



SEXUAL ABUSE/ASSAULT PATIENT **UNDER 18 YEARS OF AGE** REPORTS TO HOSPITAL SEEKING CARE.
AVALON PAGED FOR REFERRAL OF PATIENT FOR SEXUAL ASSAULT EXAMINATION

YES

Patient presents within 120-hours post assault?

NO

Provide appropriate Community Referrals for patient.

PROCEED TO ALGORITHM D

YES

Law enforcement notification/report filed?
 Child Protective Services notification/involvement?*

NO

Law enforcement notification in the jurisdiction in which the event occurred is **REQUIRED** prior to referral to AVALON for sexual assault exam for ALL Patients < 18 years of age.

YES

Is parent or custodial guardian present/able to provide consent for Medical-Forensic Examination?

NO

AVALON **REQUIRES** parental or custodial/guardian consent for sexual assault exam for any Patient < 18 years of age.*

YES

MANDATORY REPORTING* of actual or suspected child abuse or child neglect made to MDHHS Central Intake by phone or through online reporting system is **REQUIRED** prior to referral to AVALON for sexual assault exam.

***The Michigan Child Protection Law**
 The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Department of Human Services (DHS) office or go to <http://www.michigan.gov/dhs>.

**FOR ANY QUESTIONS
 AVALON
 CRISIS LINE
 313-474-SAFE**

Parent or guardian not present?
 Hospital staff should attempt to contact parent/guardian and notify that Patient has presented to facility for sexual assault. Hospital staff should notify parent/guardian that their presence for consent for sexual assault examination is required.

Parental/guardian consent obtained.

Unable to locate parent or guardian OR parent/guardian refuses consent for sexual assault examination?
 Law enforcement and Child Protective Services should be notified for initiation of alternative "Authorizing Agent" (i.e., court order obtained for examination).

"Authorizing Agent" able to provide consent or appropriate court order obtained for examination.

PROCEED TO ALGORITHM B





SEXUAL ABUSE/ASSAULT PATIENT **UNDER 18 YEARS OF AGE** REPORTS TO HOSPITAL SEEKING CARE.
MEDICAL EVALUATION AND MANAGEMENT SCREENING

STOP IF ABLE TO ANSWER YES TO ANY OF THE FOLLOWING:

• Uncooperative child/adolescent?

↓ YES

Children or adolescents that are uncooperative and/or unwilling to consent for examination should be referred for an examination at a later date by referral to KidsTALK. **This referral should be requested by CPS Caseworker and/or Law Enforcement.**
 No child or adolescent should ever be subjected to a medical-forensic examination without their consent.

• Suspected major trauma/patient requires further evaluation.
 • Significant urogenital/anogenital bleeding.
 • Patient is awaiting psychiatric evaluation.

↓ YES

Consideration of an on-site (inpatient) examination to be considered by an AVALON FNE; exam coordinated with medical personnel.

FNE to hospital for exam.

A child or adolescent that presents with major trauma or significant urogenital/anogenital bleeding should be stabilized prior to transfer to an AVALON site for examination.

Patient stabilized.

Any patient requiring psychiatric evaluation should be seen and cleared **PRIOR** to transfer to an AVALON site for examination.

PROCEED WITH EXAM REFERRAL

Appropriate referral to Kids-TALK.

OR

Examination rescheduled.

REFERRAL TO Kids-TALK FOR EXAM (NON-ACUTE)



PROCEED TO ALGORITHM D

PROCEED WITH EXAM REFERRAL

AVALON CRISIS LINE 313-474-SAFE

- FORENSIC NURSE EXAMINER PROGRAM CHECKLIST**
 Before making a referral to AVALON use the following checklist:
- (1) Patient is medically and mentally (psychiatrically cleared) stable?
 - (2) Patient wishes to have sexual assault exam/MFE completed?
 - (3) Parent or legal guardian available/willing to consent to exam?
 - (4) Nothing impairs parent or guardian's ability to consent?
 - (5) Nothing impairs the patient's ability to consent?
 - (6) Suspected assault/abuse occurred within the last 120-hours?
 - (7) An incident report has been completed with law enforcement?
 - (8) Notification of CPS/DHS, as appropriate, has been completed?
 - (9) Medical evaluation and treatment of patient completed?

PROCEED TO ALGORITHM C

PROCEED WITH EXAM REFERRAL





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AVALON PAGED FOR REFERRAL OF PATIENT FOR SEXUAL ASSAULT EXAMINATION

PEDIATRIC/ADOLESCENT SEXUAL ASSAULT MEDICATION EVALUATION AND MANAGEMENT GUIDELINE

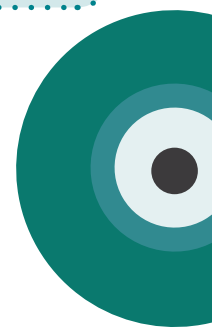
PREPUBESCENT FEMALE	PUBESCENT FEMALE	MALE
External Inspection of Ano-Genital Area Based on history, physical findings and risk factors.	External Inspection of Ano-Genital Area Based on history, physical findings and risk factors.	External Inspection of Ano-Genital Area Based on history, physical findings and risk factors.
NO Speculum Exam	Speculum Exam ONLY as Indicated Evidence or complaint of ano-genital injury, and abnormal pain or bleeding. (NOTIFY EXAMINER)	Additional Evaluation ONLY as Indicated Evidence or complaint of ano-genital injury, and abnormal pain or bleeding. (NOTIFY EXAMINER)
NO Deep Internal Swabbing		
Urine NAAT	Urine NAAT	Urine NAAT
Serologic Testing for Syphilis & HEP B	Serologic Testing for Syphilis & HEP B	Serologic Testing for Syphilis & HEP B
Serologic HIV Baseline Testing & Labs	Serologic HIV Baseline Testing & Labs	Serologic HIV Baseline Testing & Labs
	Pregnancy Testing	
HIV Prophylaxis (nPEP) as Appropriate***	HIV Prophylaxis (nPEP) as Appropriate***	HIV Prophylaxis (nPEP) as Appropriate***
Antibiotic/Antiviral Therapy* ONLY if Cultures (+)	Empiric Antimicrobial Regimen** Empiric STI Prophylaxis Treatment for chlamydia, gonorrhea, and trichomonas PROVIDED by AVALON Program , at no cost to the Patient at the time of exam.	Antibiotic/Antiviral Therapy (Pediatric)* ONLY if Cultures (+)
	Emergency Contraception PROVIDED by AVALON Program , at no cost to the Patient at the time of exam.	Empiric Antimicrobial Regimen** Empiric STI Prophylaxis Treatment for chlamydia, gonorrhea, and trichomonas PROVIDED by AVALON Program , at no cost to the Patient at the time of exam.

ACUTE
<120 HOURS

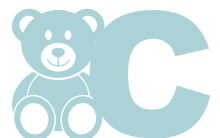
AVALON
CRISIS LINE
313-474-SAFE



DO NOT PROVIDE METRONIDAZOLE TO ANY PATIENT THAT CONSUMED ETOH PRIOR TO PRESENTATION!



Always Perform STI Testing Before Administering Any Antibiotic Treatment for ALL Pediatric Patients!
 *** HIV Postexposure Prophylaxis (nPEP) IS RECOMMENDED within 72-Hours Post Assault/Disclosure; Repeat HIV Antibody Test at 6-Weeks, 3 to 4 & 6 Months
 ** Antibiotic Therapy/Antiviral Prophylaxis IS RECOMMENDED with Pubescent Female & Adolescent Male Patients.
 * Antibiotic Therapy/Antiviral Prophylaxis in Prepubescent Female & Pediatric Male Patients BASED on Presenting History, Physical Findings and Risk Factors.





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PEDIATRIC/ADOLESCENT SEXUAL ASSAULT MEDICATION EVALUATION AND MANAGEMENT GUIDELINE

PREPUBESCENT FEMALE

PUBESCENT FEMALE

MALE

Examination of Ano-Genital Area
 Based on history, physical findings and risk factors.

NO Speculum Exam

NO Deep Internal Swabbing

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic Testing for HIV

Antibiotic/Antiviral Therapy (Pediatric)*
ONLY if Cultures (+)

Examination of Ano-Genital Area
 Based on history, physical findings and risk factors.

Speculum Exam as Indicated
 Evidence or complaint of ano-genital injury, and abnormal pain or bleeding.

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic Testing for HIV

Pregnancy Testing

Empiric Antimicrobial Regimen**
 Provide Empiric STI Prophylaxis Treatment for chlamydia, gonorrhea and trichomonas:
 • Ceftriaxone 250 mg IM in a single dose.
 • Azithromycin 1 g orally in a single dose.
 • Metronidazole 2 g orally in a single dose.

Examination of Ano-Genital Area
 Based on history, physical findings and risk factors.

Additional Evaluation as Indicated
 Evidence or complaint of ano-genital injury, and abnormal pain or bleeding.

Urine NAAT/Urethral Discharge Culture

Serologic Testing for Syphilis & HEP B

Serologic Testing for HIV

Antibiotic/Antiviral Therapy (Pediatric)*
ONLY if Cultures (+)

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**NON-ACUTE
 >120 HOURS**

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 CRISIS LINE
 313-474-SAFE**



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 METRONIDAZOLE
 TO ANY PATIENT THAT
 CONSUMED ETOH
 PRIOR TO PRESENTATION!**

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