Children's Hospital Medical Center
3333 Burnet Avenue
Cincinnati, Ohio 45229-3039

SEXUAL ASSAULT EVIDENCE FORM

for Protocol A evaluations

addressograph stamp

USE THIS EVIDENCE KIT IF, WITHIN THE PREVIOUS 72 HRS, THERE HAS BEEN CONTACT WITH THE PERPETRATOR'S GENITALIA, SALIVA, SPERM, BLOOD, OR OTHER FORENSIC MATERIAL

Instructions

1) MD or social worker obtains a history of the assault.
2) MD and RN examine patient and obtain specimens by following steps 1 -11 as described in the Evidence Box.
3) MD completes this form and the *CAT Reporting Form* for alleged sexual abuse.
4) RN takes wet preps to lab (along with the evidence box), seals box, and transfers box to **HOSPITAL** security.

History of Assault (√ all that apply)

- ☐ Vaginal penetration/contact
- ☐ Rectal penetration/contact
- ☐ Ejaculation
- ☐ Fondling (with finger)
- ☐ Perpetrator's mouth on victim's genitalia
- ☐ Perpetrator's penis in victim's mouth
- ☐ Penetration with a foreign object_____ *(specify object and site of penetration)*
- ☐ Other (describe)_____

Patient History

1) Time since the assault _____hrs 2) During the assault, was the patient menstruating? ☐ yes ☐ no
3) Since the assault, has the patient bathed? ☐ yes ☐ no
4) Since the assault, has the patient changed clothes? ☐ yes ☐ no
5) Is the patient sexually active? ☐ yes ☐ no ☐ unknown
if yes, date/time of last consenual sexual contact:_____

Physical Exam Summary

1) Is the patient menstruating now? ☐ yes ☐ no
2) Is the patient bleeding from a genital injury? ☐ yes ☐ no
3) Is the patient bleeding from a rectal injury? ☐ yes ☐ no
4) Is the patient bleeding from some other injury? ☐ yes ☐ no if yes, where_____
5) Are there body stains that fluoresce with the Woods (UV) lamp? ☐ yes ☐ no ☐ not done
*if yes, specify the body locations:*_____

Check that the following has been done before discharging the patient

- ☐ Consider prophylaxis against sexually transmitted infection (often offered to an adolescent patient, not young child).
- ☐ Consider pregnancy testing and treatment with Ovral. Give patient Ovral information/consent sheet prior to Rx.
- ☐ Consider hepatitis, HIV and syphilis screening (step 11). Begin hepatitis vaccination, HIV Rx when indicated.
- ☐ Give the patient/family abuse support pamphlet (found in the Evidence Box).
- ☐ Discuss disposition with the CHMC social worker. *name of social worker:*_____
- ☐ Complete the *CAT Reporting Form* for alleged sexual abuse, have the ED attending sign it & keep it with the chart.
- ☐ The treating MD and RN sign this form in the spaces below.
- ☐ Place the top copy of this form into the evidence box and keep the bottom copy of this form with the ED headsheet.

Evidence collected by: (MD printed name)_____ (signature)_____

(RN printed name)_____ (signature)_____ 1/99