Testicular pain is initially triaged based on history and physical exam as low or high risk.

- **High risk patients** require emergent concurrent urology evaluation and testicular ultrasound with doppler. (Irreversible ischemia starts developing as early as 6 hours after the torsion.)
- **Low risk patients** may need ultrasound with doppler. Based on the results, the ED may decide to consult urology on a case-by-case basis.

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**Flowchart:**

1. **Patient presents with testicular pain**
2. **Clinical suspicion for testicular torsion**
3. **Initiate pain management as needed**

   **Low Risk**
   - Focal posterior tenderness
   - Insignificant pain
   - Atypical presentation
   
   +/- Order ultrasound with doppler and urinalysis
   
   +/- Consult urology

   **Discharge**
   - Follow-up appointment with urology and/or PCP
   - Patient education

   **High Risk**
   - Significant acute testicular pain
   - Asymmetric high-riding swollen testicle
   - Horizontal orientation of testicle
   - Erythematous scrotum
   - Absent cremasteric reflex
   - Age < 40 years
   
   - Consider manual detorsion
   - Order ultrasound with doppler and urinalysis
   - Consult urology to see patient emergently

   **Ultrasound with doppler results**
   - Yes
   - Cleared by urology? (Yes/No)
   - Surgical exploration
   - Manual detorsion
   - Negative

   - Positive or equivocal

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References


OSUWMC Tools

Order set:
- OSU IP ED: Testicular Pain Triage Protocol [2503]

Quality Measures

For patients with testicular pain:
- Percent with ultrasound
- Percent consulted by urology
- Time from ED arrival to ED depart

For patients with testicular torsion:
- Percent with ultrasound
- Percent consulted by urology
- Percent who went to the OR
  - Time from ED arrival to OR (start time)
  - Percent who underwent orchiectomy
    - Percent with delay in care
  - Percent who underwent with orchiopexy

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