



Patient Discharge Materials

Patient Name	DOB/Age
Hospital Name	Phone #
Examining Health Professional	Date of Exam

Press firmly and mark all appropriate boxes below while providing patient with information and/or medications.

	Discussed & Completed	Discussed & Declined	Adult/Adolescent Patients (For alternate therapy refer to CDC guidelines*)	Pre-pubescent patients**
Gonorrhea	<input type="checkbox"/> Testing <input type="checkbox"/> Genital/Urine <input type="checkbox"/> Oral <input type="checkbox"/> Anal <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Genital/Urine <input type="checkbox"/> Oral <input type="checkbox"/> Anal <input type="checkbox"/> Medication	<input type="checkbox"/> Rocephin (Ceftriaxone) 500 mg IM injection single dose for patients weighing less than 150kg OR <input type="checkbox"/> Rocephin (Ceftriaxone) 1g IM injection single dose for patients weighing greater than or equal to 150kg	Testing <u>REQUIRED</u> before treatment Presumptive treatment is not recommended
Chlamydia	<input type="checkbox"/> Testing <input type="checkbox"/> Genital/Urine <input type="checkbox"/> Oral <input type="checkbox"/> Anal <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Genital/Urine <input type="checkbox"/> Oral <input type="checkbox"/> Anal <input type="checkbox"/> Medication	<input type="checkbox"/> Doxycycline 100 mg by mouth twice a day for 7 days	Testing <u>REQUIRED</u> before treatment Presumptive treatment is not recommended
Trichomonas	<input type="checkbox"/> Testing <input type="checkbox"/> Genital/Urine <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Genital/Urine <input type="checkbox"/> Medication	<input type="checkbox"/> Female: Flagyl (Metronidazole) 500mg by mouth twice a day for 7 days <input type="checkbox"/> Male: Prophylactic treatment not generally recommended unless indicated by history	Testing <u>REQUIRED</u> before treatment Presumptive treatment is not recommended
Pregnancy (Emergency Contraception)	<input type="checkbox"/> Testing <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Medication <input type="checkbox"/> N/A (age or gender)	<input type="checkbox"/> Plan B Onestep (Levonorgestrel) 1.5mg by mouth single dose up to 72 hours after assault <input type="checkbox"/> Ella (Ulipristal acetate) 30 mg by mouth single dose up to 5 days after assault	N/A
Anti-emetic	<input type="checkbox"/> Medication	<input type="checkbox"/> Medication	<input type="checkbox"/> Zofran (Ondasteron hydrochloride) 4 mg by mouth	<input type="checkbox"/> Administer per protocol (if needed)
Tetanus	<input type="checkbox"/> Medication	<input type="checkbox"/> Medication	<input type="checkbox"/> Tdap or Td vaccine	Check immunization history

-----Case-By-Case Basis According to Risk-----

HIV- Must start within 72 hours	<input type="checkbox"/> Testing <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Medication <input type="checkbox"/> N/A (over 72 hours)	<input type="checkbox"/> Truvada (Tenofovir 300mg + Emtricitabine 200mg daily) by mouth daily PLUS Isentress (Raltegravir 400mg) by mouth twice a day for 28 days OR <input type="checkbox"/> Truvada (Tenofovir 300mg + Emtricitabine 200mg daily) by mouth daily PLUS Tivicay (Dolutegravir 50mg) by mouth daily for 28 days	Baseline blood testing on case-by-case basis depending on the likelihood of infection among assailant(s)
Syphilis	<input type="checkbox"/> Testing: preferred <input type="checkbox"/> Medication: not commonly indicated	<input type="checkbox"/> Testing <input type="checkbox"/> Medication	Due to long incubation periods, presumptive early treatment is ONLY recommended for a KNOWN** exposure to early syphilis within 90 days of exposure (**Known exposure is defined as an assailant with a confirmed early syphilis diagnosis) <input type="checkbox"/> Benzathine Penicillin G 2.4 million units IM single dose	Baseline blood testing on case-by-case basis
HPV Age 9-26 years	<input type="checkbox"/> Testing: visual screening <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Medication <input type="checkbox"/> N/A (age)	<input type="checkbox"/> Gardasil 9 0.5ml IM injection (physician discretion age 26-45 years)	<input type="checkbox"/> Gardasil 9 0.5ml IM injection (see age limits)
Hepatitis B	<input type="checkbox"/> Testing <input type="checkbox"/> Medication	<input type="checkbox"/> Testing <input type="checkbox"/> Medication	<input type="checkbox"/> Hepatitis B vaccine booster: _____ <input type="checkbox"/> Hepatitis B vaccine: _____ <input type="checkbox"/> Hepatitis B immune globulin (HBIG) 0.06 mL/kg (See guidelines for more detailed instructions)	Baseline blood testing on case-by-case basis

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/treatment-guidelines/default.htm>



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

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

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 Provider: _____ **Phone Number:** _____

<p>< 1 week: If any positive test</p> <ul style="list-style-type: none"> o Discuss results o Provide treatment (if not administered at initial visit) o Discuss follow-up for infections o Re-check injuries if needed 	<p>1-2 Weeks: If tests negative and treatment not provided</p> <ul style="list-style-type: none"> o Repeat STI testing (detects infections that might not have produced a positive test result at the initial examination) <p>Pre-pubescent:</p> <ul style="list-style-type: none"> o If no infections identified or no diagnostic testing performed, consider follow-up with a qualified medical provider at approximately 2 weeks after the last exposure 	<p>1-2 Weeks: If treatment provided at initial visit</p> <ul style="list-style-type: none"> o Post treatment testing (only if having symptoms) <ul style="list-style-type: none"> o Burning or pressure during urination o Sores, blisters, white and/or gray growths or warts o "Flu-like" symptoms o Discharge or unexplained bleeding o Pelvic pain or painful intercourse o Rash on groin, mouth, palm of hands, arms, legs or torso o Swollen areas in groin
<p>4-6 weeks</p> <ul style="list-style-type: none"> o Blood test for syphilis o Blood test for HIV o Assess for anogenital warts o Hepatitis B test (pre-pubescent) o 2nd hepatitis B vaccination (if needed) o 2nd HPV vaccination (if needed) o Pregnancy test (if no period since assault) 	<p>3 months</p> <ul style="list-style-type: none"> o Blood test for syphilis o Blood test for HIV o Assess for anogenital warts o Hepatitis B test (pre-pubescent) 	<p>6 months</p> <ul style="list-style-type: none"> o 3rd Hepatitis B vaccination (if needed) o 3rd HPV vaccination (if needed) o Assess for anogenital warts

Initial for documents and information you have received:

- _____ Medical Forensic services fact sheet
- _____ Crime Victim Compensation
- _____ Voucher for follow-up care (if applicable)
- _____ After Sexual Assault brochure
- _____ Hospital Billing Notice

_____ Kit Tracking information envelope and Pin (Scan QR code or go the this website: <https://paets.isp.illinois.gov/>)



Other: (Check if appropriate)

- o 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.
- o Bring these discharge instructions with you to the follow-up appointment. This will help the follow-up healthcare provider.
- o If you notice any new bruising, contact the law enforcement agency you reported to so they may take additional photographs.
- o 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.
- o 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 AND I HAVE NO ADDITIONAL QUESTIONS AT THIS TIME.

PATIENT SIGNATURE: _____ DATE: _____

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____