Testicular/Scrotal Pain, ED

Last Updated: 09/15/26

INCLUSION CRITERIA

Any person assigned male at birth presenting with persistent or intermittent:

- Scrotal Pain
- Groin Pain
- Painful Inguinal Hernia

All persons assigned male at birth with abdominal pain should be asked about scrotal pain

CLINICAL GUIDANCE

The Testicular Workup for Ischemia and Suspected Torsion (**TWIST**)[1] score is a clinical decision tool used for the workup and management of acute scrotal emergencies where torsion is suspected. It estimates the likelihood of torsion

MEASURES

- Time from ED arrival to testicular ultrasound
- Time from ED arrival to OR
- Testicular preservation

Radiology Notification

All positive ultrasounds should be reported to the ED and/or Urology attendings at the direction of the radiologist

INITIAL ASSESSMENT

- Enter chief complaint: Testicular Pain
- Triage immediately
- Obtain and document vital signs, including pain score
- NPO
- Notify charge RN and attending

ATTENDING ASSESSMENT

- Assess patient
- Complete TWIST[1] Score flowsheet to determine score total
- Determine need for ultrasound (US) and emergent Urology consult using TWIST[1] score
- Use **ED Testicular/Scrotal Pain Pathway** order set

TWIST[1] Score?

Low Risk (0)

- Consider STAT scrotal US
- Standard care and rooming
- Obtain urinalysis

Moderate Risk (1-4)

- Order STAT scrotal US
- Notify US tech
- Direct Room – Notify Clinical Operations Leader
- If regular ED room not available, US may be performed in another immediately available clinical space
- If suspicious for torsion, tech to notify radiologist ASAP
- Obtain urinalysis
- Administer Fentanyl IN prn pain
- Consider IV placement

High Risk (≥5)

- Order STAT scrotal US
- Notify US tech
- Call Urology Attending
- Direct Room – Notify Clinical Operations Leader
- If regular ED room not available, US may be performed in another immediately available clinical space
- If suspicious for torsion, tech to notify radiologist ASAP
- Obtain urinalysis
- Insert IV
- Administer IV Morphine prn pain

Testicular Torsion?

NO

DISCHARGE PATIENT

- Treat and disposition according to diagnosis
- Follow-up appointment with Urology in approximately 5-10 days

YES

- Insert IV ASAP if not already completed
- Chlorhexidine wipes (Do not delay OR transport to complete in ED)
- Have patient urinate to empty bladder
- Transfer to the OR

TWIST[1] Score

Has the patient had nausea or vomiting?	1 point
Per history or exam, does the patient have testicular swelling?	2 points
Absent cremasteric reflex?	1 point
Upon exam, is there a hard testis on palpation?	2 points
Upon exam, is there a high riding testis?	1 point
Total Score:	**7 points**

Testicular/Scrotal Pain

Medication Table			
Medication	**Route**	**Dosage**	**Max per Dose**
Morphine	IV	0.1 mg/kg/dose	4 mg
Fentanyl	Nasal	1 mcg/kg/dose	100 mcg
Ibuprofen	PO	10 mg/kg/dose	800 mg

Abbreviation			
Abbreviation	**Terminology**	**Abbreviation**	**Terminology**
ASAP	As Soon As Possible	OR	Operating Room
ED	Emergency Department	PRN	As needed
IN	Intra-nasal	RN	Registered Nurse
IV	Intravenous	STAT	Immediately
NPO	Nothing by Mouth	US	Ultrasound

VERSION MANAGEMENT

- Version 1.0 (9/15/2026): Go Live.

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

AUTHORS & REFERENCES

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