Key Points

- **Infants & young children** → non-specific presentation:
  - Fever & vomiting most common
- **Verbal children** → fever, abdominal pain, & urinary symptoms common:
  - Dysuria
  - Urgency, frequency, & new incontinence
  - Hematuria

**Urinalysis** supports diagnosis:
- Toilet-trained: clean catch urine
- Not toilet-trained: in-and-out catheter
- ↑ leukocyte esterase, nitrites, or WBCs on microscopy suggests UTI.
  Confirm by urine culture.

Pathogens

- **Escherichia coli** (80% of pediatric UTIs)
- Other enteric Gram negative organisms (eg. *Klebsiella pneumoniae)*

Management

- Empiric 3rd-gen. cephalosporin (less *E. coli* resistance)
  → eg. cefixime 8 mg/kg/d PO daily
  
- If not tolerating PO intake or <3 months old, consider:
  - IV antibiotics (eg. ceftriaxone or gentamicin)
  
  *Narrow antibiotics based on sensitivities*

Perform renal U/S if:
- 1st febrile UTI in children <2 years to assess renal/bladder anatomy & risks for recurrent UTI.

**Early intervention key in preventing renal damage.**
Can start empiric antibiotic therapy *immediately* after sterile urine collection if clinical/lab suspicion high.

- Afebrile, immunocompetent
  - 3-5-day course
- Febrile
  - 7-10-day course

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