

Protocol 4-8

SECTION: Adult Trauma Patient Care

PROTOCOL TITLE: Injury – Sexual Assault

REVISED: 06/2017

OVERVIEW:

A patient that has experienced the trauma of sexual abuse may present in a variety of ways. Physical trauma may be evident along with emotional trauma, which is very prevalent in these situations. In other cases, emotional trauma may be the only presenting problem. Pre-hospital EMS providers may be thrust into the role of mediator, buffer, or confidant. They may even be subject to violent aggression on the part of the victims or their families. Injuries associated with sexual assault may vary widely. They can be as subtle as slight pain or discomfort or as grossly evident as either debilitating or disfiguring trauma. The victim's injuries also may not be obvious or visible on first inspection; some may even deny injuries and relay untruthful information regarding the occurrence. The pre-hospital provider must develop and foster rapport with the victim to gain the victim's confidence, so that accurate information can be obtained.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> Type of injury Mechanism: rape, sodomy, sexual abuse Timeline of incidents Medical history Medications 	<ul style="list-style-type: none"> Physical injuries Emotional injuries Recurring injuries Withdrawal, hostility 	<ul style="list-style-type: none"> Emotional trauma Behavioral disorder Traumatic injury

	EMR	EMT	A	I	P
1. Obtain general patient assessment.	•	•	•	•	•
2. Support life-threatening problems associated with airway, breathing, and circulation.	•	•	•	•	•
3. Assess for signs of trauma; take C-spine precautions per assessment.	•	•	•	•	•
4. Administer Oxygen to maintain <u>SPO₂</u> 94 - 99%	•	•	•	•	•
5. Perform wound care only to assess the severity and provide hemorrhage control.	•	•	•	•	•
6. If an acute medical condition is noted, refer to appropriate <u>Medical Patient protocol</u> .	•	•	•	•	•
7. If physical trauma is noted, refer to appropriate <u>Trauma Patient protocol</u> .	•	•	•	•	•
8. Discourage the patient from changing clothes or bathing.	•	•	•	•	•
9. Transport promptly in position of comfort to appropriate facility. Reassess as needed.		•	•	•	•

SEXUAL ASSAULT

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Continued

SEXUAL ASSAULT

PEARLS:

1. Use paper bags for all clothing and blood-stained articles, if available. If the patient's clothing is removed after leaving the scene, bag and label each item separately.
2. Do not ask questions about the patient's sexual history or practices, or questions that might make the patient feel guilty.
3. Do not examine the patient's genitalia unless there is severe injury, and then do so only with the patient's permission.
4. Maintain the crime scene and chain of evidence by turning over any transported items to forensic nursing staff at receiving facility, if available.
5. The receiving facility should be contacted prior to transport to notify of patient complaint and ascertain if forensic nursing (Sexual Assault Nurse Examiner - SANE) is available. EMS may be diverted due to lack of forensic capabilities.