

Adolescent and Adult Sexual Assault Discharge Instructions

(Please keep this information in a safe place for future reference)

Exam date: _____ Examiner: _____

Health care facility where exam was conducted:

OSP SAFE Kit #: _____

You may enter your kit number on Oregon State Police's kit tracking website to see where it has been transferred or held: <https://trackit.osp.oregon.gov>. No identifying information is shared on the website.

LEA Case #: _____ **Contact #:** _____

Law enforcement agency: _____

Contact person: _____

Local resources for safety planning, counseling, and crisis line information were given. **Advocacy Agency:** _____

Contact # _____

- We recommend that you reach out to an advocate to make arrangements prior to meeting with law enforcement.

Evidence collected for investigative purposes

Note: Evidence may be transferred to a different law enforcement agency based on jurisdiction.

Evidence collected for storage only*

***Important:** Evidence is given to police without your identity being revealed and will be stored anonymously for 60 years. It will **not** be sent to the OSP Forensic Lab for testing unless a report is made. You may choose to make a report to law enforcement at any time. After 60 years, evidence may be destroyed. If you would like to initiate a report to law enforcement, you may go directly to the above named law enforcement agency. **They will want to know the case and kit numbers so bring those with you.**

No evidence collected

Medical screening only

Pregnancy Prevention Medication

We provided written information about emergency contraception, which was verbally reviewed with you. After consultation you:

- Received medication Declined medication It was not indicated

We recommend follow up testing for pregnancy in 2 weeks if you did not take emergency contraception today, or if you miss your next period.

Sexually Transmitted Infection Prevention

- Gonorrhea prevention: Ceftriaxone 500mg Other _____
- Chlamydia prevention: Doxycycline 100mg twice a day for 7 days **OR**
 Azithromycin 1gm Other _____
- Vaginosis/Trichomoniasis prevention: Flagyl 500mg twice a day for 7 days
OR Flagyl 2gm Other _____
- Other _____

HIV Post Exposure Prophylaxis

- You **DID NOT** receive HIV prophylaxis today
- We recommend that you receive baseline HIV antibody testing that can be done at your primary care doctor or a county health clinic within 2 weeks.
 - We recommend that you follow up at 6 weeks, and 3 months for counseling and HIV testing.
 - We recommend that you practice safe sex by using a condom for the next 3 months.
- You **DID** receive HIV prophylaxis today
- See instructions for taking HIV medications and follow-up care.
 - You received baseline HIV, testing today.
 - Please follow up with the provider listed on your after visit summary.

Hepatitis B Prevention

- You **DID** receive hepatitis B vaccination today. We recommend follow up with your primary care provider for the rest of the vaccination series.
- You **DID NOT** receive hepatitis B vaccination today. We recommend that you follow up with your primary care provider to assess need for vaccination.

Patient Label

Other Medications

- Tetanus Vaccine: _____ CDC info sheet given
- Human Papillomavirus Vaccine: _____ CDC info sheet given
- Nausea: _____
- Pain: _____
- Other: _____

Follow-up Care

We recommend a follow-up in the next 2-4 days with the following medical provider: _____

- Consider additional follow up for, syphilis testing, HPV vaccination, etc.

Referrals

The SAVE Fund covers the cost of 5 counseling sessions whether you report to police or not. **Valerie Smith, SAVE Fund Coordinator** from Crime Victim Services Division will be reaching out to you through the contact information you provided to give you more details on how to schedule those. If you would like to start setting up sessions and have not heard from her yet, **you may reach out to her** at save@doj.state.or.us or 503-378-5348 and she will assist you.

Patient signature: _____

Date: _____ Time: _____