

PATIENT CARE POLICY
Emergency Department

Title: *Sexual Assault Nurse Examiner*

Original Date: _____

Review Dates: _____

Revision Dates: _____

Sexual Assault Nurse Examiner (SANE), is a registered nurse who has been specially trained to provide comprehensive care to female and male patients of all ages who have been sexually assaulted. The SANE demonstrates competency in conducting a complete medical/forensic exam and collecting forensic evidence from patients who have been sexually assaulted.

Policy:

The first priority of the Emergency Department personnel is to provide appropriate medical care for any life threatening injury that may be present. After appropriate treatment has been rendered for life-threatening injuries, the SANE will obtain a history, conduct a head to toe exam, perform a detailed ano-genital exam, collect forensic specimens for evidentiary purposes and provide treatment to the patient on an individualized care level appropriate for both the patient's developmental and cultural needs, within the mandatory reporting requirements of state law. In some circumstances, the SANE may be able to work contemporaneously with the ED team in the provision of this care.

Standard of Care:

The SANE will facilitate a timely medical/forensic exam, provide consistency throughout the exam, deliver a compassionate and sensitive approach, and provide detailed referral for follow up. The patient who presents to the Emergency Department with known or suspected sexual assault has the option of receiving evidence collection as part of their care if they are examined acutely (within 5 days) following the assault. The patient has the right to understand the limits of confidentiality as it applies to the medical/forensic examination, the examiner's mandatory reporting requirements (CRS 12-36-135 and CRS 19-3-304), and the patient's right to cooperate or not with law enforcement (HB-1517).

Standard of Practice:

Emergency Department Admission:

1. When a patient presents to the Emergency Department reporting sexual abuse or assault, the patient will be triaged to assess the urgency of the patient's condition. In addition, the triage nurse will notify the in-house or on-call SANE and our local victim advocacy agency, to respond to the emergency department. *If the patient is under the age of 18 years, triage will additionally notify law enforcement in the jurisdiction where the assault occurred.* (Please adhere to the Triage Checklist)
 - A. Stabilizing the patient's medical condition is a priority. All reported sexual assault patients presenting to the emergency department will receive a medical screening exam by a physician or a SANE.
 - B. A member of the staff will be assigned to assist the patient by providing information about the emergency department process and SANE procedures. This staff member may be a charge nurse, nurse liaison or other trained staff member. The designated staff member will remain in contact with the patient until our Victim's Advocate arrives and, or until the SANE is available.

- C. All patients will be provided as much privacy as possible for registration and waiting until the Victim's Advocate and SANE have arrived. The patient should be informed by staff when the above persons/agencies have been called and an anticipated time of arrival.
- D. An ED record will be generated with appropriate authorization for medical/surgical treatment. The ED record and the medical/forensic documentation of the SANE examination and treatment shall be the official medical record for all medical treatment rendered..

Guidelines for Physician Consultation:

- 1. The SANE is responsible for obtaining physician consultation at any time during the exam if the patient's history or physical exam reveal the following:
 - A. patient reports history of loss of consciousness
 - B. decreased level of consciousness, disorientation or other neurologic deficit
 - C. patient reports any specific physical complaints such as chest or abdominal pain, head injury or twisting/blunt force injury of extremities resulting in limited range of motion.
 - D. There is any evidence of bodily injury, trauma or physical deformity that requires intervention
 - E. There is evidence of genital trauma requiring intervention
 - F. There is reported history or evidence of rectal or vaginal instrumentation.
 - G. Evidence of significant substance use/abuse
 - H. Bleeding from an unidentified source
- 2. The nurse will use professional judgment regarding additional consultation criteria and obtain physician intervention when needed. If a physician consultation is obtained, the SANE remains responsible for head-to-toe assessment and injury documentation, photo-documentation, evidence collection, appropriate medication prophylaxis, and discharge education.
- 3. In the event that serious/life-threatening trauma exists, the medical /legal exam will be deferred until such time that it can be performed without interfering with acute/trauma care but as soon as practical to preserve existing evidence. Assisting emergency department and trauma personnel regarding evidence protection/preservation will also be undertaken when necessary.

Patient History-Taking:

- 1. Provide an area for the patient that provides the following:
 - A. sound and visual privacy
 - B. environmental comfort
- 2. The entire assessment and examination procedure should be explained, allowing ample time for questions and answers.
 - A. All procedures and options must be carefully explained. If the patient declines the exam and/or evidence collection, review with patient positive and negative aspects of collecting (or not collecting) a particular piece of evidence. Assess the patient's ability to tolerate the examination physically and emotionally.
 - B. Obtain the patient's consent and signature on the appropriate forms.

Obtaining a History:

- 1. The history is obtained to assist in determining diagnosis and treatment.
 - A. The first objective is to identify and delineate specific historical information and any acute complaints that require immediate medical intervention and/or treatment.
 - 1) Evaluation and intervention for acute injuries in the sexually assaulted patient should proceed

- 2) Historical data regarding medication allergies, current medications, hepatitis B and tetanus immunization status, as well as risks from exposure (pregnancy, STI, HIV, etc.) are essential to ensure optimal medical care

B. The second objective is to guide the evidentiary aspects of the medical /forensic examination.

2. The history should be detailed enough to focus the examiner's effort on the area of injury, potential disease process or evidence.
3. If the patient is choosing to cooperate with law enforcement, the SANE may, at her discretion, allow the investigating officer to interview and process the police report before or after the physical examination.

Emergency Department Record:

1. The medical/forensic record must be completed to include the ED record, SANE Standing Orders, documentation of history, detailed head to toe examination, detailed ano-genital examination and collection of forensic evidence per state protocols, as well as treatment rendered.
2. The medical /forensic record should be completed at the time of evaluation. Once completed, the record will be placed in the locked cabinet for retrieval by designated personnel and secure placement in the Medical Record department.

Assemble Necessary Equipment and Paperwork:

1. Gather the following equipment:
 - A. state approved kit for the sexual assault victim
 - B. evidence tape
 - C. urine collection container (for uHCG or DFSA)
 - D. vaginal speculum for adult/adolescent examinations
 - E. appropriate cultures as indicated for pediatric and adult examinations
 - F. vaginal and overhead light sources, ALS, colposcope, Toluidine Blue swab and foley catheter
 - G. envelopes and paper bags (for clothing, sanitary napkin, etc.)
2. Patient labels.
3. Pre-label collection envelopes, slides, and clothing bags as much as possible, before starting the collection process.

Physical Examination and Evidence Collection:

1. The accurate collection and preservation of evidence is essential. Once the evidence collection begins, the SANE should maintain chain of possession until evidence has been given to law enforcement. Powder-free gloves should be worn and changed as necessary during all collection steps.
2. Each step of the examination and collection process should be explained to the patient prior to collection.
3. The patient will be instructed to remove the clothing worn at the time of the incident while standing on the provided drapes. Place the patient in a hospital gown; ensure that the patient is comfortable with temperature of room.
 - A. Refold the upper drape to contain any trace evidence and place in envelope; discard the lower drape.
 - B. Collect patient's clothing as appropriate depending upon whether or not the patient has changed clothes since the assault.
 - C. Advise patient of availability of clothing kit (provided at no cost through the Assistance league) or arrange for fresh clothing to be brought to the ED. Explain why clothing may not be returned once collected.

4. Follow these guidelines when collecting clothing:
 - A. Each article of clothing should be dried and placed in a separate paper bag and labeled appropriately. Note any damage and report to law enforcement.
 - B. Sanitary napkins, panty liners and/or tampons should be air-dried, placed in a paper bag or envelope, sealed and labeled.
 - C. Each bag should be labeled with the patient's name, medical record number, date & time collected, description of article and collector's initials.

5. Head to toe assessment
 - A. A complete head to toe inspection must be done to assess for any signs of trauma and/or foreign material.
 - 1) Include inspection, auscultation and palpation (where applicable) and document findings on the medical/forensic record.
 - 2) Consult with ED physician for further studies if indicated, i.e. x-rays, etc.

6. Collection procedures continue as follows:
 - A. Trace evidence- place any extraneous hairs, fibers, plant material soil, glass, paint, etc. (when found on the patient or left behind on the examination table) in a bindle. Fold bindle to contain trace evidence, place bindle in envelope, seal and label. Note location(s) of recovery in documentation and on envelope
 - B. Oral evidence collection (for oral penetration)- rub around gum line and buccal area with four cotton swabs held together. Prepare smear slide, air dry, label and seal in holder. Dry swabs utilizing swab dryer. Place in envelope, seal and label. Patient should rinse mouth after this step and wait 15 minute prior to buccal swabs for controls.
 - C. Pubic hair combings- open bindle and place under pubic area. Using clean, unused comb, comb pubic region for foreign material, fold bindle to contain debris with comb. Place bindle in envelope, seal and label.
 - D. Pubic hair control-pull 25 pubic hairs from various areas of the pubic region and place in bindle, fold bindle to contain hairs, place in envelope, seal and label.
 - E. Anal contents (for anal penetration)-swab crypt with four cotton swabs held together (may be dampened with sterile water to minimize discomfort). Prepare smear slide, air dry, label, place in holder and seal. Dry swabs utilizing swab dryer., place in envelope, seal and label.
 - F. Detailed genital examination- with the patient in the lithotomy position, the SANE will examine the external genitalia visually and with colposcope, if available, to assess for signs for trauma. The internal structures will then be examined in the same manner.
 - 1) An appropriate sized speculum, moisten only with water, can be utilized for estrogenized adolescents and adults.
 - 2) Sample vaginal vault with four cotton swabs held together. Prepare smear slide, air dry, label, place in slide holder and seal. Prepare a wet mount slide and evaluate for sperm, label, place in slide holder and seal. Dry swabs utilizing swab dryer., place in envelope, seal and label. **For the male patient**, swab the penile shaft and scrotum with two cotton swabs held together and moistened with sterile water- **avoid** urethral opening- Dry swabs utilizing swab dryer., place in envelope, seal and label.
 - 3) Sample cervical os and face of cervix with four cotton swabs held together, prepare smear slide, air dry, place in slide holder, label and seal. Air dry all swabs, place in envelope, seal and label
 - 4) The hymenal rim (in the estrogenized female) may be best visualized using a Foley catheter inserted into the vagina. Inflate the balloon with air and pullback slowly on the catheter until the hymen is stretched over the balloon and document any signs of trauma. The hymen can also be evaluated running the rim with a fox swab.
 - 5) **Pediatric ano-genital examination**
 - a. Place the patient in the " frog-legged" position and examine the genital structures visually and with colposcope utilizing separation and /or traction assessing for trauma. Hymen should be inspected for signs of trauma and documented. Redundant hymen tissue may be best visualized by instilling water on the hymen, or by examining the child in knee-chest position.

- b. If any drainage or signs of infection are visualized, swabs of the drainage should be obtained and cultured. Remember to establish a chain of custody for any specimens sent to lab. See protocol for obtaining STI cultures in children. **Avoid touching an unestrogenized hymen with a swab.**
 - c. Place the patient in the knee-chest position to complete hymenal visualization. The rectal area should also be visualized from this position looking for trauma, drainage and rectal tone abnormalities.
- 6) In the male patient the SANE will visually inspect the genitalia and use the colposcope to document any signs of trauma observed.
- H. Foreign stains on body- use two cotton swabs, held together, dampened with sterile water to remove foreign stains deposited on the victim's body. Dry swabs utilizing swab dryer., place in envelope, seal and label including location.
- 1) Bite marks- swab inside and outside bite mark area, and photograph with digital camera with and without the ABFO # 2 standard. Inform law enforcement for utilization of odontologist if needed.
- I. Fingernail clippings- if indicated use enclosed finger nail clippers to clip each nail on both hands, place clippings in envelope provided. Seal envelope and complete label.
- J. Buccal swabs (to obtain the patient's DNA sample)- rinse patient's mouth and allow nothing by mouth for 15 minutes prior to collecting sample. Hold four swabs together and swab both inner cheeks. Dry swabs utilizing swab dryer., place in envelope, seal and label.
- K. Head hair control- pull (using gloved fingers) 25 hairs from various areas of scalp, place hairs in bindle, fold bindle to contain hairs, place in envelope. Seal and label.
- L. All specimens collected are returned to the kit envelope, along with the white copy of the sexual assault incident form and release of records form, and sealed with evidence tape. After completing the chain of evidence on the front of the envelope, the clothing bags, kit, and yellow copies of crime lab report/release of information will be given to law enforcement. The dry, completed kit does not require refrigeration.

Drug Facilitated Sexual Assault (DFSA)

1. Treatment of the reported sexual assault patient must first address the management of physical injuries in accordance with standards of care, while attending to the patient's psychological needs. Depending on the circumstances surrounding the assault, testing for the presence of drugs and /or alcohol may be considered part of the evidence collection and significant to the investigation of the sexual assault.
2. Routine drug screens and/or alcohol levels are not recommended but should be obtained if medically indicated.
3. Collect specimens according to the following guidelines if the patient exhibits symptoms associated with possible 'date rape' drug ingestion.
 - A. If ingestion was within 48 hours, collect both blood (gray top) and urine specimens (90cc) according to protocol. Blood specimen should be refrigerated as soon as possible. Urine specimen should be frozen as soon as possible.
 - B. If ingestion was between 48 and 96 hours, collect only the urine specimen.
 - C. If ingestion was greater than 96 hours, collect NO specimen.
 - D. Complete a chain of custody form on each specimen and transfer to the appropriate law enforcement agency when transferring the kit.

Prophylactic Therapy

1. Pregnancy prophylaxis will be offered to every estrogenized female with a history of reported sexual assault involving penile-vaginal contact, within 120 hours of the assault. A negative HCG, is **required** prior to consideration for prophylaxis. A consent form must also be obtained.
 - A. Levonorgestrel administration-two tablets given PO now, if no contraindications and consent has been signed.
 - B. Anti-emetics per standing orders can be given prior to the levonorgestrel and/or at discharge to treat occasional side effect of nausea/vomiting.
2. Prophylaxis for sexually transmitted infections will be offered to all patients (adolescent/adult) with a history of vaginal , oral and/or rectal penetration.
 - A. Gonorrhea prophylaxis:
 - 1) Ceftriaxone 125 mg. IM as a single dose or Cefixime (Suprax) 400 mg PO as a single dose or Cefuroxime (Ceftin) 1 gm PO as a single dose.
 - 2) Chlamydia prophylaxis:
 - a. Zithromax 1 gram PO as a single dose or Doxycycline 100 mg PO BID for 10 days (do not use if pregnant) or Erythromycin 500 mg PO QID for 10 days, if allergic to Doxycycline.
3. Prophylaxis for tetanus:
 - A. Adult diptheria tetanus 0.5cc IM will be administered to all patients over age 12 with any injury that breaks the epidermis and have not had a DT within 10 years.
 - B. If the patient has never had tetanus immunization, hypertet 0.5cc will be administered.
4. HIVnPEP (HIV non-occupational Post-Exposure Prophylaxis)
 - A. If the patient falls into the category of high-risk for having been exposed to HIV during the sexual assault, the SANE will contact the ED MD for Infectious Disease recommendations regarding HIVnPEP.

Discharge Information

1. Follow up recommendations
 - A. Cultures for gonorrhea, chlamydia and bacterial vaginosis can be obtained at the County Health Department STI clinic or patient's primary care physician in 10-14 days.
 - B. HIV, hepatitis and syphilis testing should be referred to the Health Department for screening and treatment per CDC guidelines.
 - C. Encourage the patient to seek medical evaluation for any symptoms or ongoing concerns. D. Provide patient with applicable phone numbers of community references and resources. E. Answer any questions for patient and/or family
 - F. For acute known HIV exposure follow ED policy for immediate treatment
 - G. Include counseling information available through Victim's Advocacy and include in discharge folder.

References

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases treatment Guidelines 2006. MMWR 2006;55 (No.RR-11):pp. 80-83.
- Colorado Coalition Against Sexual Assault and Colorado Bureau of Investigation. Colorado Evidence Collection Protocol. December 2000.
- American College of Emergency Physicians. Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient. June 1999.
- Von Hertzen et al. Low does mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial. The Lancet; Vol. 360. December 7, 2002; pgs 1803-1810.**

**Forensic Nurse Examiner Program
Adolescent/Adult Sexual Assault Standing Orders**

Date	Time			RN Initials
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Laboratory

		<input type="checkbox"/>	Urine/Serum HCG		
		<input type="checkbox"/>	GC/Chlamydia gen probe		
		<input type="checkbox"/>	Cervical/Urethral		
		<input type="checkbox"/>	Rectal		
		<input type="checkbox"/>	Throat		
		<input type="checkbox"/>	Urine Toxicology		

Medication

Nausea/vomiting

		<input type="checkbox"/>	Phenergan 25 mg PO or PR		
		<input type="checkbox"/>	Compazine 10 mg PO or PR		
		<input type="checkbox"/>	Zofran 4mg PO		

GC prophylaxis/treatment

		<input type="checkbox"/>	Ceftriaxone (<i>Rocephin</i> ®) 125 mg IM or		
		<input type="checkbox"/>	Cefixime (<i>Suprax</i> ®) 400 mg PO or		
		<input type="checkbox"/>	Cefuroxime axetil (<i>Ceftin</i> ®) 1 gm PO		

Chlamydia prophylaxis/treatment

		<input type="checkbox"/>	Azithromycin (<i>Zithromax</i> ®) 1 gm PO or		
		<input type="checkbox"/>	Doxycycline 100 mg (<i>do not take if pregnant</i>) or		
		<input type="checkbox"/>	Rx #20 100mg PO BID for 10 days		
		<input type="checkbox"/>	Erythromycin (<i>ERYC</i>) 500mg (<i>if allergy to Doxycycline or pregnant</i>)		
		<input type="checkbox"/>	Rx #56 250mg 2 tabs PO QID for 7 days		

Pregnancy prevention

		<input type="checkbox"/>	Levonorgestrel (Plan B®) 2 tablets PO		
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Tetanus prevention

		<input type="checkbox"/>	Td (tetanus diphtheria vaccine) or		
		<input type="checkbox"/>	Tdap (tetanus diphtheria and pertussis vaccine)		

Hepatitis B Immunization

		<input type="checkbox"/>	Follow-up with Health Department for Hepatitis B immunization ASAP by calling 578-3148		
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Pain Management

		<input type="checkbox"/>	Ibuprofen 600 mg tab PO plus		
		<input type="checkbox"/>	Norco 1 tab PO OR		
		<input type="checkbox"/>	Percocet 1 tab PO		

HIV nPEP

		<input type="checkbox"/>	High risk <ul style="list-style-type: none"> • Assailant known to be HIV + • Assailant said he/she was HIV + 		
		<input type="checkbox"/>	Contact ED MD who will contact ID on-call for recommendations		