

## Sexual assault management

### Care

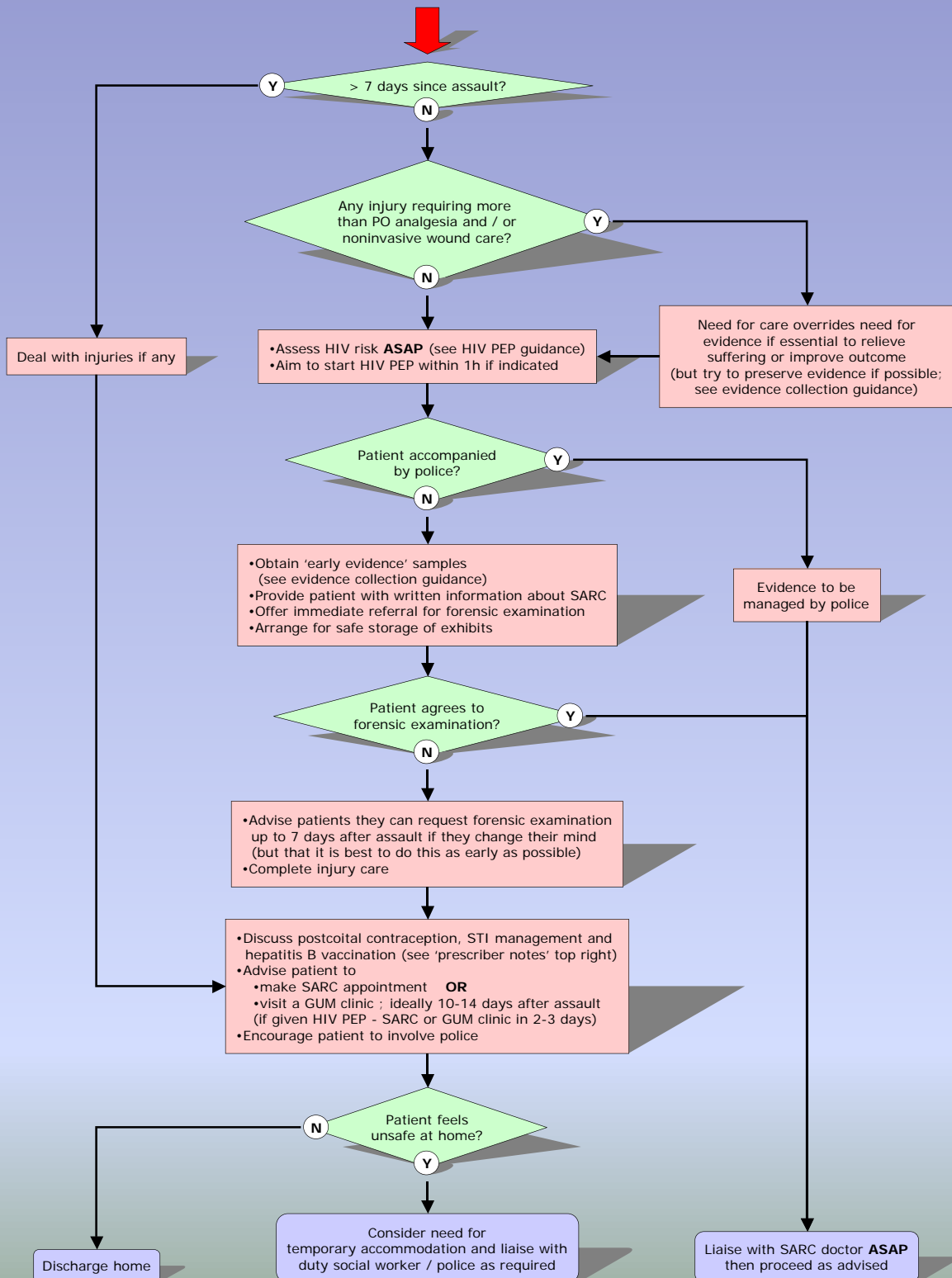
For emergency departments  
WITH  
access to a SARC  
(sexual assault referral centre)

### 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- They can appear calm or withdrawn but may also be emotional, uncooperative or aggressive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
- Know your local SARC and what it has to offer
- 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 intrauterine 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
  - +/- Metronidazole 400mgs BD for 5/7 orally or 400mgs x5 tablets stat
  - Hepatitis B vaccine - if not immune or HBV positive
  - Offer HB vaccine 0.5mL IM. GP/ GUM clinic/ SARC 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](http://www.careandevidence.org)