

Central Dakota SANE Program
RECOMMENDATIONS for Follow up Testing

Please bring this form to your health care provider to ensure you receive the recommended follow-up testing and treatment.

*****Patient must wait 12 month from completing the treatment of a Sexually Transmitted Infection before the patient is eligible to donate blood*****

*****It is suggested you avoid all sexual contact with others until follow-up indicates that a sexually transmitted Infection was not contracted*****

0-3 days Recommendations: *The tetanus vaccine series consists of 3 doses of Td (preferably with one of the 3 doses being Tdap). Td = Tetanus and diphtheria vaccine*
Tdap = Tetanus, diphtheria, and pertussis vaccine

If the wound is potentially contaminated with dirt or saliva, evaluation for a tetanus booster should occur.

- For those with an **unknown history of tetanus vaccine or less than 3 doses**, administration of tetanus immune globulin and the 3-dose vaccine series is indicated.
 - For those with a **history of a complete tetanus series, who had a booster more than 5 years ago**, administration of Td or Tdap is indicated. Tdap is preferred because it also will provide adult coverage for pertussis.
 - For those with a **history of 3 or more doses of Td vaccine and whose last booster was less than 5 years ago**, no tetanus booster is required.
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3-4 Week Recommendations:

- Screening for Trichomoniasis, Bacterial Vaginosis, Herpes, HPV, Gonorrhea, and Chlamydia
 - Discuss HIV/AIDS testing
 - Evaluation of injuries as appropriate
 - Pregnancy testing follow-up
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6-Week Recommendations:

- Inspection for HPV and genital warts
 - Screening for Syphilis (6-8 weeks)
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3-Month Recommendations:

- Hepatitis B & C screening as indicated
 - Inspection for HPV and genital warts
 - HIV Screening
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6-Month Recommendations:

- Hepatitis B & C screening as indicated
- Inspection for HPV and genital warts
- HIV Screening

Additional Information

I understand my menstrual period should start within 3 weeks and if it doesn't start that I should see a physician. Pt Initial_____

I understand :

- The swabs that were collected were for forensic evidence *only*
- A Pap Smear *WAS NOT* completed
- *No Testing* for Sexually Transmitted Infections was completed

If you have any medical questions, continue to have pain, or show any signs or symptoms listed above, please contact you healthcare professional, or call

Medcenter One ER 323-6150
St Alexius 530-7001
Custer Health 255-3535

I understand the importance of making a follow-up appointment with a clinic. I acknowledge that I have reviewed with the SANE nurse and received a copy of the recommendations for follow up testing.

Patient Signature

Date

If I am signing as Authorized Representative of the patient, I am (check which applies):

Patient of Minor ___ Court appointed guardian/conservator ___

Print Name

Signature of Authorized Person

Relationship to Patient

SANE Nurse Signature

Date