

## SARC Emergency Care: TRIAGE , CHECKLIST & REFERRAL

For use in ED for patients with alleged recent sexual assault:

<b><u>Patient's details:</u></b>	<i>Affix patient label here</i>
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DATE: \_\_\_\_\_

TRIAGE TIME: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

**PLEASE ASK THE FOLLOWING QUESTIONS TO DETERMINE THE CLINICAL PATHWAY:**

If **YES** to any **MEDICAL** questions the patient is to be reviewed by senior ED doctor (Registrar/Consultant)  
 If **NO** to all **MEDICAL** questions continue **FOR DIRECT SARC REFERRAL**

**"I need to ask you some questions about what happened so we can take care of you properly:"**

<b><u>Brief details of assault</u></b>	Date of assault:	Time of assault	
Type of assault	Vaginal <input type="checkbox"/>	Oral <input type="checkbox"/>	Anal <input type="checkbox"/>
Penetrated with <i>(eg penis, finger, object)</i>			

MEDICAL QUESTIONS	YES	NO	NOTES
Have you sustained any injuries or are you in pain? (excluding minor genital discomfort/soreness)	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive a blow to the head or lose consciousness at any time?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any vaginal or anal bleeding? If so can you tell me how much?	<input type="checkbox"/>	<input type="checkbox"/>	
Prior to this incident were you, or could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any alcohol or other drugs recently? (assess if person is intoxicated/ drug-effected)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently suffer with or have you recently suffered with any mental health problem?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>PAST MEDICAL HISTORY:</b> <input type="checkbox"/> NIL	<b>MEDICATIONS:</b> <input type="checkbox"/> NIL
	<b>ALLERGIES:</b> <input type="checkbox"/> NIL

FORENSIC QUESTIONS	YES	NO	NOTES
Did you know the person who did this prior to this incident?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the police involved?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you passed urine since it happened?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a shower or bath since it happened?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you changed clothes since the incident ?	<input type="checkbox"/>	<input type="checkbox"/>	

The Sexual Assault Service (SARC) is a specialised, free, confidential service. I'll be contacting them for advice. Is this ok?  Yes  No

Doctor/Counsellor notified (see over for phone no.):  Yes Name \_\_\_\_\_ Time: \_\_\_\_\_

**DIRECT SARC REFERRAL**

**ADMIT TO DEPT**

Signed: \_\_\_\_\_ (Nurse)

Signed: \_\_\_\_\_ (Duty Doctor)

Name: \_\_\_\_\_ (Nurse)

Name: \_\_\_\_\_ (Duty Doctor)

PTO for further management

**FURTHER MANAGEMENT** (if required & in consultation with SARC Doctor on-call)

Medical Management	GIVEN	
Emergency Contraception	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Azithromycin 1g (PO)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ceftriaxone 500mg IM	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis B immunoglobulin	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis B vaccination <input type="checkbox"/> already vaccinated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ADT/ Tetanus <input type="checkbox"/> up-to-date	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIV NPEP required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Analgesia ( if yes list ) <b>Drug &amp; dose:</b> _____ <b>Time given:</b> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Forensic Management		
<b>Preliminary forensics collected</b> <i>(Please indicate below which specimens taken)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Oral rinse <input type="checkbox"/> Oral swab & smear <input type="checkbox"/> Labial wipe <input type="checkbox"/> Peri-anal wipe <input type="checkbox"/> First void urine <input type="checkbox"/> <b>Toxicology:</b> Urine (must include exact time taken) <input type="checkbox"/> <b>Toxicology:</b> Blood (must include exact time taken) <input type="checkbox"/> Patient weight _____ Kg (only if toxicology required)		
<b>Clothing collected</b> <i>(Use paper bags, one item per bag)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Specimens/Clothing handed to police</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Mandatory Report required</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Notes			
Transport to SARC	<input type="checkbox"/> Private <input type="checkbox"/> Taxi	Support person	<input type="checkbox"/> Present
<b>FORM FAXED:</b>	<input type="checkbox"/> YES	<b>ED NOTES FAXED:</b>	<input type="checkbox"/> YES

**TO CONTACT SARC:      ph 08 9340 1828 (24 hours/ 7days)**  
**After-Hours SARC Doctor available direct via KEMH switchboard**

**PLEASE FAX ALL NOTES TO 08 9381 5426**

Signed: \_\_\_\_\_(Nurse)      Signed: \_\_\_\_\_(Doctor)  
Name: \_\_\_\_\_(Nurse)      Name: \_\_\_\_\_(Doctor)  
Date & Time: \_\_\_\_\_      Hospital: \_\_\_\_\_  
Phone: \_\_\_\_\_      Fax: \_\_\_\_\_