

**Clinical Guideline:** Urinary Tract Infection Site: FPH

* UTI is a common bacterial infection causing illness in infants and children. It may be difficult to recognise UTI in children because the presenting symptoms and signs are non-specific, particularly in infants and children under 3 years.
* NICE guidelines 2008 have dramatically reduced the need to refer.
* Infants and children presenting with unexplained fever of 38°C or higher should have a urine sample tested after 24 hours at the latest.
* Making the initial diagnosis is the most importance.
* Boy with suspected UTI please examine and rule out balanitis as very common don’t just dip a urine

History

Examination

* Over 3 months: If systemically well and can tolerate oral antibiotics 3 days of Trimethoprim.
* If well with acute pyelonephritis/Upper UTI required 7-10 days of oral antibiotics or referral to Paediatrics.
* If no improvement in 2-4 days the child should be reassessed.
* Do not treat asymptomatic bacteriuria with antibiotics
* If UTI consider why and address it, to prevent recurrent UTI:
* Dehydration, urine must be clear not yellow - amazed how few use the loo at school
* D&V
* Constipation: see constipation guidelines
* Bladder dysfunction- bladder training, consider using Oxybutinin
* Intra-vaginal reflux- correct positioning on the toilet, double micturition,
* Holding on- teenagers are terrible especially at school due to avoiding toilets
* Vulvae vaginitis common in pre pubertal girls
* Recurrent UTI with a normal U/S is because of what the child is doing, that needs to be explored and addressed.

Advice and Treatment

**Refer acutely:**

-3 months

Refer after treatment -3 months -1 year

 Single E coli UTI in a girl do not need referral for an U/S.

Referral Guidelines – red flag signs

* Clean catch urine (Bag OK if pure growth). WCC seen in viral illness.
* Absence of WCC in dip does not exclude. <5 years white top not red top.
* US needed for:
* 1. girl after second UTI
* 2. Boy with confirmed UTI. Note if balanitis will not be a UTI. (Examine child)
* 3. Non E coli UTI
* 4. Recurrent UTI -2-3 UTI or acute pyelonephritis
* 5. Atypical UTI: Sepsis, palpable bladder, poor urine flow, abdominal mass

Investigation

**Infants younger than 3 months**: Fever; Poor feeding; Abdominal pain; Vomiting; Failure to thrive; Jaundice; Lethargy; Haematuria; Irritability; Offensive urine

**Infants and Preverbal children:** Fever; Abdominal pain; Lethargy; Loin tenderness; Irritability; Vomiting; Haematuria; Poor feeding; Offensive urine; Failure to thrive

**Verbal:** Frequency; Dysfunctional voiding; Fever; Dysuria; Changes to continence; Malaise; Abdominal pain; Vomiting; Loin tenderness; Haematuria; Offensive urine; Cloudy urine