# EMS Pediatric Protocol

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Sexual Assault or Other Abuse (Alleged)</th>
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<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
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<tr>
<td>Past Protocol Updates</td>
<td>08/2000</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Tortenson M.D.</td>
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## Basic Treatment Guidelines:
1. Identify yourself to the patient, assure patient that they are safe, and are in no further danger.
2. Do NOT burden patient with questions about the details of the crime; you are there to provide emergency medical care.
3. BE alert to immediate scene and document what you see! Touch only what you need to touch at the scene.
   - If it is necessary to disturb evidence, DOCUMENT WHY and how it was disturbed.
5. Treat for shock if indicated.
6. Treat other injuries as indicated.
7. Gather information from the parents or care giver away from the child without expression of judgment.
8. Talk with the child separately about how the injury occurred.
9. If you are suspicious about the mechanism of injury, contact law enforcement and consider transport even though the severity of injury may not warrant such action.
10. Report your suspicions to the emergency department staff and complete “mandatory reporter abuse notifications”
   - verbal report immediately 1-800-362-2178
   - written report within 24 hours

Preserve evidence, such as clothing you may have had to remove for treatment. To preserve the “chain of evidence be sure that the clothing is NEVER, at any time left unattended. Contact local Law Enforcement if not present.

## Advanced Treatment Guidelines:
1. If patient’s condition indicates, establish IV of NORMAL SALINE at a TKO rate.
2. Monitor EKG and treat dysrhythmias if indicated following the appropriate protocol.

**Special Considerations:**
1. Crew members of the same sex may relate better to the patient in time of such emotional crisis. Accurately record your observations and conversations with the patient.
2. DO NOT allow the patient to bathe, douche, change clothes, or go to the bathroom. If the child is unable to avoid emptying their bladder or bowel, attempt to collect the voided waste for transport with the patient.