Urinary Tract Infection (UTI)

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

Afebrile, immunocompetent → 3-5-day course

Febrile → 7-10-day course

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.

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