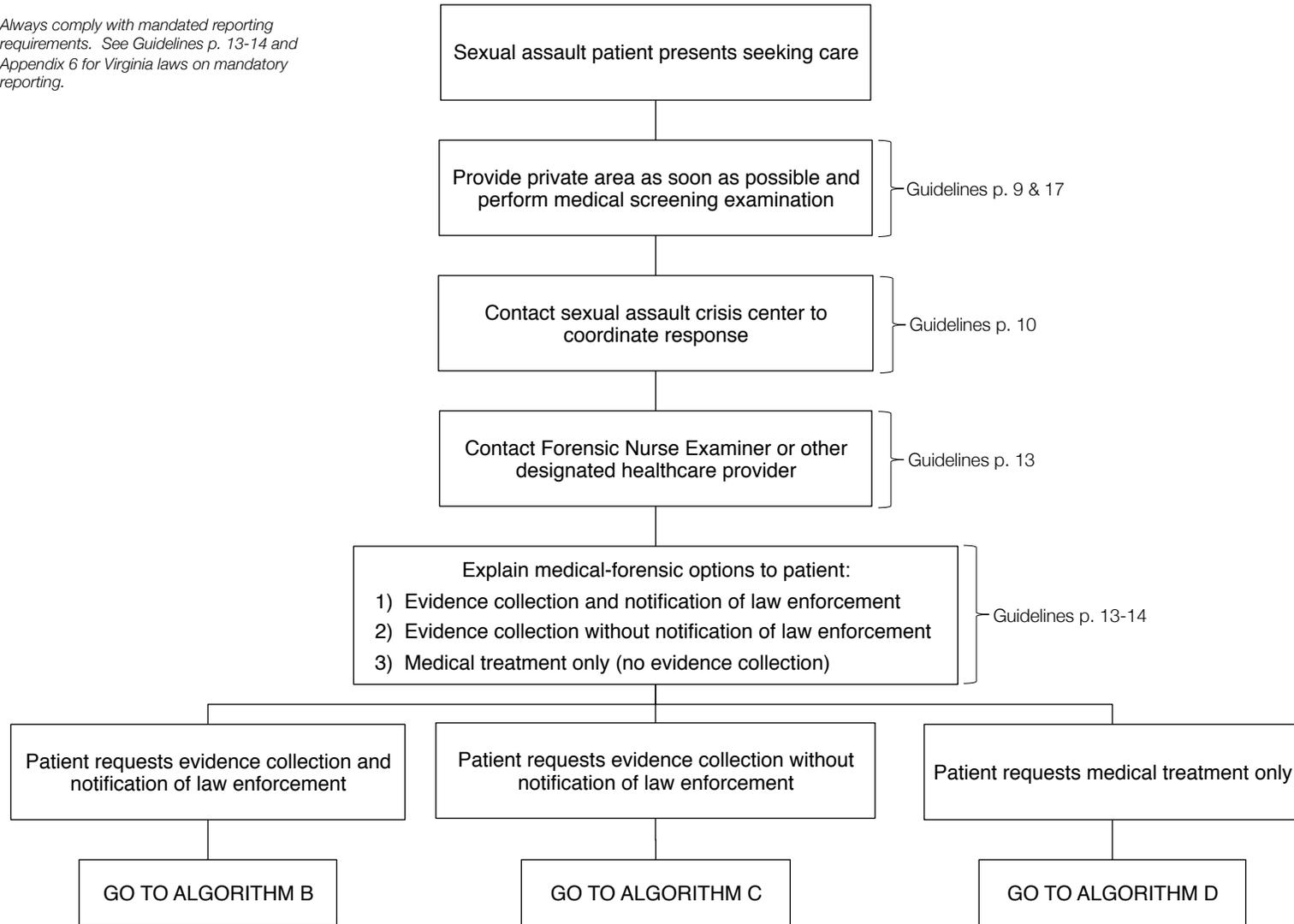


Medical-Forensic Management of Adult and Post-Pubertal Adolescent Sexual Assault Patients

ALGORITHM A: Patient Seeks Care

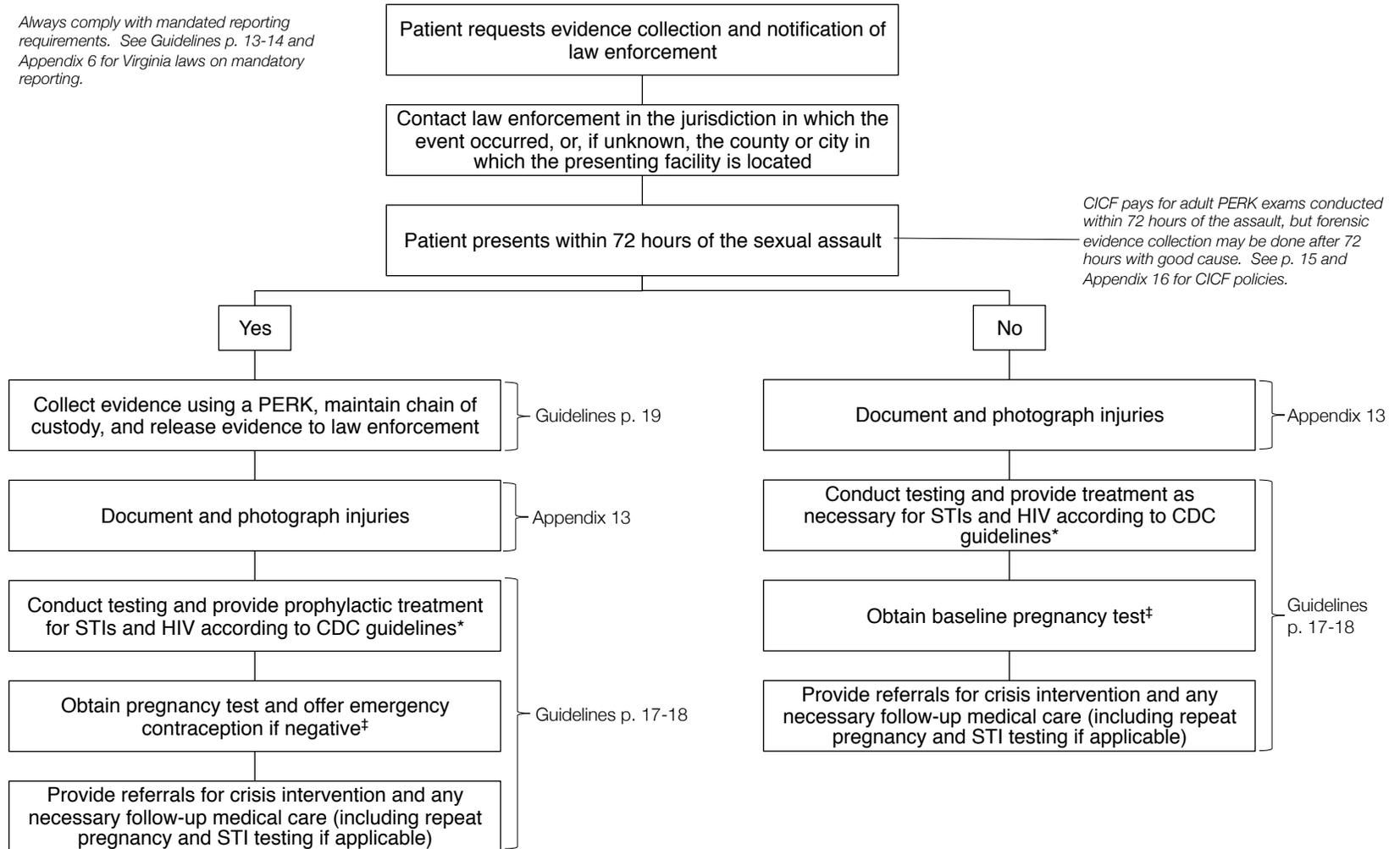
Always comply with mandated reporting requirements. See Guidelines p. 13-14 and Appendix 6 for Virginia laws on mandatory reporting.



Medical-Forensic Management of Adult and Post-Pubertal Adolescent Sexual Assault Patients

ALGORITHM B: Evidence Collection AND Notification of Law Enforcement

Always comply with mandated reporting requirements. See Guidelines p. 13-14 and Appendix 6 for Virginia laws on mandatory reporting.



*STIs recommended for testing and treatment: gonorrhea, chlamydia, trichomonas, syphilis, hepatitis, and HIV. Note that CDC recommends consulting with a pediatric HIV specialist prior to the initiation of HIV PEP in children under the age of 16. See Appendix 7.

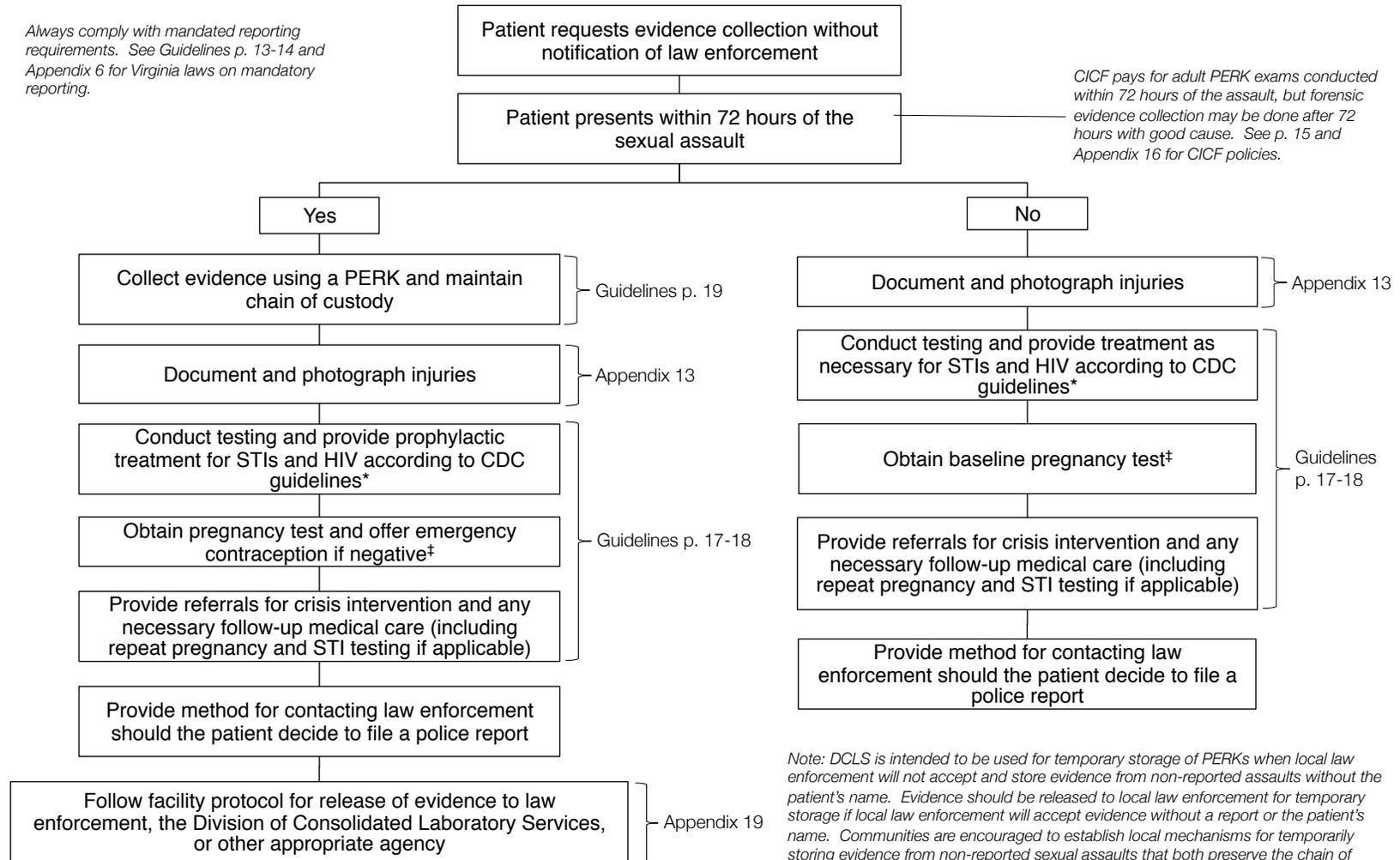
‡At the time of publication, FDA-approved emergency contraceptive pills are approved for use up to 72 hours after unprotected intercourse. Some clinical guidelines recommend use of emergency contraception up to 120 hours after unprotected intercourse (ACOG, 2005; WHO, 2007). Patients should be informed that the efficacy of emergency contraceptive pills diminishes with time since unprotected intercourse.

Medical-Forensic Management of Adult and Post-Pubertal Adolescent Sexual Assault Patients

ALGORITHM C: Evidence Collection WITHOUT Notification of Law Enforcement

Always comply with mandated reporting requirements. See Guidelines p. 13-14 and Appendix 6 for Virginia laws on mandatory reporting.

CICF pays for adult PERK exams conducted within 72 hours of the assault, but forensic evidence collection may be done after 72 hours with good cause. See p. 15 and Appendix 16 for CICF policies.



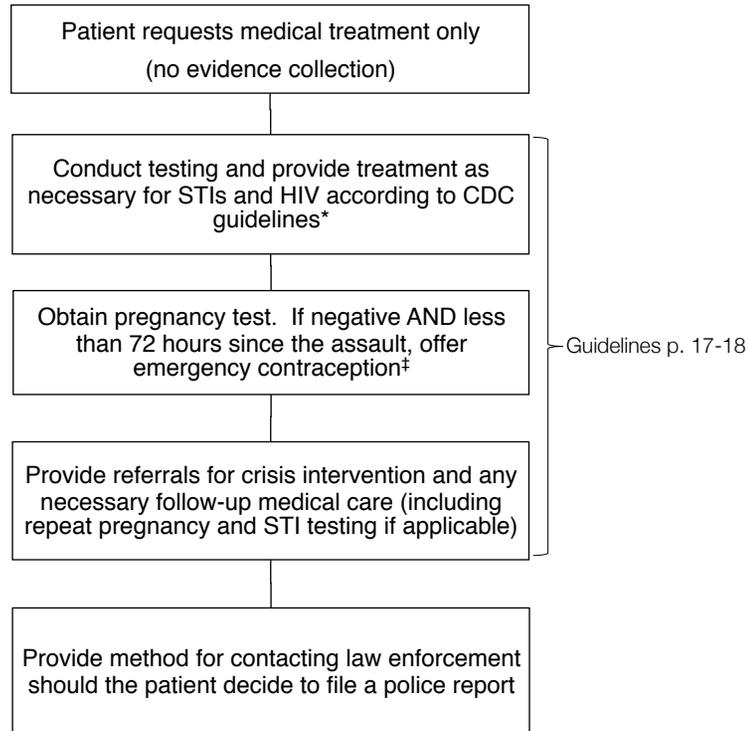
*STIs recommended for testing and treatment: gonorrhea, chlamydia, trichomonas, syphilis, hepatitis, and HIV. Note that CDC recommends consulting with a pediatric HIV specialist prior to the initiation of HIV PEP in children under the age of 16. See Appendix 7.

‡At the time of publication, FDA-approved emergency contraceptive pills are approved for use up to 72 hours after unprotected intercourse. Some clinical guidelines recommend use of emergency contraception up to 120 hours after unprotected intercourse (ACOG, 2005; WHO, 2007). Patients should be informed that the efficacy of emergency contraceptive pills diminishes with time since unprotected intercourse.

Medical-Forensic Management of Adult and Post-Pubertal Adolescent Sexual Assault Patients

ALGORITHM D: Medical Treatment Only (No Evidence Collection)

Always comply with mandated reporting requirements. See Guidelines p. 13-14 and Appendix 6 for Virginia laws on mandatory reporting.



*STIs recommended for testing and treatment: gonorrhea, chlamydia, trichomonas, syphilis, hepatitis, and HIV. Note that CDC recommends consulting with a pediatric HIV specialist prior to the initiation of HIV PEP in children under the age of 16. See Appendix 7.

‡At the time of publication, FDA-approved emergency contraceptive pills are approved for use up to 72 hours after unprotected intercourse. Some clinical guidelines recommend use of emergency contraception up to 120 hours after unprotected intercourse (ACOG, 2005; WHO, 2007). Patients should be informed that the efficacy of emergency contraceptive pills diminishes with time since unprotected intercourse.