

APPENDIX I: Who and How to Test for UTI: Children Without Known Risk Factors

Inclusion/Exclusion Criteria: This guideline is designed for use in all children under age 12 with suspicion for or known community-acquired UTI, with the exception of those children who have kidney transplants, indwelling catheters, or are immunocompromised.

There is a role for shared decision making with parents in determining how to test for UTI. Some parents may prefer to test earlier at the time of initial presentation, even if fever has been less than 24-48 hours, to prevent a return visit, whereas others may want to limit intervention. Similarly, some parents may prefer a definitive result with catheter urine specimen for UA and urine culture, whereas some parents may refuse or strongly object to cath for any specimen. The UCSF PHM consortium strongly recommends that bag specimen not be sent for culture.

! All children with prolonged fever without a source (>5 days) should be tested for UTI to catch atypical cases.

FOCAL Signs and Symptoms of UTI, (including but not limited to):
 1) Dysuria
 2) Flank pain
 3) Suprapubic tenderness/pain

Positive UA:
 -Positive LE or nitrites
 -If microscopy available, should be used to guide decision making (>5 WBC per hpf considered positive)

Children with No Risk Factors: Who and How to Evaluate for UTI

Risk Factors for UTI: Including but not limited to multiple previous UTI, known GU anomaly, high-grade VUR, recent catheterization, frequent or recent GU instrumentation.

