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.
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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Guideline Approved


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