

Sexual assault management

Care

For emergency departments
WITHOUT
access to a SARC
(sexual assault referral centre)

Read me first!

- People who have been sexually assaulted may feel vulnerable, alone, confused, distressed, tearful or angry
 - They can appear calm or withdrawn but may also be emotional, uncooperative or aggressive
 - Make them feel safe, valued and supported
- Listen Believe Don't judge Be sensitive*
- Use the disclosure form to record patient's account of the assault
 - Find out about available psychosocial support
 - Use the Care & Evidence training website and DVD

Prescriber notes

Postcoital contraception

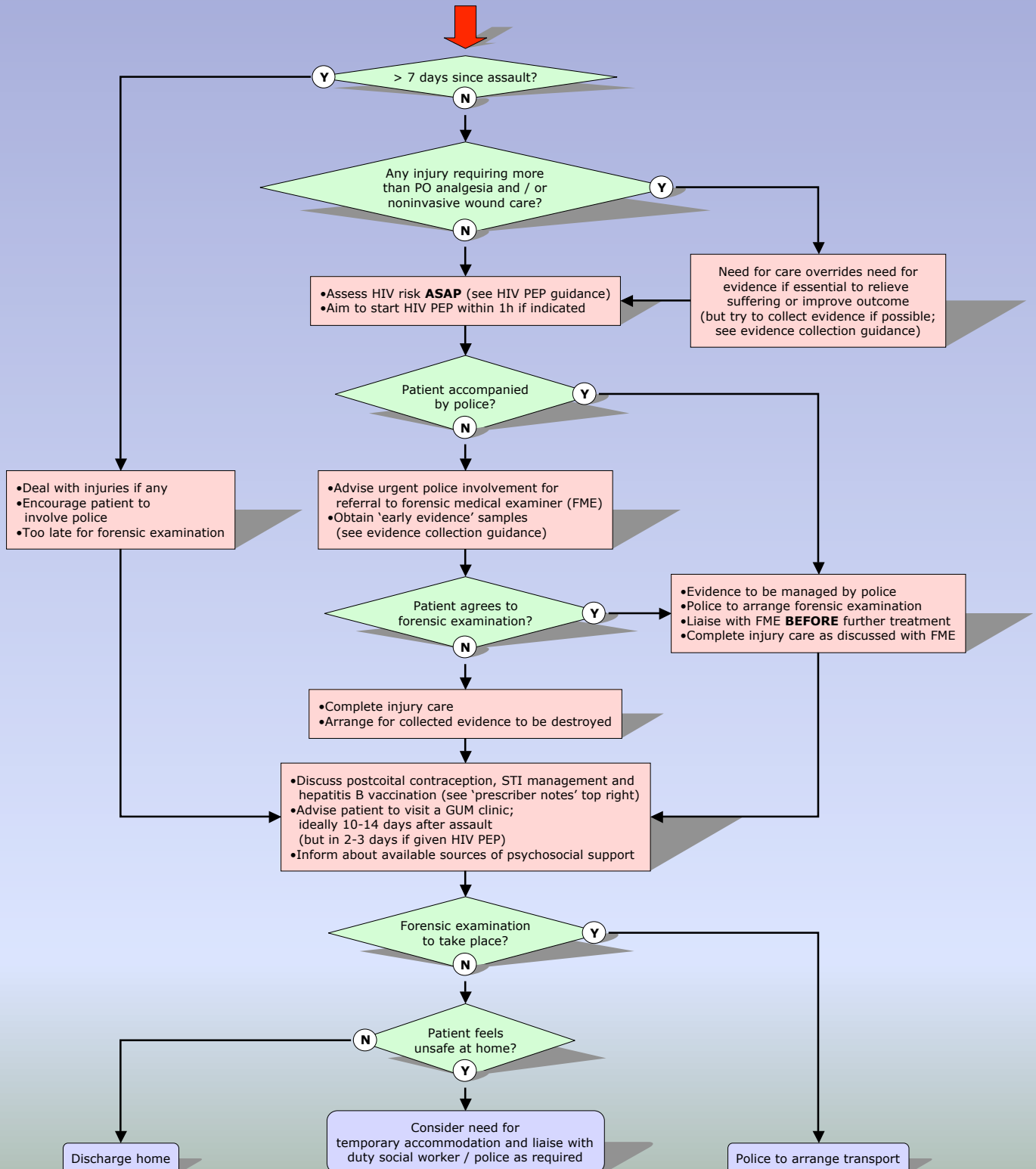
- Up to 5 days after assault, offer levonorgestrel (levonelle) 1.5mg once orally ASAP. Effectiveness cannot be guaranteed; explain that follow-up with GP or family planning clinic is therefore required
- If > 3 days since assault, alternatively offer intra-uterine device via family planning clinic or GP

STI management options - accept patient's choice

- STI screening 10 - 14 days after the assault **OR**
- Cefixime 400mg and azithromycin 1g once orally

Hepatitis B vaccine - if not immune or HBV positive

- Offer HB vaccine 0.5mL IM. GP or GUM clinic to give 2 further doses, usually at 1 & 2 months. A more rapid schedule may be used if risk high
- HBIG 500iu IM - if assailant known HBV positive



For further guidance go to www.careandevidence.org