

URINARY TRACT INFECTION ALGORITHM

HISTORY AND PHYSICAL EXAM

- Duration of fever
- Present with additional symptoms that could suggest an alternative source
- History of urinary tract infections
- History of constipation
- History of dysfunctional voiding
- History of vesicoureteral reflux or renal disease

SYMPTOMS

Infants > 3 months	Not toilet trained	Toilet trained
<ul style="list-style-type: none"> -Fever -Poor feeding -Lethargy -Irritability -Failure to thrive -Uncircumcised males are at an increased risk in the first 12 months of life. 	<ul style="list-style-type: none"> -Fever \geq 2 days -Source of unknown origin -Females who are < 12 months of age -Males who are < 6 months of age -TMAX \geq 39 degrees celcius 	<ul style="list-style-type: none"> -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	Patients who are fully toilet trained
<ul style="list-style-type: none"> -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 <u>never</u> be sent for urine culture. 	<ul style="list-style-type: none"> -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	DEFINITE	POSSIBLE
+UA based on catheterized specimen	> 50,000 cfu/mL	>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
 \leq 6 months – 10 days
 $>$ 6 months – 7 days