

**Illinois Sexual Assault Nurse Examiner (SANE) Program
Pediatric Clinical Log**

<https://illinoisattorneygeneral.gov/victims/sane.html>

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Telephone: _____
Email: _____
Adult/Adolescent SANE Course Attended: _____
Approved Curriculum: Y _____ N _____
Adult/Adolescent SANE Clinical Training Completed: Y _____ N _____
Pediatric SANE Course Attended: _____
Approved Curriculum: Y _____ N _____

The Office of the Illinois Attorney General sets high training standards for nurses who practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To perform medical forensic examinations on pediatric patients, defined as **prepubertal and adolescent patients up to 18 years of age**, the registered nurse must complete:

- A minimum of 40 hours of Pediatric/Adolescent didactic SANE training; and
- Pediatric/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines

The outlined requirements are the minimum clinical training standards for the Pediatric/Adolescent SANE and are consistent with or exceed the guidelines established by the International Association of Forensic Nurses (IAFN).

The goal of the Pediatric/Adolescent clinical training is for the Pediatric/Adolescent SANE to become proficient in caring for the pediatric/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Pediatric/Adolescent SANE.

The clinical training must be completed within **12 months** of the completion of a Pediatric/Adolescent didactic course. If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.

Mandatory Requirements:

1. Pediatric Well Exams:

Primary Goal: To provide competency training and practice techniques regarding the physical examination of the external and internal structures of the prepubertal and adolescent patient, including patients with a penis and patients with a vulva. To observe normal versus abnormal genitalia, signs of injury or infection and child development. Only structures that can be visualized without speculum placement should be observed in the prepubertal patient with a vulva. Techniques such as traction and separation should be practiced for all patients with a vulva. The clinician should learn how to make children feel comfortable with the examination process. The well exams should include both genders and at least **3 vulva** examinations from each developmental stage:

		Vulva	Penis
Infant	Birth up to 12 months		
Toddler	12 months up to 3 years		
Preschool	3 years up to 6 years		
School Age	6 years up to 12 years		
Adolescent	12 years up to 18 years		

Examples of clinical sites include: well baby clinics, family practice offices, pediatrician’s office, emergency departments or in-patient pediatric units.

Exam	Date	Location	Age	Vulva/ Penis	Tanner Stage	Findings (include a thorough description, do not say normal)	Preceptor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

3. Pediatric/Adolescent Medical-Forensic Examinations:

Primary Goal: To gain competency in conducting pediatric/adolescent medical forensic examinations, including head-to-toe assessment, detailed genital exam and evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit (IL SAECK) if warranted. To differentiate between normal versus abnormal findings in the pediatric/adolescent sexual assault/abuse patient.

There should be a mix of acute and non-acute (chronic abuse) pediatric/adolescent medical forensic examinations. There should be a mix of gender and age, but an emphasis should be placed on examining the pre-pubescent patient with a vulva.

Document a summary of each exam (please no names or other confidential patient information) and findings. You may include a copy of your documentation as your summary (void of any patient identifying information).

The Clinical Competency Validation Tool must be filled out by the mentor and preceptor after they feel the clinician is confident in their ability to perform a medical forensic exam independently.

Exam 1

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A
Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 2

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A

Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 3

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A

Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 4

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A

Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 5

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A

Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 6

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A

Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 7

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A
Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 8

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A

Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 9

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A
Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Exam 10

Date: _____ **Time:** _____ **Exam location:** _____

Preceptor: _____ **Preceptor contact:** _____

Age of patient: _____ **Gender:** _____ **Tanner Stage:** Breast _____ Pubic Hair _____

Age of assailant: _____ **Assailant relationship to patient:** _____

Time elapsed since contact: _____ **Disclosure:** Yes (to whom) _____ No _____

Hymen: Annular Cresentic Estrogenized Other N/A
Additional description: _____

Penis: Circumcised Uncircumcised **Testes:** Descended Undescended

Position utilized: Supine frog leg Supine knee chest Prone knee chest Lithotomy
Other _____

Patient History: _____

Description and interpretation of findings: _____

Treatment provided: _____

Follow up recommended: _____

Safety plan for discharge: _____

Law Enforcement notified: Yes No **Evidence collected:** Yes No

DCFS notified: Yes No **Concern for abuse:** Yes No

STI testing: Yes No

Urine for STI: Yes No **Swabs for STI: (where)** _____

Prophylaxis offered (if applicable): _____

Clinical Competency Validation Tool Pediatric Forensic-Medical Examinations

Competency* Statement: The performance of the pediatric/adolescent SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list described is not inclusive; however, the list includes the **minimum** criterion necessary to practice as a pediatric/adolescent SANE.

*Competency is defined by the local program.

Performance Measures/Criteria:	Meets Criteria		Not evaluated
	Yes	No	
1. Explains/provides to the patient and family: <ul style="list-style-type: none"> • Informed consent • Procedures and equipment • Rights to privacy and confidentiality 			
2. Obtains health and forensic history and documents thoroughly according to agency standards			
3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using the appropriate position and other techniques and/or equipment			
4. Identifies and interprets findings of: <ul style="list-style-type: none"> • Injury/trauma • Normal variations • Disease process 			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence			
6. Using proper techniques, performs forensic photography accurately			
7. Provides appropriate medication administration with patient/caregiver consent, STI testing if indicated, follow-up and discharge instructions			
8. Performs Psychosocial assessment that includes: <ul style="list-style-type: none"> • Crisis intervention • Suicide and safety assessment and planning • Referrals 			
9. Works with members of the multi-disciplinary team, including the local child advocacy center, DCFS worker, rape crisis advocate and law enforcement			
Date of Competency Validation			
Preceptor Name, Title and Signature (Physician, Advanced Practice, SANE-P or PA SANE):			
Preceptor Contact Phone or Email:			

4. Initial Mentorship and On-going Peer Review:

The importance of establishing a mentoring relationship with an expert in the field of pediatric/adolescent sexual assault/abuse medical forensic examinations cannot be emphasized enough. A Child Abuse Pediatrician, SANE-P or PA SAFE is considered an expert mentor.

The mentorship should be initiated during clinical training for hands-on medical forensic examination training and consultation to answer questions, review charts and discuss findings.

On-going and routine peer review of charts and positive findings is considered best practice for the Pediatric/Adolescent SANE. The Pediatric/Adolescent SANE must provide the name, contact information and signature of the training mentor. A plan for continued peer review must be outlined as well. Please contact the Illinois SANE Coordinator for guidance if needed.

Mentor Information:

Mentor Name: _____
Mentor Contact Phone or Email: _____
Mentor Site of Employment: _____
Mentor Institution Address: _____

I, _____, agree to mentor, _____, throughout the Pediatric SANE clinical training experience.

Mentor Signature: _____

Comments:

On-going Peer Review Plan:

5. Other Clinical Experiences (Optional):

Children Advocacy Center:

Primary Goal: To establish collaborative relationship with the children advocacy center and staff. To learn full range of services provided, including forensic interviews of children. **This experience is highly recommended if the SANE will be working with a local CAC.**

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: _____

Law Enforcement Agency:

Primary Goal: To establish collaborative relationship with local law enforcement agency/child abuse unit. To observe child abuse detective in the field.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: _____

Additional Relevant Experiences:

Primary Goal: To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: _____

Description of Activities: _____

Additional Relevant Experiences:

Primary Goal: To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date: _____ Time Spent: _____ Location/Agency: _____

Name, Title and Signature of Individual who witnessed your attendance:

Contact Phone or Email: _____

Description of Activities: _____

The course clinical log should be completed and a copy submitted to the Illinois SANE Coordinator within **12 months** of the didactic Pediatric/Adolescent SANE course. It is highly recommended that you contact the Illinois SANE Coordinator 6 months after your didactic training if you are having difficulty completing any of your requirements. If you are unable to complete the clinical requirements within this time frame, please contact the Illinois SANE Coordinator. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** If you have any questions, call the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution may require additional clinical experiences.

If you attended a SANE training other than that provided by the Office of the Illinois Attorney General, please submit a copy of your training certificate of completion and agenda.

After review, you will be mailed a certificate for completion of Pediatric/Adolescent SANE clinical requirements. **This does not mean that you are certified as a Pediatric/Adolescent SANE.** Certification is granted through the Forensic Nursing Certification Board after passing an exam. The clinical training certificate provides proof of Pediatric/Adolescent SANE clinical training, which allows you to sit for the exam. Please visit the International Association of Forensic Nurses website at www.iafn.org for more information. Obtaining the clinical training certificate will also assist in qualifying the Pediatric/Adolescent SANE as an expert witness in criminal/civil court proceedings.

On completion of clinical requirements, mail a copy of your clinical log and other documentation if needed to:

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Illinois SANE Coordinator
Violence Prevention and Crime Victim Services Division
Office of the Illinois Attorney General
100 West Randolph Street, 11th Floor
Chicago, IL 60601
E-mail: Jaclyn.rodriquez@ilag.gov
General E-mail: SANE@ilag.gov
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