

Signs and symptoms			
Infants < 3 months		> 3 months	
Fever	Lethargy	Fever	Frequency
Poor feeding	Haematuria	Abdo/loin pain	Dysuria
Vomiting	Irritability	Lethargy	Irritability
Offensive urine	Jaundice	Poor feeding	Haematuria
		Vomiting	

Check for:

- Recurrent or atypical UTI (definitions below)
- Poor urine flow
- Antenatal renal abnormality
- Family Hx VUR (reflux)
- Constipation
- Dysfunctional voiding
- Large bladder
- Abdominal mass
- Hypertension
- Poor growth

Dipstick	Diagnosis	Action
Leuc +ve Nitrite +ve	UTI – Start antibiotics	Send urine for culture
Leuc –ve Nitrite +ve	Likely UTI – Start Abx	Send urine for culture
Leuc +ve Nitrite –ve	Unlikely UTI - Only start Abx if high suspicion of UTI	Send for culture, may indicate infection elsewhere
Leuc –ve Nitrite –ve	Not UTI – Not for Abx	Not for culture, look for alternative source of infection (except in infants < 3months)

Atypical UTI

- Poor urine flow
- Septicaemia
- Raised creatinine
- Abdominal / bladder mass
- No response to antibiotics in 48 hrs
- Infection with non E-Coli organism

Acute Treatment

< 3 months: Refer to paediatrics for IV abx

> 3months with upper UTI: 7-10 Days PO abx. Consider referral/ IV abx

> 3months with lower UTI: 3 days PO abx (reassess if still unwell at 48 hrs)

Recurrent UTI

- 2 episodes pyelonephritis
- 1 pyelonephritis and 1 lower UTI
- 3 or more episodes lower UTI

Who to refer

<p>Acutely:</p> <ul style="list-style-type: none"> Suspected UTI < 3 months No response to Abx in 48 hrs Abdominal mass Septicaemia 	<p>Routinely:</p> <ul style="list-style-type: none"> Poor urine flow Those requiring imaging (see below)
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Top Tips

- Do not rule out UTI on the basis of dipstick alone in infants < 3months
- Obtain culture before starting abx
- Identify and treat underlying cause (CONSTIPATION)

Imaging

<6 months	Abx response within 48hr	Atypical	Recurrent
USS acutely	No	Yes	Yes
USS within 6 weeks	Yes	No	No
DMSA (4-6 months)	No	Yes	Yes
MCUG	No	Yes	Yes
6 months to 3 years	Abx response within 48hr	Atypical	Recurrent
USS acutely	No	Yes	No
USS within 6 weeks	No	No	Yes
DMSA (4-6 months)	No	Yes	Yes
MCUG	No	No	No
>3years	Abx response within 48hr	Atypical	Recurrent
USS acutely	No	Yes	No
USS within 6 weeks	No	No	Yes
DMSA (4-6 months)	No	No	Yes
MCUG	No	No	No

For advice from a Paediatric consultant:

Evelina London:

Phone: CARS service via Consultant Connect (11:00-19:00 Mon-Fri)
Email: general.paediatrics@nhs.net

King's College Hospital:

Phone: Hotline via Consultant Connect (08:30–24:00 Mon-Fri, 08:30-20:00 Sat-Sun)
Email: kch-tr.ambulatorypaediatrics@nhs.net

For routine referrals to general paediatrics:

Evelina London and King's College Hospital: via ERS