CHaD Emergency Services Guidelines

Urinary Tract Infection

Consider UTI in:
• All children aged 2 mos-2 yrs with fever and no source
• Older children with dysuria/hematuria, abdominal pain, vomiting, fever

2 mos-2 yrs old*: Catheterize for urine sample** for Urinalysis and Culture

Toilet-trained children*: Clean catch urine sample for Urinalysis and Culture

Urinalysis shows any of the following:
• LE (=West) positive
• Nitrites positive
• >5 WBCs/hpf

Ill-appearing, dehydrated, or unable to tolerate PO fluids

Ceftriaxone 75 mg/kg/day IV

Admit for IV antibiotics and hydration

Well-appearing, tolerating PO fluids

Oral antibiotic therapy options (7-14 day course):
• Cephalexin (Keflex) 50-100 mg/kg/day div Qid
• Cefixime (Suprax) 8 mg/kg/day div Bid
• Cefpodoxime (Vantin) 10 mg/kg/day div Bid
• Amoxicillin 40 mg/kg/day div Tid***
• TMP-SMX (Bactrim) 6-12 mg/kg TMP/30-60 mg/kg SMX div Bid***

Follow up urine culture results

Follow up with PCP in 2 days if not clinically improved

*For children older than 2 yo who are unable to give clean-catch specimen, do cath for urine culture specimen if ill-appearing; if not ill-appearing, parents can obtain clean-catch specimen at home and bring to PCP.

**Bag specimens are sensitive but not specific for UTI. May obtain bag urine specimen for U/A in uncircumcised boys with no h/o UTI; if bag specimen U/A is positive, need to cath for urine culture specimen.

***There is increasing resistance to amoxicillin and bactrim.

See AAP UTI Practice Parameter for details (http://aappolicy.aappublications.org/practice_guidelines/)