northern health
the northern way of caring

Regional Order Set

Sexual Assault Orders
(for Patients 13 Years and Above)

Last Name:
First Name (Preferred Name):
Encounter number: NH Number: Chart Created: Y/N
Date of Birth: Gender: Age: Encounter Type:
Responsibility for Payment: PHN:
Primary Care Physician/Attending Physician:
PATIENT LABEL

Allergies: ☐ None Known ☐ Unable to Obtain
List with Reactions: _____

Weight: _____ kg
Height: _____ cm

Assault occurrence → Date: _____ Time: _____

1. LABORATORY

- CBC, creatinine
- HIV or ☐ HIV: Non-nominal reporting
- Hepatitis panel (HBsAg, anti-HBc, anti-HBs, anti-HCV)
- syphilis serology

☐ BHCG urine
☐ urine drug screen, if medically indicated
☐ HCV RNA PCR if known to be HCV Ab positive
☐ Urine for gonorrhea/chlamydia*
STI tests are not routinely done at the time of the exam because the test will only detect STIs present before the time of a recent sexual assault

2. MEDICATIONS

Antibiotics for STI prophylaxis, use stock supplied from BCCDC if available (check appropriate option)

Patient with no allergies or contraindications	Non-pregnant patient with contraindication to **azithromycin**	Pregnant patient with contraindication to **azithromycin**	Patient with beta-lactam allergy
☐ **cefixime** 800 mg PO once x 1 dose	☐ **cefixime** 800 mg PO once x 1 dose	☐ **cefixime** 800 mg PO once x 1 dose	☐ **azithromycin** 2g PO once x 1 dose
PLUS	PLUS	PLUS	
azithromycin 1g PO once x 1 dose	**doxycycline** 100 mg PO bid x 7 days	**amoxicillin** 500 mg PO tid x 7 days	

Pregnancy prophylaxis (If BHCG is negative, may give up to 5 days post sexual assault)
☐ **levonorgestrel** 1.5 mg PO once x 1 dose STAT (Plan B or equivalent)
☐ **dimenhyDRINATE** 50 mg PO once x 1 dose 15 to 30 minutes before **levonorgestrel**

HIV Post Exposure Prophylaxis (PEP): (HIV Accidental Exposure Kit available in the Emergency Department)

- examiner to complete **10-110-5066 HIV Risk Assessment for Post-Exposure Prophylaxis Kit**
- if deemed significant risk, start prophylaxis immediately (within 72 hours of exposure)

☐ HIV Accidental Exposure Kit
- **raltegravir** 400 mg PO bid x 5 days
- **lamiVUDine** 150 mg PO bid x 5 days
- **tenofovir DF** 300 mg PO daily x 5 days

} First dose STAT

If patient is 35 kg or less, has renal dysfunction, or for any questions: consult St. Paul's Hospital HIV pharmacist 1-888-511-6222

- as per HIV Post-Exposure Prophylaxis kit instructions, ensure paper work is completed and **fax or return to facility pharmacy** (pharmacy to complete section V)
- provide patient with **10-110-6135 HIV Post-Exposure Prophylaxis (PEP) Information Sheet**
- if patient unable to follow up with primary care provider within 4 days, call St. Paul's Hospital for further direction (in some cases, 23 day continuation may be provided at same time as initial HIV PEP kit)

Prescriber Signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

northern health
the northern way of caring

Regional Order Set

Sexual Assault Orders
(for Patients 13 Years and Above)

Last Name:
First Name (Preferred Name):
Encounter number: NH Number: Chart Created: Y/N
Date of Birth: Gender: Age: Encounter Type:
Responsibility for Payment: PHN:
Primary Care Physician/Attending Physician:
PATIENT LABEL

Allergies: ☐ None Known ☐ Unable to Obtain List with Reactions: _____	**Weight:** _____ kg **Height**: _____ cm

Prophylaxis of Hepatitis B
- for patients who are not fully immunized or if vaccine response is unknown (check appropriate option)

Adult (20 years and older)	Pediatric/Adolescent (13 to 19 years old)	Chronic kidney disease or dialysis adult
☐ **hepatitis B adult vaccine** 20 mcg IM once x 1 dose brand administered: _____ (refer patient to complete 3 dose series at 1 and 6 months)	☐ **hepatitis B pediatric vaccine** 10 mcg IM once x 1 dose brand administered: _____ (refer patient to complete 3 dose series at 1 and 6 months)	☐ **hepatitis B adult vaccine** 40 mcg IM once x 1 dose brand administered: _____ (refer patient to complete dose series as appropriate per brand received)
☐ **hepatitis B immune globulin** 0.06 mL/kg (dose: _____ mL) IM once x 1 dose - preferably given within 48 hours, but may be given up to 14 days after permucosal exposure		

Note: if patient scenario not covered by above, search “Hepatitis B Post Exposure Prophylaxis” on BCCDC website and refer to “Case of sexual assault” column in the table for further recommendations

Supportive medications
☐ **lorazepam** 0.5 to 1 mg PO/sublingual once x 1 dose PRN anxiety
☐ **acetaminophen** 325 to 650 mg PO q4h PRN pain

Additional recommendations to review with patients
- it is strongly recommended that these patients be offered appropriate counseling (site dependent) and if necessary, referred for professional counseling
- if HIV PEP kit dispensed, follow-up with primary care provider ASAP for assessment of continuation for full 28 days
- treatment for syphilis is recommended at 1 and 3 months post exposure
- if patient declines prophylactic treatment, advise follow up testing for chlamydia and gonorrhea in 7 to 14 days
- recommend full STI testing in 3 to 4 weeks if the patient is pregnant or experiencing vaginal discharge, vaginal or pelvic pain or dysuria
- recommend follow-up lab work for HIV screening at 3 weeks, 6 weeks, and 3 months (either from exposure if no prophylaxis or post prophylaxis completion)
- use condoms for 3 months while awaiting results of follow-up HIV lab work or after completion of HIV prophylaxis

For any questions or consult, please call UHNBC switch board at 250-565-2000 for transfer to the on-call sexual assault examiner

Prescriber signature:_____ **College ID:**_____ **Date:** _____ **Time:**_____