

Regional Order Set

First Name (Preferre	d Name):		
Encounter number:	NH Nu	mber:	Chart Created: Y/N
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Pa	yment:	PHN:	
Primary Care Physic	ian/Attending	Physician:	

	gioriai Oraci Oct		Responsibility for Payment:	PHN:	
S	exual Assault Orders	8	Primary Care Physician/Attending Physician:		
(fo	or Patients 13 Years and	Above) Page 1 of	f 2 PATIENT LABEL		
Α	Ilergies: None Known	Unable to Obtain	•	Weight: kg	
	st with Reactions:			Height: cm	
As	sault occurrence → Date:	Ti	ime:	•	
	LABORATORY  • CBC, creatinine  • HIV or ☐ HIV: Non-nomina  • Hepatitis panel (HBsAg, ar  • syphilis serology ☐ BHCG urine			to be HCV Ab positive nydia* y done at the time of the exam detect STIs present before	
	MEDICATIONS Antibiotics for STI prophylaxis	, use stock supplied from BC0	CDC if available (check approp	oriate option)	
	Patient with no allergies or contraindications	Non-pregnant patient with contraindication to azithromycin	Pregnant patient with contraindication to azithromycin	Patient with beta-lactam allergy	
	cefixime 800 mg PO once x 1 dose	cefixime 800 mg PO once x 1 dose	cefixime 800 mg PO once x 1 dose	azithromycin 2g PO once x 1 dose	
	PLUS	PLUS	PLUS		
	azithromycin 1g PO once x 1 dose	doxycycline 100 mg PO bid x 7 days	amoxicillin 500 mg PO tid x 7 days		
	dimenhyDRINATE 50 mg HIV Post Exposure Prophylax • examiner to complete 10-1	once x 1 dose STAT (Plan B PO once x 1 dose 15 to 30 mi	or equivalent) inutes before levonorgestrel osure Kit available in the Eme nt for Post-Exposure Proph		
	<ul> <li>☐ HIV Accidental Exposure K</li> <li>raltegravir 400 mg PO</li> <li>lamiVUDine 150 mg PO</li> <li>tenofovir DF 300 mg P</li> </ul>	fit bid x 5 days D bid x 5 days O daily x 5 days STAT	patient is 35 kg or less, has rong questions: consult St. Paul-888-511-6222	's Hospital HIV pharmacist	
	<ul> <li>as per HIV Post-Exposure</li> </ul>	Prophylaxis kit instructions, er	nsure paper work is completed	d and <b>fax or return to facility</b>	

- pharmacy (pharmacy to complete section V)
- provide patient with 10-110-6135 HIV Post-Exposure Prophylaxis (PEP) Information Sheet
- if patient unable to follow up with primary care provider within 4 days, call St. Paul's Hospital for further direction (in some cases, 23 day continuation may be provided at same time as initial HIV PEP kit)

Prescriber Signature:	College ID:	Date:	Time:
10-111-5112 (IND - NHTC/VMP/RDP - Rev 04/	(22) Review by December	er 2025	





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Last Name:			
First Name (Preferre	ed Name):		
Encounter number:	NH Nu	ımber:	Chart Created: Y/N
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Pa	yment:	PHN:	
Primary Care Physic	ian/Attending	Physician:	
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3		Date of Birth:	Gender:	Age:	Encounter Ty	ne:
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exual Assault Orders	Primary Care Physician/Attending Physician:					
or Patients 13 Years and Above	Page 2 of 2	PATIENT LABEL		,	•	
.llergies: ☐ None Known ☐ Unable t ist with Reactions:	o Obtain				Weight:	ko cm
Prophylaxis of Hepatitis B  • for patients who are not fully immuni	ized or if vaccine respo	nse is unknowr	ı (check appı	ropriate o	option)	
Adult (20 years and older)	Pediatric/Adolescent (13 to 19 years old)		Chronic ki dialysis ac		ease or	
hepatitis B adult vaccine 20 mcg IM once x 1 dose brand administered: (refer patient to complete 3 dose series at 1 and 6 months)	hepatitis B pediat 10 mcg IM once x brand administered (refer patient to conseries at 1 and 6 m	1 dose d: mplete 3 dose	40 mcg brand a (refer p	IM once administe atient to	ult vaccine e x 1 dose ered: complete dose per brand rece	
hepatitis B immune globulin 0.06 - preferably given within 48 hours, l	but may be given up to	14 days after p	ermucosal e	<u> </u>		
Note: if patient scenario not covered by and refer to "Case of sexual assault" consupportive medications  Iorazepam 0.5 to 1 mg PO/sublinguications acetaminophen 325 to 650 mg PO	olumn in the table for fu al once x 1 dose PRN	rther recomme		'laxis" on	BCCDC webs	site
<ul> <li>Additional recommendations to revie</li> <li>it is strongly recommended that thes referred for professional counseling</li> <li>if HIV PEP kit dispensed, follow-up vertreatment for syphilis is recommended</li> <li>if patient declines prophylactic treatment recommend full STI testing in 3 to 4 pelvic pain or dysuria</li> <li>recommend follow-up lab work for H prophylaxis or post prophylaxis commended</li> </ul>	with primary care provided at 1 and 3 months priment, advise follow up to weeks if the patient is particularly screening at 3 weeks	ler ASAP for as ost exposure esting for chlar oregnant or exp	ssessment of nydia and go periencing va	continua norrhea ginal disc	ation for full 28 in 7 to 14 days charge, vagina	days s al or

For any questions or consult, please call UHNBC switch board at 250-565-2000 for transfer to the on-call sexual assault examiner

Prescriber signature:	College ID:	Date:	Time: