### Patient Discharge Materials

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB/Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Name</td>
<td>Phone #</td>
</tr>
<tr>
<td>Examining Health Professional</td>
<td>Date of Exam</td>
</tr>
</tbody>
</table>

Check appropriate circles below while providing patient with information and/or medications:

<table>
<thead>
<tr>
<th>Adult/Adolescent Patients</th>
<th>Pre-Pubescent Patients**</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For alternate therapy refer to CDC treatment guidelines*)</td>
<td>Testing REQUIRED before treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease</th>
<th>Discussed &amp; Completed</th>
<th>Discussed &amp; Declined</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gonorrhea</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Rocephin (Ceftriaxone) 250 mg IM injection single dose PLUS o Zithromax (Azithromycin) 1 g by mouth single dose</td>
</tr>
<tr>
<td><strong>Chlamydia</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Zithromax (Azithromycin) 1 g by mouth single dose (Do not repeat if already provided for gonorrhea prophylaxis)</td>
</tr>
<tr>
<td><strong>Trichomonas</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Flagyl (Metronidazole) 2 g by mouth single dose (May be taken at home if recent alcohol ingestion or EC provided)</td>
</tr>
<tr>
<td><strong>Pregnancy (EC)</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Plan B Onestep (Levonorgestrel) 1.5mg by mouth single dose up to 72 hours after assault o Ella (ulipristat acetate) 30 mg by mouth single dose up to 5 days after assault</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Hepatitis B vaccination, without HBIG, IM injection single dose if previously unvaccinated OR o Hepatitis B vaccine booster if already vaccinated but no/unknown postvaccination test</td>
</tr>
<tr>
<td><strong>HPV</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Cervarix or Gardasil (see age limitations)</td>
</tr>
<tr>
<td>Female age 9-26 Male age 9-21 MSM age 9-26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV- Case-by-case basis: UP TO 72 HOURS</strong></td>
<td>o Testing o Medication</td>
<td>o Testing o Medication</td>
<td>o Truvada (Tenofovir 300mg + Emtricitabine 200mg daily) by mouth daily PLUS o Isentress (Raltegravir 400mg) by mouth twice a day OR o Tivicay (Dolutegravir 50mg) by mouth daily</td>
</tr>
<tr>
<td><strong>Syphilis</strong></td>
<td>o Testing</td>
<td>o Testing</td>
<td>Treatment not recommended</td>
</tr>
<tr>
<td><strong>Anti-emetic</strong></td>
<td>o Medication</td>
<td>o Medication</td>
<td>o Zofran (Ondasteron hydrochloride) 4 mg by mouth</td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
<td>o Medication</td>
<td>o Medication</td>
<td>o Td or Td vaccine</td>
</tr>
</tbody>
</table>

The hospital should provide you with a medication instruction sheet for any medication that was provided to you in addition to this discharge instruction sheet.

*CDC Treatment Guidelines Website: [https://www.cdc.gov/std/tg2015/](https://www.cdc.gov/std/tg2015/)

**Consider screening pre-pubescent patients for STIs if:**

- Signs or symptoms of STIs (vaginal discharge or pain, genital itching or odor, urinary symptoms, and genital lesions or ulcers)
- Penetration or evidence of penetrative injury to genitals, anus or oropharynx
- Abuse by a stranger
- Abuse by perpetrator known to be infected with or at high risk for an STI
- Child, sibling or another person in household with STI
- Child lives in an area with high rate of STI
- Child or parent requests STI testing

ISP 6-004 (9/17) Original to patient, copy to hospital medical record
Counseling/Support Services:
As a survivor of sexual assault, you may experience sleep disturbances, anxiety, irritability, depression and other symptoms. These are normal reactions to trauma. You are encouraged to seek help in dealing with the effects of surviving an assault. Rape crisis centers offer free counseling services. You may call your local rape crisis center or 1-800-656-HOPE (4673) to schedule an appointment.

Follow-up Health Care: (For alternate follow-up options, refer to CDC treatment guidelines*)

<table>
<thead>
<tr>
<th>Provider: ______________________________</th>
<th>Phone Number: __________________________</th>
</tr>
</thead>
</table>

2 week recommendations (if needed)
- If you have symptoms of infection as listed below:
  - Burning or pressure during urination
  - Sores, blisters or small, white and/or gray growths or warts
  - “Flu-like” symptoms
  - Discharge
  - Unexplained bleeding
  - Pelvic pain or painful intercourse
  - Rash on groin, mouth, palm of hands, arms, legs or torso
  - Swollen areas in groin
  - Screening for trichomonas, bacterial vaginosis, herpes, HPV
  - Re-check injuries if needed

6 week recommendations
- Serologic testing for syphilis
- HIV test
- 2nd hepatitis B vaccination (if needed)
- 2nd HPV vaccination (if needed)
- Reevaluate for the development of anogenital warts
- Pregnancy test (if no menses since assault)

3 month recommendation
- Serologic testing for syphilis
- HIV test
- Reevaluate for the development of anogenital warts

6 month recommendation
- HIV test
- 3rd Hepatitis B vaccination (if needed)
- 3rd HPV vaccination (if needed)
- Reevaluate for the development of anogenital warts

Cost of Care: (Check or initial for documents received)
- I received information on Crime Victim Compensation
- I received a voucher for follow-up care (if applicable)
- I received a document from the hospital explaining that it is illegal for me to be billed for any services that I received as an outpatient related to the assault

Other:
- It is recommended that you use condoms or abstain from intercourse until STI prophylactic treatment is completed and all your cultures and blood tests return and are negative.
- **You should bring these discharge instructions with you to the follow-up appointment**, so that the healthcare provider will know what treatments were provided.
- If you notice any new bruising in the next few days, contact the law enforcement agency you reported to so they may take additional photographs.
- If you have any questions regarding the medical forensic examination or medications, please contact the examining health professional listed at the top of the paperwork.
- If you have any questions regarding your urine testing for drug facilitated sexual assault, please refer to the Consent to Toxicology paperwork you were provided.
- If you experience severe pain, heavy bleeding, breathing problems and/or other serious medical complaints, you should call 911 or return to the emergency department immediately.

**THE ABOVE INFORMATION HAS BEEN REVIEWED WITH ME AND I HAVE NO ADDITIONAL QUESTIONS AT THIS TIME.**

**PATIENT SIGNATURE:** ______________________________________________  **DATE:**__________

**HEALTH CARE PROVIDER SIGNATURE:** ___________________________________  **DATE:**__________