

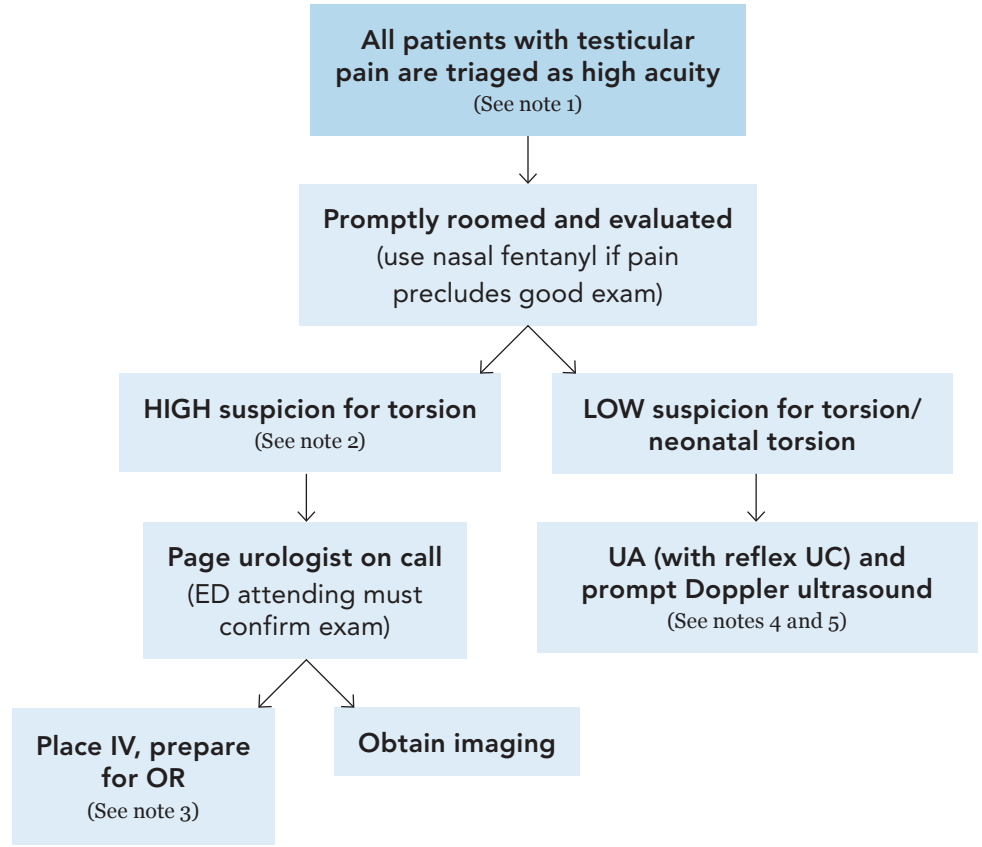
**Aim:** Decrease time to evaluation and treatment of potential testicular torsion.

**NOTE 1**  
**Outside phone calls:** Should be directed to whichever campus the patient is closer to or more familiar with. Urology should be paged when the patient has been examined by the ED attending NOT when the phone call is received.

**NOTE 2**  
**Signs and Symptoms:**

- Sudden, acute onset of pain in older child/teen
- No trauma
- Enlarged, firm/tense, tender testicle
- Other items to note but not essential to diagnosis:
  - nausea/vomiting
  - high-riding testicle
  - horizontal lie
  - lack of cremasteric reflex
  - scrotal erythema/edema
  - estimated duration of symptoms
  - previous GU history/surgery
  - recent trauma

**NOTE 3**  
**Detorsion in the emergency department:** Should only be done with sedation and with ultrasound available to assess return of flow



**NOTE 4**  
**Bedside ultrasound in emergency department:** If formal ultrasound is not immediately available and the ED provider is trained and can reliably describe Doppler flow, this can be helpful

**NOTE 5**  
**Antibiotics:** Should only be given for a positive urinalysis (cephalexin or third-generation cephalosporin) **or** for teenager with high suspicion for STI/urethritis (ceftriaxone/ doxycycline)