

**SEXUAL ASSAULT MEDICATION MANAGEMENT**

Greater than 13 years of age (or post-pubertal)  
Sexual Assault Forensic Examination (SAFE) Program

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders () require physician/prescriber check mark () to be initiated.

1. **ALLERGIES:** see # 826234 - Allergy and Adverse Reaction Record

2. **CODE STATUS / MOST**

Refer to completed Medical Orders for Scope of Treatment (MOST) #829641

3. **MEDICATIONS**

**Prophylactic Antibiotics** (see table on reverse for alternatives for patients with allergies)

**For patients weighing greater than 45 kg**

cefixime 800 mg PO × 1 dose  
**\*\*AND\*\***

azithromycin 1,000 mg PO × 1 dose

**Alternative antibiotics (choose based on allergy table on back of page, more than one may be required)**

azithromycin 2,000 mg PO × 1 dose (concomitant anti-emetics recommended)

doxycycline 100 mg PO BID for 7 days

amoxicillin 500 mg TID for 7 days

**If patient weighs less than 45 kg (consult local Infection Disease specialist or BCCDC if allergies to below)**

cefixime \_\_\_\_\_ mg PO × 1 dose (8 mg/kg/dose, max 800 mg)  
**\*\*AND\*\***

azithromycin \_\_\_\_\_ mg PO × 1 dose (20 mg/kg/dose, max 1,000 mg)

**Vaccines and Immune Globulins**

tetanus toxoid 0.5 mL IM × 1 dose

hepatitis B vaccine 0.5 mL IM × 1 dose, for 13 to 19 year olds

hepatitis B vaccine 1 mL IM × 1 dose, for age 20 years and older

hepatitis B immune globulin \_\_\_\_\_ mL IM × 1 dose (0.06 mL/kg)  
maximum 5 mL per injection site; preferred site ventro-gluteal; not the same site as hepatitis vaccine injection  
[contact blood bank to obtain]

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#
/ /			

<b>Alternatives antibiotics for patients with allergies (ensure coverage for chlamydia and gonorrhea):</b>	
If cefixime allergic:	<b>azithromycin 2 g PO × 1 dose</b> (concomitant anti-emetics recommended)
If azithromycin allergic:	<b>cefixime 800 mg PO × 1 dose   **AND**</b> <b>doxycycline 100 mg PO BID for 7 days</b>
If cefixime and azithromycin allergic:	<b>doxycycline 100 mg PO BID for 7 days   **AND**</b> Contact local Infection Disease Specialist <b>**OR**</b> Contact BCCDC (604-707-5600)
If azithromycin and doxycycline allergic:	<b>cefixime 800 mg PO × 1 dose   **AND**</b> <b>amoxicillin 500 mg TID for 7 days</b>
If pregnant / breast-/chest-feeding AND cefixime allergic:	<b>azithromycin 2 g PO × 1 dose</b> (concomitant anti-emetics recommended) Contact local Infection Disease Specialist
If pregnant / breast-/chest-feeding AND azithromycin allergic:	<b>cefixime 800 mg PO × 1 dose   **AND**</b> <b>amoxicillin 500 mg PO TID for 7 days</b>
If pregnant / breast-/chest-feeding AND cefixime and azithromycin allergic:	No treatment; testing in follow up

**Please see BCCDC British Columbia Treatment Guidelines at**

[http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/CPS\\_noncertified\\_DST\\_DispensingProphlaxisPostSexualAssault.pdf](http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/CPS_noncertified_DST_DispensingProphlaxisPostSexualAssault.pdf)

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### 3. MEDICATIONS (choose all that apply) (continued)

- levonorgestrel (Plan B® equivalent) 1.5 mg PO × 1 dose STAT if less than 5 days since assault** (If patient's weight greater than 75 kg, use additional contraception, i.e. Copper IUD)

#### Age less than 17 years

- dimenhyDRINATE \_\_\_\_\_ mg (0.5 to 1.25 mg/kg/dose) × 1 dose** (max dose 50 mg)
- acetaminophen \_\_\_\_\_ mg (15 mg/kg/dose) PO PRN × 1 dose** (max dose 1,000 mg)
- ibuprofen \_\_\_\_\_ mg (10 mg/kg/dose) PO PRN × 1 dose** (max dose 400 mg)
- LORazepam \_\_\_\_\_ mg (0.05 mg/kg/dose) SL PRN × x 1 dose** (max dose 1 mg)

#### Age 17 years and greater

- dimenhyDRINATE 25 to 50 mg PO × 1 dose PRN**
- acetaminophen 500 to 1,000 mg PO PRN × 1 dose**
- ibuprofen 200 to 400 mg PO PRN × 1 dose**
- LORazepam 0.5 to 1 mg SL × 1 dose PRN**

#### HIV Post Exposure Prophylaxis – for patients weighing 35 kg or greater

HIV Post-Exposure Prophylaxis Starter Kit (not recommended greater than 72 hours post exposure)

- **tenofovir DF 300 mg PO ONCE DAILY for 5 days**
- **lamivudine 150 mg PO TWICE DAILY for 5 days**
- **raltegravir 400 mg PO TWICE DAILY for 5 days**

#### Prescriber instructions for HIV PEP

Complete the HIV Risk Assessment Post Exposure Prophylaxis Form #826277 **\*\*AND\*\*** fax to St. Paul's Hospital Pharmacy at 1-604-806-8675.

Complete Sections I through IV of HIV Accidental Exposure Kit form (found with HIV PEP starter kit) and fax to your IH hospital pharmacy.

If you have any questions regarding patient risk category, the patient's ability to tolerate PEP, **if patient's weight is less than 35 kg, OR** if the patient is taking any medications, please call the St. Paul's Hospital Outpatient Pharmacy to consult a pharmacist at 1-888-511-6222 (messages left will be promptly returned).

### 4. LABORATORY ORDERS (required if patient will be taking HIV PEP)

- CBC, Lytes4, creatinine (incl GFR), HIV Serology (HIV/AB, HIV/Ag), Hepatitis B Surface Antibody (anti-HBs), Hepatitis B Core Antibody (anti-HBc total), Hepatitis C Antibody/anti-HCV
- BHCG Screen     Other: \_\_\_\_\_

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#
/ /			