







Urinary Tract Infection (UTI) Pathway

Suspected UTI Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness? Lethargy Fever Vomiting Irritability Offensive urine Poor feeding Consider differentials: Sepsis Appendicitis Risk factors for severe disease Meningitis • Gastroenteritis Dysfunctional voiding • Age <6m **Bowel obstruction** • Threadworms (dysuria) Failure to respond to • Non E. coli organisms antibiotics in 24-48h Green - Low Risk **Amber – Intermediate Risk** Red - High Risk Not responding normally or Responds normally to social • Altered response to social cues no response to social cues • No smile Content/smiles Unable to rouse or if roused does not stay awake Reduced activity Stays awake/awakens quickly Weak, high pitched or continuous cry Strong normal cry **Activity** Appears ill • Normal skin colour • Pale, mottled, ashen • Normal skin colour Pallor reported by parent/carer • CRT <2 secs Cold extremities Cool peripheries Normal skin turgor • CRT >3 secs • CRT 2-3 secs • Warm extremities • Sunken eyes Skin Normal eyes Sunken eyes Breathing at high end of normal Normal breathing Tachypnoea rate for age Respiratory • Tolerating 75% of fluid • 50-75% fluid intake over 3-4 feeds • 50% or less fluid intake over 2-3 feeds Normal urine output Dry mucous membranes Reduced urine output Peripheral pulses normal Reduced urine output (no wet nappy/24h) (>1 wet nappy/24h) • HR normal Peripheral pulses weak Peripheral pulses normal Circulation Moist mucous membranes Tachycardia Tachycardia Hypotensive Systemically well, • Age 3-6m: T ≥ 39°C • Age <3m: T ≥ 38°C T <38°C • Fever for ≥ 5d Non-blanching rash Bulging fontanelle • Bacteriuria + T ≥ 38°C Neck stiffness • Bacteriuria + loin tenderness • Status epilepticus **Fever** Focal neurological signs Focal seizures Parental anxiety **GREEN ACTION AMBER ACTION URINE DIPSTICK** Send for cultures Positive for nitrite or leucocyte Treat only if clinically good evidence of UTI **NITRITE** LEUCOCYTE Look for another focus Upper UTI suspected (loin pain, ab-**TREAT** dominal pain, vomiting, high fevers) If you feel the child is ill or struggling with **₩** >3m hydration discuss with paediatrician on-call Lower UTI: Trimethoprim Discuss with Nitrofurantoin <1y: 7-10d, ≥1y: 3d paediatrician on-call **RED ACTION** Refer immediately to emergency care or • Provide information paediatric unit – consider 999 >5y and otherwise well Commence stabilisation treatment Confirm they understand If sepsis, consider antibiotics if transfer time

Cefalexin for 7-10d

> 1h Benzylpenicillin <1y: 300mg, 1-9y 600mg