

Pediatric Sexual Assault Guideline

Non-Acute



If you have any doubt as to what to do or any questions, please call Dr. Ricci's office to speak with the clinician on call (879 - 6160)

Non-Acute (child presents > 72 hours after incident)

Obtain History:
1). From accompanying adult (preferably out of earshot of the child)
2). From child (without parents if appropriate, see guidelines)

Consider involvement of Pediatric Sexual Assault Forensic Examiner

Perform appropriate physical exam including complete skin surface assessment and external and genito/rectal exam (see attached for technique suggestions)

- Speculum exam is rarely indicated in patients < 14 years. Indications include significant injury and uncontrolled hemorrhage.
- If indicated, sedation/anesthesia may be required. Strongly consider pedi-sura/OB-GYN consult

If visible injuries are noted on the body or genitalia, perform medical photography if available (see attached for guidelines)

If findings suggestive of STD (e.g; abnormal discharge or vesicular lesions), send urine for GC/C testing (swab may be used if unable to obtain urine) and/or obtain culture for HSV.
Treat with appropriate antibiotics.
Offer urine pregnancy testing when indicated.

Fax patient referral sheet to Dr. Ricci's office (871-5668)
Notify DHS/DA/Law enforcement in the county in which the incident occurred (see checklist for DA's numbers)
Admission indicated if concern for safety

Acute

If you have any doubt as to what to do or any questions, please call Dr. Ricci's office to speak with the clinician on call.

Acute (child presents \leq 72 hours after incident)

Obtain History:

- 1). From accompanying adult (preferably out of earshot of the child)
- 2). From child (without parents if appropriate, see guidelines)

Consider involvement of Pediatric Sexual Assault Forensic Examiner
Call Dr. Ricci's office to discuss the possible collection of appropriate forensic evidence using the State Evidence Collection Kit and to arrange follow-up (879 - 6160)

Perform appropriate physical exam including complete skin surface assessment and external genito/rectal exam (see attached for technique suggestions)

- Speculum exam is rarely indicated in patients < 14 years. Indications include significant injury and uncontrolled hemorrhage.
- If speculum exam is indicated, sedation/anesthesia may be required. Strongly consider pedi-surg/OB-GYN consult.

If visible injuries are noted on the body or genitalia, perform medical photography if available (see guidelines).

If findings suggestive of STD (e.g; abnormal discharge or vesicular lesions), send urine for GC/C testing (swab may be used if unable to obtain urine) and/or obtain culture for HSV.
Treat with appropriate antibiotics.

Offer/discuss HIV/Post Exposure Prophylaxis in high risk cases.
Offer pregnancy and STD prophylaxis in pubertal female if appropriate. Offer urine pregnancy testing when indicated.

Notify DHS/DA/Law Enforcement (see checklist for DA's numbers).
Admission indicated if concern for safety
Fax patient referral form to Dr. Ricci's Office (871 - 5668)