



# CHILD SEXUAL ABUSE CPG

## Alleged or Suspected

Enter patient < 18 years (or 21 years if mentally or physically handicapped) with known or potential sexual abuse.

Consult social worker. (If no social worker is available on-site, nurse is to complete this section.) Regardless, check order for social work consult and notify on-call social worker after history and physical is obtained.

### OBTAIN HISTORY — SOCIAL WORKER (OR NURSE OR PHYSICIAN)

Consult Social Worker  Social worker present in ED

Telephone call to social worker Name of social worker: \_\_\_\_\_

Patient age: \_\_\_\_\_ Gender: \_\_\_\_\_ Who is giving Hx: \_\_\_\_\_

Date, time and place of injury (if known): \_\_\_\_\_

Accompanied by: \_\_\_\_\_ Via: \_\_\_\_\_

Detail of event, including who was involved / where it occurred — for each event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAMILY / SOCIAL HISTORY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any history of domestic violence:  Yes  No If yes, details: \_\_\_\_\_

\_\_\_\_\_

Previous allegation of abuse:  Yes  No \_\_\_\_\_

Previous / Current involvement of social agencies or law enforcement:  Yes  No \_\_\_\_\_

If event occurred > 72 hours prior to ED presentation and if no acute symptoms consider / referring to Care Clinic.

If event occurred < 72 hours prior to ED presentation, obtain Sexual Assault Evidence Collection kit. If not used, justify reason why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

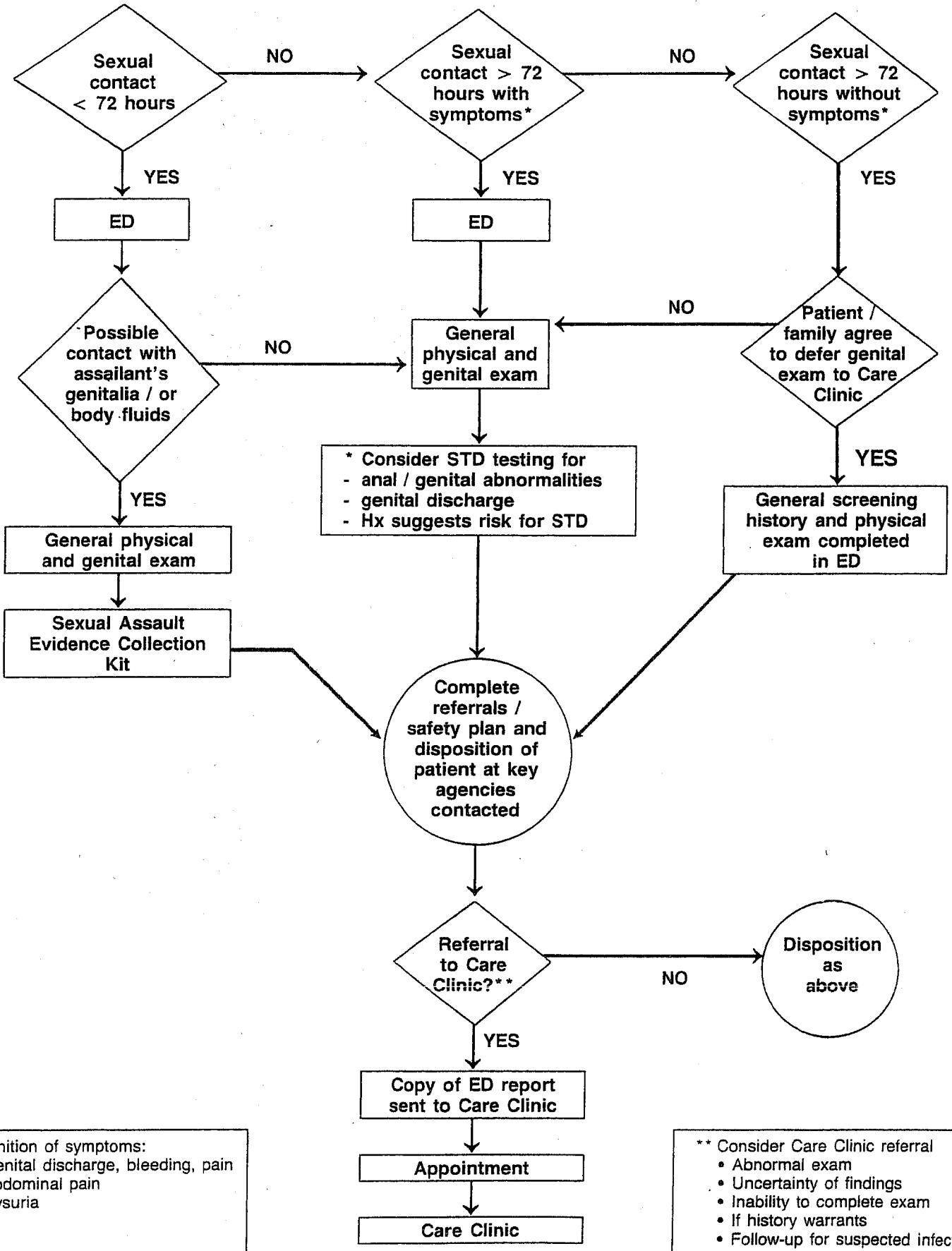
Signature: \_\_\_\_\_

- If Following Protocol A — **STOP! Use Sexual Assault Evidence Collection Kit and accompanying instructions.**
- \*\*If following Protocol B or "C", continue with attached report.

**PROTOCOL A**

**PROTOCOL B**

**PROTOCOL C**



\* Definition of symptoms:  
• Genital discharge, bleeding, pain  
• Abdominal pain  
• Dysuria

\*\* Consider Care Clinic referral  
• Abnormal exam  
• Uncertainty of findings  
• Inability to complete exam  
• If history warrants  
• Follow-up for suspected infection  
• Follow-up for trauma

**PHYSICIAN HISTORY**

History obtained from: \_\_\_\_\_

Past medical history:: \_\_\_\_\_

Previous ED visits / hospitalization: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child's demeanor during exam: \_\_\_\_\_

**NURSING DATA**

Vital Signs: T: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ BP: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Menarache:  Yes  No Last Menses (Date): \_\_\_\_\_

Signature: \_\_\_\_\_

**PHYSICIAN: PERFORM PHYSICAL EXAM  
(Remove all clothes and provide hospital gown for surface inspection)**

General Appearance:  WNL: \_\_\_\_\_

HEENT:  WNL: \_\_\_\_\_

LUNGS:  WNL: \_\_\_\_\_

HEART:  WNL: \_\_\_\_\_

ABDOMEN:  WNL: \_\_\_\_\_

NEURO:  WNL: \_\_\_\_\_

EXTREMITIES:  WNL: \_\_\_\_\_

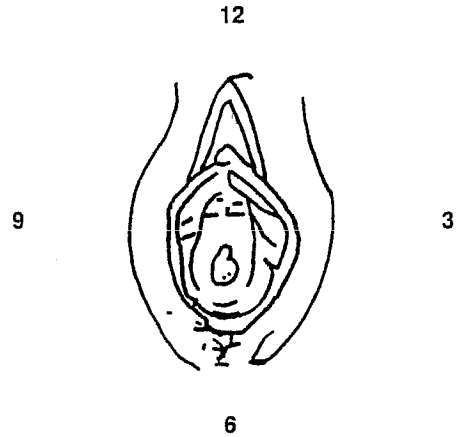
SKIN:  WNL: \_\_\_\_\_

BREAST EXAM:  WNL: \_\_\_\_\_

**PHYSICIAN: DESCRIBE INJURIES — USE GRAPHIC CHART TO MARK INJURY SITES, INCLUDE NARRATION OF SIZE, SHAPE, TYPE, COLOR FOR EACH INJURY**

**GENITALIA:**

TANNER STAGE: I II III IV V  
 EXAM POSITION: SUPINE PRONE-KNEE / CHEST  
 EXAM METHOD:  LABIAL TRACTION  SEPARATION  
 MAGNIFYING OTOSCOPE USED  YES  NO  
 COLPOSCOPE USED  YES  NO  
 PHOTOGRAPHS  YES  NO



Sketch findings and label with number at left.

ANAL: \_\_\_\_\_

**PERFORM LAB EXAMS**

**LAB TESTS**

*Genitalia*

\_\_\_\_\_ GC  
 \_\_\_\_\_ Chlamydia  
 \_\_\_\_\_ Wet Mount  
 \_\_\_\_\_ KOH

*Urine*

\_\_\_\_\_ UA  
 \_\_\_\_\_ Culture

*Rectal*

\_\_\_\_\_ GC  
 \_\_\_\_\_ Chlamydia

*Blood*

\_\_\_\_\_ HIV Antibody  
 \_\_\_\_\_ Syphilis Serology  
 \_\_\_\_\_ Hepatitis B Profile

*Throat*

\_\_\_\_\_ GC

*Other*

\_\_\_\_\_

*Pregnancy*

\_\_\_\_\_ Urine  
 \_\_\_\_\_ Serum

**CONSULTS / REFERRALS**

**CONSIDER**

**NAME**

**TIME CONTACTED**

Psychology	<input type="checkbox"/>	_____	_____
Care Clinic	<input type="checkbox"/>	_____	_____
Dermatology	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

**TREAT INJURY: LIST PROCEDURES PERFORMED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSESSMENT / IMPRESSION**

- History of child sexual abuse; the genital examination today, being normal, does not contradict the history.
  - Genital findings consistent with child sexual abuse.
  - Unable to assess genitalia for injury.
  - No history of sexual abuse, genital examination is normal.
  - Behavioral changes suggestive of the possibility of child sexual abuse.
  - Parental concerns regarding child sexual abuse.
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**REPORT SUSPICION OF ABUSE TO:**

- \_\_\_\_\_ County CPS. Contact name: \_\_\_\_\_  
Date and time reported: \_\_\_\_\_
- Police jurisdiction: \_\_\_\_\_

**DISPOSITION**

- Discharge to Children Service Emergency Care (CPS)
- Discharge to alternate family arrangement  
Name: \_\_\_\_\_
- Admit: \_\_\_\_\_  
(Specify unit level of service)
- Discharge home To whom: \_\_\_\_\_

**DISCHARGE FOLLOW-UP**

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- Sibling / Follow-up: \_\_\_\_\_

See additional documentation by dictation.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This guideline represents current clinical recommendations. The physician may choose to vary from the pathway if clinical conditions warrant.