

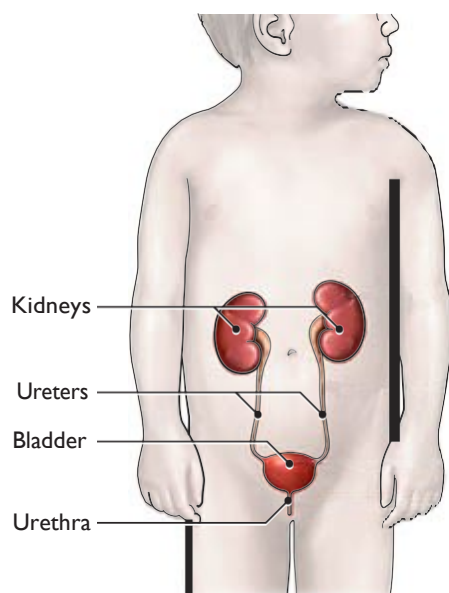
Urinary Tract Infections in Children

Information for patients and/or caregivers

Welcome to the Southern Adelaide Local Health Network. This information sheet aims to answer any questions you may have about your child having a urinary tract infection.

What is a urinary tract?

The urinary system is made up of six main parts, including two kidneys that filter and clean the blood of waste products and water. This waste and water then becomes urine (wee). Each kidney has a tube connected to it (ureter) which drains the urine to the bladder. The bladder collects the urine and empties itself through a tube (urethra) when a person goes to the toilet.



What is a urinary tract infection

A urinary tract infection (UTI) is caused by germs which infect the bladder (cystitis) and sometimes the kidneys (pyelonephritis).

The germs most often come from the bowels (gut), or from faeces (poo) that is on the skin and then gets into the urethra.

UTI's are common in children of all ages, but are especially common in children who are still in nappies.

Girls are more likely to get UTIs than boys. Symptoms of a UTI are not always obvious to parents. Recognising and treating a UTI is important as untreated UTIs can lead to serious kidney problems.

How can I tell if my child has a urinary tract infection (UTI)?

It is more difficult to tell if a baby/young child has an infection, as they are unable to let you know how they feel, and you may not notice them passing urine more often.

Babies and younger children may;

- be irritable and have sudden bouts of crying
- have offensive or strong smelling urine
- have a high temperature
- be off their feeds or food
- pass blood stained or cloudy urine

Note: Young babies can become unwell very quickly.

Older children may;

- go to the toilet more often
- cry or complain of pain while passing urine
- only produce a few drops at a time whilst passing urine
- have difficulty controlling urine e.g. wetting bed or pants
- have an unusual smell to their urine, or it looks cloudy or blood stained
- feel unwell, irritable and unsettled
- have a high temperature
- have pain in the side or around the belly button

It is important to take your child to see a doctor to confirm whether they have a UTI. It is always necessary to have a urine test to see if an infection is present.

Urine specimen collection methods vary depending on the child's age. Babies may have a 'bladder tap' to obtain a sterile urine specimen. This is when urine is taken from the bladder using a needle and syringe.

Sterile cotton balls are placed on their cleansed genital area can be used to collect the specimen as a screening test; however these are frequently contaminated with skin and other bacteria and are unreliable for a final diagnosis.

Older children will be asked to wee into a container.

Urine specimens are usually first tested with a urine dipstick. This can help show if there are any signs of infection. A final diagnosis can only be made by sending the urine to the laboratory for further tests using a culture. Culture results takes 24 -48 hours.

How is UTI treated?

If an infection is present, your child will be required to take antibiotics. The type of antibiotic used and how long it must be taken will depend on the type of bacteria that is causing the infection and how severe it is. It is important that your child finishes the course of antibiotics given, even though they may appear and feel much better. Do not stop the antibiotics because the symptoms of infection have gone, as the germs may return.

Children with a simple bladder infection are usually treated at home with oral antibiotics. However, those with a more severe infection may need to be treated with intravenous (IV) antibiotics in hospital.

Will my child need any other tests?

If your child has had ongoing UTIs they may need to have other tests to check if there are any abnormalities within the urinary tract. These tests include:

- **Ultrasound**
A special instrument, which looks like a microphone covered in gel, is placed over the outside of the abdomen (tummy). Pictures are taken of the bladder and kidneys inside using sound waves to see if there are any abnormalities.
- **MCU (Micturating Cystourethrogram)**
A catheter is placed into the urethra and a special dye is injected into the bladder. X-ray pictures are taken when your child is passing urine and again when the bladder is empty. This is to see if the flow of urine is normal when the bladder empties.
- **Renal Scan (DMSA Scan)**
A special dye (a radio-labelled isotope) is injected intravenously, and as the dye is being excreted by the kidneys pictures are taken by a special camera. This scan can pick up any areas of the kidney that is not filtering blood and excreting urine, referred to as a kidney 'scar'.

Care at Home?

Children with UTI often need to stay at home and get extra rest your child may need to have extra drinks to help flush out the infection.

Return to normal activity

Check with your doctor before you are discharged when your child can return to childcare/kindergarten/school and sport.

Follow up appointments

An appointment to see the doctor will generally be made for your child prior to their discharge from hospital. Please check with your child's doctor or nurse before going home.

However, if your doctor would like you to follow up with you GP, this will be up to you to arrange.

Discharge

If you have any concerns after your child is discharged please telephone:

- Your private surgeon or paediatrician
- FMC (08) 8204 4629
- Family doctor

In an emergency situation, please call an ambulance or take your child to the nearest doctor or hospital.

Adapted from

Urinary Tract Infection (UTI) Kids health information, Royal Children's hospital, Melbourne.

Urinary Tract Infection: Clinical Practice Guidelines: Royal Children's Hospital, Melbourne

Urinary Tract Infection - Raising Children Network

Urinary Tract Infection's in Children: Urology care Foundation: American urological association

Urinary tract infection in young children: Women's and children health network

For more information

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This document has been reviewed and endorsed by consumers.