

URINARY TRACT INFECTION (UTI)

This information leaflet aims to provide you with general information regarding Urinary Tract Infections (UTI) in children and advice on what to do if your child has a UTI.

You must always discuss the individual treatment of your child with an appropriate clinician, do not rely on this leaflet alone for information regarding your child's treatment.

What is a UTI?

A urinary tract infection (UTI) is an infection anywhere in the urinary tract. The urinary tract includes any organs that collect, store or pass urine including the bladder, urethra (the tube from which urine passes out of the bladder) and kidneys.

UTI is quite common especially in young children who are still in nappies. It can also occur in older children.

What causes a urinary tract infection?

A UTI is usually caused when germs (bacteria) get into the bladder and urethra. The germs most often come from the bowels (gut) or from poo which is on the skin and then gets into the urethra. This can happen to any baby and is not due to poor washing or changing.

Signs and symptoms

- Pain when passing urine
- Needing to go to the toilet a lot to do a wee
- Passing urine before getting to the toilet (incontinence or wetting)
- Pain in the lower part of the stomach or backache
- Experiencing a burning pain when passing urine
- Smelly or cloudy urine
- Fever
- In young children UTI may cause a fever or general unwellness without any of the above symptoms.

Tests

Testing your child's urine is the only way to know for sure if they have UTI. Tests may be done especially in babies to look for problems with the bladder or kidneys. This is usually in the form of an ultrasound. This is a simple and painless test much like the scans that ladies have during pregnancy.

Urine specimens are first usually tested with a dipstick. This can help show if there is any sign of infection, but the final diagnosis can only be made by sending the urine to a laboratory for further tests using a culture. Culture results may take 24 to 48 hours.

If the dipstick test shows there is a UTI, then treatment may be started. The diagnosis and treatment may be changed once the culture results are back from the laboratory. You may be asked to call your doctor to discuss the results and treatment when the laboratory results are back.

Treatment

Antibiotics are the main treatment. They can usually be taken by mouth. Young children or children who are very unwell with a UTI, should be admitted to hospital for antibiotics directly into a vein (intravenous antibiotics).

Key Points

- Your child may need to have extra drinks to help clear out the infection
- Your doctor may recommend your child stays on a low dose of antibiotic to try and prevent another UTI. This is often suggested for children who have frequent UTI'S. It is possible that your child might get another UTI even if your child is on a low dose of antibiotics.
- If your child has been sent home on a course of antibiotics, you may well be asked to obtain a urine sample two days after your child has finished their antibiotics. Once urine has been collected you may then have to commence on a lower dose of antibiotics until your follow up appointment. Please note this is not relevant to all children but the medical and nursing staff will explain everything fully to you before you are discharged home.
- You should take your child to a doctor immediately for a urine test if your child develops any symptoms that might suggest a UTI or is unwell with a fever without another obvious cause.

Contact numbers

For further advice about your child's condition contact:

- Your GP or Practice Nurse
- NHS Direct 0845 46 47

Urinary Tract Infection.

References

- NICE Clinical Guideline CG54 – Urinary tract infection in children: diagnosis, treatment and long term management: Aug 2007 <http://guidance.nice.org.uk/CG54>
- NICE Clinical Guideline CG47 – Feverish Illness in Children 2007 <http://guidance.nice.org.uk/CG47/Guidance/pdf/English>

