



SEXUAL ABUSE/ASSAULT PATIENT **UNDER 18 YEARS OF AGE** REPORTS TO HOSPITAL SEEKING CARE.  
**AVALON PAGED FOR REFERRAL OF PATIENT FOR SEXUAL ASSAULT EXAMINATION**

YES

Patient presents within 120-hours post assault?

NO

Provide appropriate Community Referrals for patient.

**PROCEED TO  
ALGORITHM D**

YES

Law enforcement notification/report filed?  
**Child Protective Services notification/involvement?\***

NO

Law enforcement notification in the jurisdiction in which the event occurred is **REQUIRED** prior to referral to AVALON for sexual assault exam for ALL Patients < 18 years of age.

YES

Is parent or custodial guardian present/able to provide consent for Medical-Forensic Examination?

NO

AVALON **REQUIRES** parental or custodial/guardian consent for sexual assault exam for any Patient < 18 years of age.\*

YES

**MANDATORY REPORTING\*** of actual or suspected child abuse or child neglect made to MDHHS Central Intake by phone or through online reporting system is **REQUIRED** prior to referral to AVALON for sexual assault exam.

**\*The Michigan Child Protection Law**

The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Department of Human Services (DHS) office or go to <http://www.michigan.gov/dhs>.

FOR ANY  
QUESTIONS  
AVALON  
CRISIS LINE  
313-474-SAFE



**Parent or guardian not present?**  
Hospital staff should attempt to contact parent/guardian and notify that Patient has presented to facility for sexual assault. Hospital staff should notify parent/guardian that their presence for consent for sexual assault examination is required.

Parental/guardian consent obtained.

**Unable to locate parent or guardian OR parent/guardian refuses consent for sexual assault examination?**  
Law enforcement and Child Protective Services should be notified for initiation of alternative "Authorizing Agent" (i.e., court order obtained for examination).

"Authorizing Agent" able to provide consent or appropriate court order obtained for examination.

**PROCEED TO ALGORITHM B**





SEXUAL ABUSE/ASSAULT PATIENT **UNDER 18 YEARS OF AGE** REPORTS TO HOSPITAL SEEKING CARE.  
**MEDICAL EVALUATION AND MANAGEMENT SCREENING**

**STOP** IF ABLE TO ANSWER YES TO ANY OF THE FOLLOWING:

- Uncooperative child/adolescent?

YES

Children or adolescents that are uncooperative and/or unwilling to consent for examination should be referred for an examination at a later date by referral to KidsTALK. **This referral should be requested by CPS Caseworker and/or Law Enforcement.**

No child or adolescent should ever be subjected to a medical-forensic examination without their consent.

- Suspected major trauma/patient requires further evaluation.
- Significant urogenital/anogenital bleeding.
- Patient is awaiting psychiatric evaluation.

YES

Consideration of an on-site (inpatient) examination to be considered by an AVALON FNE; exam coordinated with medical personnel.

FNE to hospital for exam.

A child or adolescent that presents with major trauma or significant urogenital/anogenital bleeding should be stabilized prior to transfer to an AVALON site for examination.

Patient stabilized.

Any patient requiring psychiatric evaluation should be seen and cleared PRIOR to transfer to an AVALON site for examination.

PROCEED WITH EXAM REFERRAL

Appropriate referral to Kids-TALK.

OR

Examination rescheduled.

PROCEED WITH EXAM REFERRAL

REFERRAL TO Kids-TALK FOR EXAM (NON-ACUTE)



PROCEED TO ALGORITHM D

AVALON CRISIS LINE 313-474-SAFE



**FORENSIC NURSE EXAMINER PROGRAM CHECKLIST**

*Before making a referral to AVALON use the following checklist:*

- (1) Patient is medically and mentally (psychiatrically) cleared?
- (2) Patient wishes to have sexual assault exam/MFE completed?
- (3) Parent or legal guardian available/willing to consent to exam?
- (4) Nothing impairs parent or guardian's ability to consent?
- (5) Nothing impairs the patient's ability to consent?
- (6) Suspected assault/abuse occurred within the last 120-hours?
- (7) An incident report has been completed with law enforcement?
- (8) Notification of CPS/DHS, as appropriate, has been completed?
- (9) Medical evaluation and treatment of patient completed?

PROCEED TO ALGORITHM C

PROCEED WITH EXAM REFERRAL





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**AVALON PAGED FOR REFERRAL OF PATIENT FOR SEXUAL ASSAULT EXAMINATION**

PEDIATRIC/ADOLESCENT SEXUAL ASSAULT MEDICATION EVALUATION AND MANAGEMENT GUIDELINE

PREPUBESCENT FEMALE

External Inspection of Ano-Genital Area  
 Based on history, physical findings and risk factors.

NO Speculum Exam

NO Deep Internal Swabbing

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic HIV Baseline Testing & Labs

HIV Prophylaxis (nPEP) as Appropriate\*\*\*

Antibiotic/Antiviral Therapy\* **ONLY** if  
 Cultures (+)

PUBESCENT FEMALE

External Inspection of Ano-Genital Area  
 Based on history, physical findings and risk factors.

Speculum Exam **ONLY** as Indicated  
 Evidence or complaint of ano-genital injury, and  
 abnormal pain or bleeding. (NOTIFY EXAMINER)

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic HIV Baseline Testing & Labs

Pregnancy Testing

HIV Prophylaxis (nPEP) as Appropriate\*\*\*

**Empiric Antimicrobial Regimen\*\***  
 Empiric STI Prophylaxis Treatment for  
 chlamydia, gonorrhea, and trichomonas  
**PROVIDED by AVALON Program**, at no cost to  
 the Patient at the time of exam.

**Emergency Contraception**  
**PROVIDED by AVALON Program**, at no cost to  
 the Patient at the time of exam.

MALE

External Inspection of Ano-Genital Area  
 Based on history, physical findings and risk factors.

Additional Evaluation **ONLY** as Indicated  
 Evidence or complaint of ano-genital injury, and  
 abnormal pain or bleeding. (NOTIFY EXAMINER)

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic HIV Baseline Testing & Labs

HIV Prophylaxis (nPEP) as Appropriate\*\*\*

Antibiotic/Antiviral Therapy (Pediatric)\*  
**ONLY** if Cultures (+)

**Empiric Antimicrobial Regimen\*\***  
 Empiric STI Prophylaxis Treatment for  
 chlamydia, gonorrhea, and trichomonas  
**PROVIDED by AVALON Program**, at no cost to  
 the Patient at the time of exam.

**ACUTE**  
**<120 HOURS**

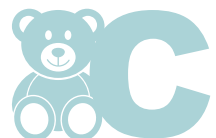
**AVALON**  
**CRISIS LINE**  
**313-474-SAFE**



**DO NOT PROVIDE**  
**METRONIDAZOLE**  
**TO ANY PATIENT THAT**  
**CONSUMED ETOH**  
**PRIOR TO PRESENTATION!**

**Always Perform STI Testing Before Administering Any Antibiotic Treatment for ALL Pediatric Patients!**

\*\*\* HIV Postexposure Prophylaxis (nPEP) IS RECOMMENDED within 72-Hours Post Assault/Disclosure; Repeat HIV Antibody Test at 6-Weeks, 3 to 4 & 6 Months.  
 \*\* Antibiotic Therapy/Antiviral Prophylaxis IS RECOMMENDED with Pubescent Female & Adolescent Male Patients. AVALON STD Prophylaxis Regimen provided.  
 \* Antibiotic Therapy/Antiviral Prophylaxis in Prepubescent Female & Pediatric Male Patients BASED on Presenting History, Physical Findings and Risk Factors.





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PEDIATRIC/ADOLESCENT SEXUAL ASSAULT MEDICATION EVALUATION AND MANAGEMENT GUIDELINE

PREPUBESCENT FEMALE

Examination of Ano-Genital Area  
Based on history, physical findings and risk factors.

NO Speculum Exam

NO Deep Internal Swabbing

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic Testing for HIV

Antibiotic/Antiviral Therapy (Pediatric)\*  
**ONLY** if Cultures (+)

PUBESCENT FEMALE

Examination of Ano-Genital Area  
Based on history, physical findings and risk factors.

Speculum Exam as Indicated  
Evidence or complaint of ano-genital injury, and  
abnormal pain or bleeding.

Urine NAAT

Serologic Testing for Syphilis & HEP B

Serologic Testing for HIV

Pregnancy Testing

Empiric Antimicrobial Regimen\*\*  
Provide Empiric STI Prophylaxis Treatment for  
chlamydia, gonorrhea and trichomonas:  
• Ceftriaxone 500 mg IM in a single dose.  
• Doxycycline 100 mg PO BID for 7 days.  
• Metronidazole 500 mg PO BID for 7 days.

MALE

Examination of Ano-Genital Area  
Based on history, physical findings and risk factors.

Additional Evaluation as Indicated  
Evidence or complaint of ano-genital injury, and  
abnormal pain or bleeding.

Urine NAAT/Urethral Discharge Culture

Serologic Testing for Syphilis & HEP B

Serologic Testing for HIV

Antibiotic/Antiviral Therapy (Pediatric)\*  
**ONLY** if Cultures (+)

Empiric Antimicrobial Regimen\*\*  
Provide Empiric STI Prophylaxis Treatment for  
chlamydia, gonorrhea and trichomonas:  
• Ceftriaxone 500 mg IM in a single dose.  
• Doxycycline 100 mg PO BID for 7 days.  
• Metronidazole 2 g orally in a single dose.

**NON-  
ACUTE  
>120 HOURS**

**AVALON  
CRISIS LINE  
313-474-SAFE**



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METRONIDAZOLE  
TO ANY PATIENT THAT  
CONSUMED ETOH  
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