

Patient Label

# Oregon Sexual Assault Medical-Forensic Examination: Medical Treatment- Follow-Up- Referrals

## MEDICAL TREATMENT

Allergies reviewed with patient:  Yes  No

Patient currently using contraception:  Yes, type of contraception used: \_\_\_\_\_  No

- Ulipristal may make hormonal birth control methods less effective right after taking it, a backup birth control method should be used until next period starts

*Include names, dosages, and routes for all medications given.*

Chlamydia prophylaxis:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
Gonorrhea prophylaxis:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
BV/trichomoniasis prophylaxis:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
Negative pregnancy test:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Emergency contraception:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
EC info sheet given:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Tetanus vaccine:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
Hepatitis B vaccine:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
HPV vaccine:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No, why: _____
Other medication:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No

## HIV PROPHYLAXIS

CDC Recommendations for Postexposure HIV Risk Assessment of Adolescents and Adults <72 Hours After Sexual Assault, 2021 <https://www.cdc.gov/std/treatment-guidelines/sexual-assault-adults.htm>

**High risk** → **offer PEP:** Condomless receptive anal sex • Condomless receptive vaginal sex • Sharing needles

**Moderate risk** → **consider PEP, discuss with patient:** • Condomless insertive anal sex • Condomless insertive vaginal sex

**Low risk** → **would not offer PEP:** • Insertive or receptive oral sex (consider for receptive if significant bleeding, ulcerations or trauma in mouth and ejaculation) • Sharing cookers, cotton or other drug paraphernalia • Blood or semen splash on intact skin • Exposure to urine, saliva or bites

Patient has been counseled regarding the risk of HIV acquisition based on the 2021 CDC Guidelines

Yes  No, why: \_\_\_\_\_

After counseling patient has  ACCEPTED medications  DECLINED medications  Does not meet criteria >72 hours  
 HIV nPEP not recommended at this time

Patient has been given information regarding follow-up testing and use of condoms for next 3 months  Yes  No, why: \_\_\_\_\_  N/A

HIV nPEP medications given:

Medication/dosage: \_\_\_\_\_ Date/time of first dose: \_\_\_\_\_

Medication/dosage: \_\_\_\_\_ Date/time of first dose: \_\_\_\_\_

Patient provided take home pack of HIV nPEP medication with a plan in place to obtain any remaining medications

Yes  No, why: \_\_\_\_\_  N/A

Patient provided full course or prescription for HIV nPEP medications  Yes  No, why: \_\_\_\_\_  N/A



Patient provided information regarding medication assistance:

Yes  No, why: \_\_\_\_\_  N/A

**FOLLOW-UP AND REFERRALS**

SAFE kit tracking information entered into SAMS track prior to release to law enforcement agency:

Yes  No  N/A

Patient counseled regarding the Sexual Assault Victims' Emergency Medical Response Fund:

Yes  No  N/A

Patient provided written discharge instructions:  Yes  No  N/A

Interpreter used:  Yes  No Name: \_\_\_\_\_

Language: \_\_\_\_\_

Advocacy/crisis intervention agency:  Yes, agency: \_\_\_\_\_  No

Local resources for safety planning, counseling, and crisis line information were given:  Yes  No

Social worker or case manager assisted with safety planning:  Yes  No  N/A

Practitioner follow-up with: \_\_\_\_\_

For non-reporting cases:

Patient provided instructions on process for making a report to law enforcement:  Yes  No  N/A

Verified no visible patient identifiers on SAFE kit or released evidence:  Yes  No  N/A

Law enforcement agency SAFE kit was released to: \_\_\_\_\_