

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

NOTE 1**Testicular Workup for Ischemia and Suspected Torsion (TWIST) Score (0-7)**

Presence or absence of the following:

- Testicular Swelling = 2 points
- Hard Testis = 2 points
- Absent cremasteric reflex = 1 point
- Nausea or vomiting = 1 point
- High riding testis = 1 point

NOTE 2

Outside phone calls: Should be directed to whichever campus the patient is closer to or more familiar with.

NOTE 3**In-House Patient:**

Do **NOT** page Urology until all criteria met:

1. Torsion (or intermittent torsion) has been confirmed by doppler ultrasound.
2. Patient is roomed in the Children's ED.
3. Patient has been examined by the fellow or attending.

Outside referral with doppler confirmed torsion. If torsion has been confirmed by doppler ultrasound at outside facility, page Urology when patient arrives to Children's ED. Make NPO, place IV, and prepare for OR.

All patients with testicular pain are triaged as high acuity

(See Note 2, 3)

Calculate TWIST Score (0-7)

Consider analgesia

(See Note 1)

Low Risk
(TWIST score = 0)

No testicular torsion;
Off guideline.
(See note 6)

Intermediate Risk
(TWIST score = 1-5)

Obtain **STAT** scrotal ultrasound w/Doppler
(See note 3, 4)

High Risk
(TWIST Score = 6-7)

No torsion

Off guideline.
(See note 6)

Intermittent Torsion
(not urgent)

NOTIFY UROLOGY for recommendations

Confirmed Torsion

NOTIFY UROLOGY STAT, NPO, Place IV, prepare for OR
(See note 5)

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

Detorsion in the emergency department: Not routinely recommended.

NOTE 6

Work-up/treat other causes of testicular pain. Antibiotics should only be given for a positive urinalysis (see [UTI guideline](#)) or for teenager with high suspicion for STI/urethritis (see [CDC STI Treatment Guidelines \(cdc.gov\)](#)).

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