

Guideline Highlights

Urinary Tract Infection (UTI)

- Include:** Twelve years of age or less with a first time presumed or definite episode of UTI
- Exclude:** Known immunodeficiencies, major genitourinary anomalies, sepsis with shock or meningitis, ICU need, ventilator care, and severe comorbid conditions
- Goal:** To help practitioners promptly diagnose UTI and to initiate appropriate treatment and follow-up evaluation to decrease risk of short and long-term outcomes

Recommendations

1. A dipstick/urinalysis and urine culture on a specimen collected by age appropriate method (SPA, catheterization, midstream clean catch) is recommended for all children presenting with clinical findings consistent with UTI.
2. If dipstick/urinalysis results are abnormal, empirical antibiotic therapy for presumed UTI is recommended.
3. Admit if: under 30 days of age, IV fluids or IV antibiotic therapy are required, high risk clinically or by laboratory data, or clinician or family is uncomfortable managing in an outpatient setting.
4. Reliable urine cultures results are the following:
 - SPA > 1,000 cfu/mL
 - catheterized specimen > 10,000 cfu/mL
 - high quality midstream clean catch specimen > 100,000 cfu/mL.
5. If urine culture is positive, antibiotic therapy for 7-14 days is recommended, followed by prophylactic antibiotics until results of imaging studies are available.
6. Assess clinical response and C&S results within 48-72 hours and adjust antibiotic or other care, if appropriate.
7. Imaging recommendation for all boys, girls < 36 mo, and febrile girls < 7yrs: US and cystogram (VCUG for boys and either RNC or VCUG for girls).
8. Imaging recommendation for afebrile girls > 3 yrs and all girls > 7 yrs: consider observation without imaging for first time UTI. If UTI recurs, US and cystogram recommended.
9. Renal cortical scan recommended only if identification of acute pyelonephritis or renal scarring will change management.
10. After first UTI, recommend families and clinicians maintain a high index of suspicion for recurrent UTI, and to obtain a dipstick/urinalysis and/or culture for age-appropriate symptoms of UTI, including unexplained fever..

See complete Evidence Based Guideline for details and supporting evidences. Adherence to recommendations is voluntary. Ultimate judgment regarding priority of any specific procedure must be made by the physician in light of the specific circumstances presented by the patient.