facility's protocol for HIV PEP treatment policies/ referral

Referred to \_\_\_\_\_ for further care.

PEP Hotline (888) HIV-4911

**If known suspect and patient is reporting to Law Enforcement:**

FNE RN should inform patient and Law Enforcement of obtaining a 'Request for HIV Testing' of suspect.

FNE Signature \_\_\_\_\_