URINARY TRACT INFECTION ALGORITHM

HISTORY AND PHYSICAL EXAM

SYMPTOMS

Infants > 3 months
- Fever
- Poor feeding
- Lethargy
- Irritability
- Failure to thrive
- Uncircumcised males are at an increased risk in the first 12 months of life.

Not toilet trained
- Fever ≥ 2 days
- Source of unknown origin
- Females who are < 12 months of age
- Males who are < 6 months of age
- TMAX ≥ 39 degrees Celsius

Toilet trained
- Dysuria
- Abdominal/flank pain
- Urinary frequency
- Prior history of a urinary tract infection
- Prolonged fever with no symptoms pointing to another source

MAKING THE DIAGNOSIS

Patients who are not fully toilet trained
- Catheterization is the recommended screening method for any child who is not toilet trained, especially if a urine culture is being sent.
- Bagged urine specimens* should never be sent for urine culture.

Patients who are fully toilet trained
- A clean catch specimen* method is acceptable if the child has daytime dryness without accidents.

*Proper storage of urine specimens is < 1 hour at room temperature or < 4 hours refrigerated.

DEFINITION OF A UTI

SPECIMEN
+UA based on catheterized specimen

DEFINITE
> 50,000 cfu/mL

POSSIBLE
>10,000 cfu/mL

FEBRILE UTI CONFIRMED

1) Order renal ultrasound
2) Order VCUG
3) Refer to urology

ANTIBIOTIC RECOMMENDATIONS

- 1st choice: Cephalexin
- Type 1 Penicillin Allergy (defined as urticarial or anaphylaxis) or cephalosporin allergy: Trimethoprim-sulfamethoxazole
- Sulfa allergy: Ciprofloxacin

Length of Treatment
≤ 6 months – 10 days
> 6 months – 7 days