

Appendix 1:

**MEDICAL ASSESSMENT FOR DEFILEMENT**

Hosp No:

Name ..... Age ..... Date of Birth .....  
 Address .....

Name of doctor examining patient .....  
 Date and time of assessment .....  
 Others present .....  
 Consent given by .....

**HISTORY**

Date and time of most recent alleged incident .....  
 Witnesses (if any) .....  
 Date(s) and time(s) of other alleged incident(s) .....  
 .....  
 Details of allegations (use additional sheet if needed):

Condom used	Y / N	
Lubricant used	Y / N	Type of lubricant .....
Did ejaculation occur?	Y / N / don't know	
Bleeding at time of incident	Y / N	Site of bleeding.....
Pain at time of incident	Y / N	Site of pain .....
Pain since incident	Y / N	Site and duration of pain .....
Abdominal pain	Y / N	Site and duration of pain .....
Constipation	Y / N	How long for .....
Urinary symptoms	Y / N	Details.....How long for .....

Sexually active before incident Y / N  
 Sexually active since incident Y / N

*For females:*

Periods started Y / N If Y-year ..... usual cycle .....date of last period  
 .....  
 Tampons used Y / N  
 Vaginal discharge Y / N If Y - colour of discharge .....

Fever	Y / N	How long for .....
Convulsions	Y / N	How long for .....
Pallor/Jaundice	Y / N	How long for .....
Vomiting	Y / N	How long for .....
Diarrhoea	Y / N	How long for .....
Cough	Y / N	How long for .....
Rash	Y / N	How long for .....
Difficulty breathing	Y / N	How long for .....
Eating / Sucking	Y / N If N	How long for .....

Oedema Y / N How long for .....

Other (Please specify) .....

Any previous admissions? Y / N (Please give details) Diagnosis and Dates .....

.....

FAMILY HISTORY Any history of TB contact Y / N, Epilepsy Y / N, Diabetes Y / N, Allergy Y / N

Other Y / N (detail please).....

Mother well Y / N (details please).....

Father well Y / N (details please).....

Parents separated Y / N when? .....

Number of Siblings Alive ..... Died .....

Siblings Well Y / N (details including age) .....

Others in Household .....

Birth History ..... Vaccinations .....

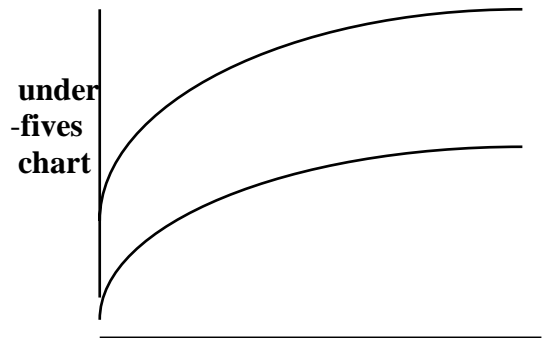
Previous blood transfusion Y / N when..... Previous drugs in last 2 weeks

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**EXAMINATION**

Weight .....kg %Weight for Age.....

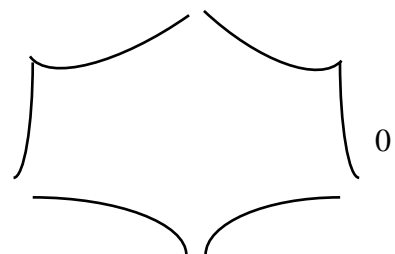
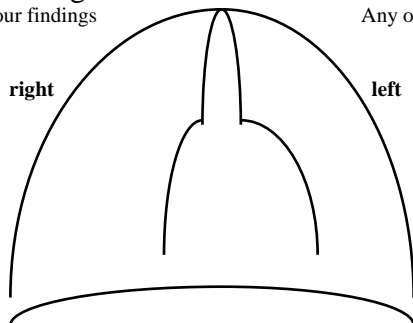
Nutritional status good / fair / poor



Blantyre Coma Score (BCS)=

Pallor	0	+	++	+++
Jaundice	0	+	++	+++
Oedema	0	+	++	+++
Rash	0	+	++	+++

Neck stiffness	Y / N	Hepatomegaly	Y / N .....cm
Oral thrush/ sores	Y / N	Splenomegaly	Y / N ..... cm
Lymphadenopathy	Y / N	Cardiac signs	Y / N
Respiratory signs	Y / N	Ear signs	Y / N
Finger Clubbing	Y / N	Neurological signs	Y / N
please draw your findings		Any other masses	Y / N where.....



<i>Female</i>	Swelling	Bruising	Abrasion	Laceration
Labia				
Clitoris				
Peri-urethral area				
Hymen				
Posterior fourchette				

Hymen: annular / heart shaped / fimbriated size of opening.....

<i>Male</i>	Swelling	Bruising	Abrasion	Laceration
Penis				
Scrotum				
Testes				

**Anus** dilatation Y / N fissure Y / N position ..... tone normal / lax

Other abnormalities:

Summary:

Investigations: Urine dipstest ..... Other specimens taken:

Discharge and follow up:

## Appendix 2:

# Guidelines for Post-Exposure Prophylaxis after Sexual Abuse

### Introduction

The risk of acquiring HIV infection from a single act of sexual intercourse is low but with child sexual abuse there is often associated violence and genital trauma, which will increase the rate of transmission.

Post-exposure prophylaxis (PEP) is not therapy for disease but is a preventative or prophylactic treatment. If started after exposure to HIV it may prevent HIV infection. It should be initiated as soon as possible after the exposure but is effective if started within 72 hours of the assault.

### *Procedure*

- Complete existing “**Medical assessment for defilement**” form, available in A&E and the admissions room.
- During office hours the child should be seen by Dr Ahmad, Dr Ellis or Prof Molyneux.
- At the weekend or after office hours the child should be seen by the consultant on call. If this is not possible the child should be admitted overnight or asked to return the following morning for examination.
- If there are physical signs of trauma and/or penetration, and this is consistent with an event less than 72 hours previously, then PEP should be considered.
- If in the rare event the perpetrator is known and known to be HIV uninfected (written result confirming HIV negative status within the last month) then the child does not need to have an HIV test and PEP is not indicated.
- In all other cases the child and family should be pre-counselled in the usual way and offered an HIV test. If consent to be tested is given, the blood should be taken immediately and a rapid HIV test performed (test kits available from Dr Ahmad in A&E).
- If the initial HIV test is positive the child should not receive PEP. The child and family should be post-counselled and referred to the general paediatric clinic for follow-up.
- If the initial test is negative the family and child should be counselled and offered PEP. It should be emphasized that the treatment should be taken as directed and the course of treatment completed. They should be advised to contact the department if they feel the child is experiencing side effects from the treatment. They should also be aware that PEP is not 100% effective.

- If there are problems obtaining an HIV test, e.g. at night or at weekends, initiation of PEP treatment prior to HIV testing can be considered if the child is otherwise eligible. This is particularly important if the delay incurred waiting for an HIV test would take the time interval between exposure and initiation of treatment over 72 hours. In this situation the child should stay overnight or return on the next available working day for an HIV test. A decision should then be made at consultant level regarding the continuation of PEP therapy.
- PEP treatment is taken for 28 days.
- The child should be seen and reviewed at 1 month, 3 months and 6 months post exposure. This should be in the general paediatric clinic on Wednesday afternoon at 1.30pm. An HIV test will be repeated at 3 and 6 months.
- All children who have been sexually abused should receive prophylactic antibiotics as per protocol.
- Relevant information should be documented in the child's health passport.

*Summary*

***Children who are eligible for PEP***

If there are physical signs consistent with genital trauma or penetration, anal or vaginal.  
 If the assault occurred less than 72 hour previously  
 If the child is HIV negative on initial testing.  
 If the child and guardian understand and agree to PEP treatment.

***Children who are not eligible for PEP***

If the assault occurred more than 72 hours ago  
 If the child has been assaulted previously in the preceding 6 months  
 If there are no physical signs of trauma or penetration  
 If the child is HIV positive on initial test  
 If HIV testing is refused.  
 If the child or family do not consent to PEP treatment

*Dosage*

The drug used for PEP is duovir: lamivudine 150 mg and zidovudine 300mg.

Weight	Dose	Frequency
< 14 kg	¼ tablet	Bd
15-24 kg	½ tablet	Bd
25-34 kg	¾ tablet	Bd
> 35 kg	1 tablet	Bd