

Urinary tract infection in children overview

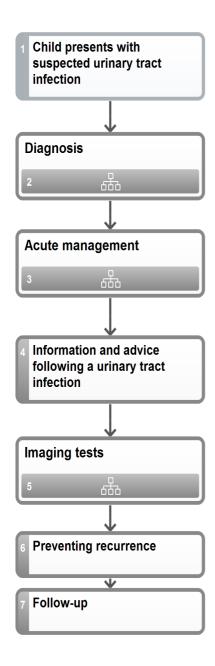
A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

http://pathways.nice.org.uk/pathways/urinary-tract-infection-in-children

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Child presents with suspected urinary tract infection

No additional information

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Diagnosis

See Urinary tract infection in children / Diagnosis of urinary tract infection in children

3

Acute management

See Urinary tract infection in children / Acute management of urinary tract infection in children

4

Information and advice following a urinary tract infection

Give children, parents and carers information and advice about the following:

- the need for treatment, the importance of completing treatment and advice about prevention and long-term management (if appropriate)
- the possibility of a UTI recurring, and the importance of being vigilant and seeking prompt treatment from a healthcare professional
- recognising symptoms quickly
- urine collection, storage and testing
- treatment
- prevention
- the nature of and reason for UTIs
- prognosis
- long-term management (if required).

NICE has written information for the public explaining the guidance on <u>urinary tract infection in children</u>.

Quality standards

The following quality statement is relevant to this part of the pathway.

4. Information about recognising re-infection

5

Imaging tests

See Urinary tract infection in children / Imaging tests for children with a urinary tract infection

6

Preventing recurrence

Address dysfunctional elimination syndromes and constipation.

Encourage children to drink an adequate amount.

Emphasise the importance of not delaying voiding.

7

Follow-up

Agree how to communicate the results of imaging tests with the parents or carers (or young person if appropriate).

No follow-up

Infants and children who do not undergo imaging investigations should not routinely be followed up.

When results are normal, a follow-up outpatient appointment is not routinely required. Inform parents or carers of the results of all the investigations in writing.

Infants and children who are asymptomatic following an episode of UTI should not routinely have their urine re-tested for infection.

Asymptomatic bacteriuria is not an indication for follow-up.

Referral and assessment

Infants and children who have recurrent UTI or abnormal imaging results should be assessed by a paediatric specialist.

Assessment of infants and children with renal parenchymal defects should include height, weight, blood pressure and routine testing for proteinuria.

Infants and children with a minor, unilateral renal parenchymal defect do not need long-term follow-up unless they have recurrent UTI or family history or lifestyle risk factors for hypertension.

Long-term follow-up

Infants and children who have bilateral renal abnormalities, impaired kidney function, raised blood pressure and/or proteinuria should receive monitoring and appropriate management by a paediatric nephrologist to slow the progression of chronic kidney disease.

Surgical intervention

Surgical management of VUR is **not routinely recommended**.

Glossary

Sources

<u>Urinary tract infection in children</u>. NICE clinical guideline 54 (2007)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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