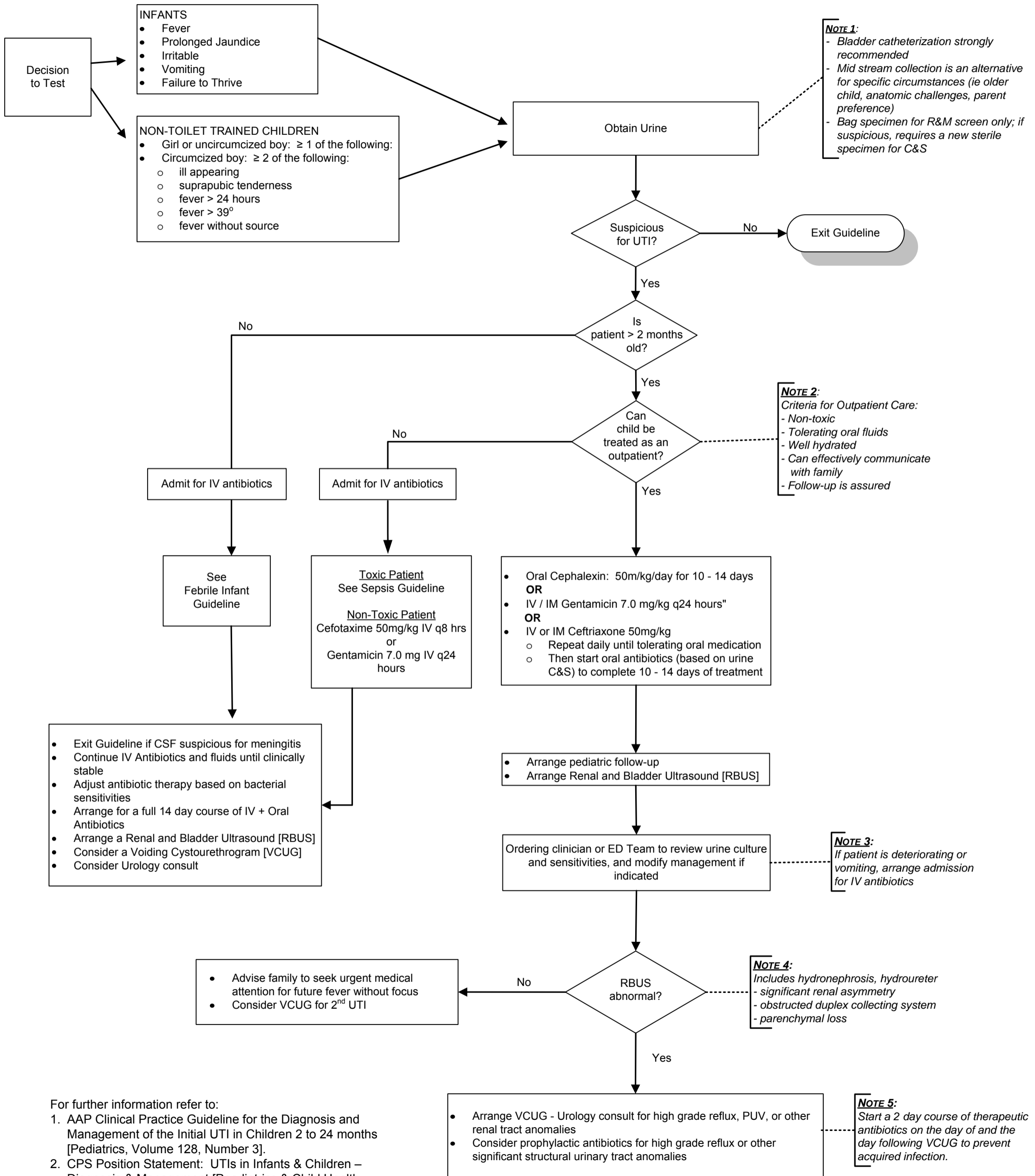


CLINICAL PRACTICE GUIDELINE

FEBRILE UTI IN CHILDREN LESS THAN THREE YEARS OF AGE



NOTE 1:

- Bladder catheterization strongly recommended
- Mid stream collection is an alternative for specific circumstances (ie older child, anatomic challenges, parent preference)
- Bag specimen for R&M screen only; if suspicious, requires a new sterile specimen for C&S

NOTE 2:

Criteria for Outpatient Care:

- Non-toxic
- Tolerating oral fluids
- Well hydrated
- Can effectively communicate with family
- Follow-up is assured

NOTE 3:

If patient is deteriorating or vomiting, arrange admission for IV antibiotics

NOTE 4:

Includes hydronephrosis, hydroureter

- significant renal asymmetry
- obstructed duplex collecting system
- parenchymal loss

NOTE 5:

Start a 2 day course of therapeutic antibiotics on the day of and the day following VCUG to prevent acquired infection.

For further information refer to:

1. AAP Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Children 2 to 24 months [Pediatrics, Volume 128, Number 3].
2. CPS Position Statement: UTIs in Infants & Children – Diagnosis & Management [Paediatrics & Child Health, Volume 19, Number 6].