

Consensus Guidelines for Management of Pediatric Urinary Tract Infection (UTI): Northern California Pediatric Hospital Medicine Consortium

Executive summary

Objectives

1. To define the clinical circumstances under which testing for UTI is indicated and reduce unnecessary testing for UTI.
2. To ensure the method of testing for UTI is appropriate based on age and probability of UTI.
3. To elucidate the appropriate laboratory studies and imaging for children with UTI and reduce the use of high-radiation studies.
4. To recommend appropriate empiric antibiotic therapy in children with suspected or confirmed UTI.
5. To define admission criteria for children with UTI.
6. To suggest appropriate subspecialty consultation in non-typical clinical circumstances.

Recommendations

How to Test

- Choice of collection method should take into account the prior probability of UTI, the age of the child, parental preference, and the implications of a false positive or false negative result. *The UCSF PHM consortium strongly recommends that bag specimens not be sent for culture, but in the circumstance of parental refusal or inability to obtain a catheter specimen, this method should be documented and stringent interpretation criteria should be applied when the culture result returns.*
- When to Send a Culture
 - Urine cultures should be sent for **all children <6 months suspected of UTI regardless of UA results**
 - Urine cultures should be sent for **all children < 12 year old with urinary symptoms and a positive UA (+LE and/or +nitrites)**

Labs

- Blood culture and LP may be indicated based on age and clinical appearance of patient. Other labs are not routinely recommended.

Imaging

- RBUS (ultrasound of kidneys and bladder) is indicated for first time febrile UTI in patients <6 mo. Other imaging not routinely recommended.

Treatment

- Empiric antibiotic guidelines and recommendations on duration of therapy can be found here: <http://idmp.ucsf.edu/pediatric-guidelines-urinary-tract-infections-community-onset>

Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Pediatric Hospital Medicine Consortium.

Metrics Plan