

**Turning Point Forensic Nurse Examiner Program
PATIENT FOLLOW UP INFORMATION AND INSTRUCTIONS Page 1 of 3**

You may have been exposed to sexually transmitted infections, including Hepatitis B and HIV. The medications provided today are meant to prevent certain infections, but follow up testing will still be necessary. We do not perform any testing for infections during your visit.

You were provided the following medications to prevent gonorrhea, chlamydia, and trichomoniasis:

** Side effects include nausea and diarrhea

_____ Rocephin (ceftriaxone) 250 mg IM _____ Zithromax(azithromycin) 1GM PO

_____ Flagyl (metronidazole) 2 GM PO _____ Other (Benadryl/Motrin/Tylenol)

If you were given Metronidazole (Flagyl) to take home, WAIT 24 HOURS AFTER TAKING PLAN B AND DO NOT TAKE WITHIN 24 HOURS OF DRINKING ALCOHOL (Severe nausea and vomiting can occur)

_____ **You WERE provided emergency contraception (Plan B/ Lovenorgestrel).**
If you should vomit within 3 hours of taking the dose of emergency contraception, please page our on-call nurse and the nurse examiner can provide you with another dose.
Macomb County 586-463-6990 / St. Clair County 586-464-0783

_____ **You were NOT provided emergency contraception.**
A pregnancy test should be repeated 9-14 days after the assault.

Plan B is intended for emergency use only, and should not be used in place of regular contraceptives. Plan B is intended to prevent pregnancy, but does not protect against HIV or other sexually transmitted infections. The most common side effects of Plan B include nausea, abdominal pain, tiredness, and headache. Menstrual bleeding can be heavier or lighter than usual after taking Plan B, but most women get their period within one week of when it is expected. Progestin contraceptives used daily can increase the risk for tubal (ectopic) pregnancy. Plan B contains progestin. It is unknown if a single dose of Plan B increases the risk of tubal pregnancy.

Contact your health care provider if your period is more than a week late or if you develop severe abdominal pain, since this can be a warning sign of tubal pregnancy.

Sexually Transmitted Infections (STIs)

Majority of people have no symptoms – if symptoms occur, it is usually 1-3 weeks after exposure. Symptoms include: vaginal/penile discharge, odor, itching or burning in genital area, burning with urination, lower abdominal pain, back pain, painful intercourse, bleeding between periods, swollen testicles, painful blisters that pop and turn into ulcers, rectal pain, bleeding from rectum, painless sore(s), rash. Contact the health department or your doctor if you have any of these symptoms.

***Genital HPV (human papilloma virus)** You may have been exposed to HPV, the most common sexually transmitted disease. If you have not received 3 doses of the HPV vaccine previously, it is recommended that you start the series within **7-14** days of the assault.

***Hepatitis B** – you may have been exposed to Hepatitis B. If you have not received 3 doses of the Hep B vaccine previously, it is recommended that you start the series within **7-14** days of the assault.

HIV Medication Information Page 2 of 3

It is possible to contract HIV from sexual assault. HIV prevention medications are recommended for 28 days following exposure to blood or semen and should be started within 72 hours of sexual assault. Blood tests need to be drawn as soon as possible and repeated at 3 months and 6 months post-exposure. Anonymous testing is available at the health department.

You were provided the following medications to prevent HIV

_____	Truvada (emtricitabine 200mg and tenofovir 300 mg)	once daily
_____	Tivicay (dolutegravir 50 mg)	once daily
_____	Isentress (raltegravir 400 mg)	twice daily

Take medications with or without food at the same time every day. If you miss a dose, do NOT take two doses at the same time. Contact your doctor or go to the emergency room for shortness of breath, rapid heartbeat, dark or cola-colored urine (pee), swelling around the feet, ankle or legs, yellowing of the skin or eyes, muscle pain or weakness, excessive sweating, or pain to the right upper stomach.

I prefer **not** to begin medication regimen at this time. _____

****Condoms are recommended until all follow up test results are negative****

- **Report to the closest emergency department immediately for shortness of breath, difficulty breathing, chest pain, abdominal pain, vaginal bleeding (or an increase in bleeding), severe nausea or vomiting.**
- Follow up with your primary doctor or the health department.
Please take your discharge sheets with you
- Call the nurse on call if you notice an increase in bruising to your body and want further photo documentation. Macomb County 586-463-6990 / St. Clair County 586-464-0783

Exam end time: _____ Discharge time: _____

Note: _____

Follow-up Guidelines Page 3 of 3

Per: Non-occupational Post Exposure Prophylaxis (NPEP), (2015). Guidance from the Michigan Department of Community Health Division of Health, Wellness & Disease Control.

Date of assault: _____	Start HIV medications within 72 hours of the assault (not exam) Obtain CBC, BMP, and ALT (blood tests) if starting HIV medications Obtain baseline HIV testing (even if not taking medication) Start Hepatitis B and HPV vaccine series if not previously vaccinated
4-6 weeks:	Pregnancy test if period has not started STI follow up testing: Syphilis titer (blood test) Chlamydia, Gonorrhea, Trichomoniasis Second Hepatitis B vaccine (if more than 28 days from first one)
3 months:	Repeat HIV testing Second HPV vaccine (2 months after the first one)
6 months:	Repeat HIV testing Third Hepatitis B vaccine (if more than 6 months since first one) Third HPV vaccine

**We recommend condom use with every sexual encounter until all tests are returned negative.
For more detailed information visit www.cdc.gov/std/default.htm

If you have not given consent for the evidence collected during this exam to be released to law enforcement – it will be stored here for one (1) year – at that time we will attempt to contact you to determine if the evidence should be released or destroyed. If we cannot reach you, the evidence can be destroyed unless you notify us.

***Signature of Client/Parent/Guardian**

Date

Nurse Examiner

***Your signature means you received a copy of all the discharge information forms**

The Macomb County Health Dept. provides HIV / STI testing and counseling for patients age 12 and up. Notify program staff that you are a patient of Turning Point, and they will assist you with your follow up.

Central Health Service Center
43525 Elizabeth
Mt Clemens, MI 48043

Southwest Health Center
27690 Van Dyke Ste B
Warren, MI 48093

(586) 465-8434 for HIV testing appointment
(586) 465-9217 for STD testing appointment
www.health.macombgov.org

**Your follow up care is important to us. If you are having any problems making
Follow-up appointments, contact our 24 hour nurse examiner line - 586-464-0783**

*****below is information for office use only*****

Date of Health Dept. follow up _____

ID# _____ Revised 7/30/15