

Management

Primary Care management includes

- A 7 day course of antibiotics is the usual treatment for children with a urinary infection.
- 1st line antibiotic trimethoprim
- 2nd line antibiotic cefalexin
- It may be necessary to admit very young or ill children to hospital.
- Referral to a specialist is usual, particularly if child is 6 years old or younger.
- Plenty of fluids should be given.
- Paracetamol or ibuprofen will help with pain or high temperature.
- A daily low dose of antibiotic is usual for young children once the infection is cleared until tests are complete. This prevents further infections until it is known that there is no bladder or kidney problem.

Specialist management includes

- Imaging and investigations to ascertain the underlying cause and to assess renal scarring.

When to refer

Emergency [discuss with on-call specialist]

- Children with sepsis, or dehydration, or vomiting and an inability to tolerate oral fluids and medication.
- Neonates and infants (unless the child is relatively well, a confident diagnosis has been made, and management is within the competence of the general practice and parents).
- Refer urgently to a paediatric surgeon or urologist when there is evidence of urinary outflow obstruction or stone

The younger the child, the lower the threshold is for admission.

Urgent out-patient referral [liaise with specialist and copy to CAS]

Refer promptly when:

- The diagnosis of uncomplicated UTI is in doubt.
- The child has an anatomical abnormality of the urinary tract.
- The child has recently undergone instrumentation of the urinary tract.
- It is necessary to arrange imaging of the urinary tract to rule out obstructions (including calculi), anatomical defects, and dysfunctional bladder emptying.
- Imaging of urinary tract is abnormal.
- The child is under 6 years of age.
- There is failure to respond to therapy.
- There have been repeated UTIs (two or more episodes).

Refer to CAS

- Age 6-16years, refer if recurrent episodes or complicating factors

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.