

What to do if your child has a Urinary Tract Infection?

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Infections of the urinary tract are common in children.



WHAT IS A URINARY TRACT INFECTION?

A urinary tract infection (UTI) is usually caused by bacteria that grow in your child's bladder or kidneys, or the tubes that carry urine. These bacteria cause inflammation, usually accompanied by pain and fever.

There are two main types of UTI:

- Lower UTI inflammation of the lower parts of the urinary tract and the bladder.
- Upper UTI inflammation of the urinary tract and kidneys.

KIDNEY INFECTIONS (UPPER UTI) ARE OFTEN MORE SERIOUS THAN BLADDER INFECTIONS (LOWER UTI).

SYMPTOMS OF UTI IN **INFANTS & CHILDREN**

Infants younger than 3 months of age may have the following signs and symptoms:

- Fever.
- Vomiting.
- Being irritable or fussy.
- Lethargy.
- Poor feeding.
- Yellowing of the skin and whites of the eyes.
- Strange-smelling urine.
- Blood in urine.

In addition to signs and symptoms listed above, children older than 3 months of age may show:

- Lower abdominal pain.
- Loss of appetite.
- Cloudy urine.
- Passing urine frequently
- Feeling as if they want to pass urine often.
- Painful or difficult urination.

BOTH GENDERS CAN GET AN INFECTION.

URINARY TRACT INFECTIONS ARE USUALLY EASY TO TREAT, **BUT THEY CAN BE DIFFICULT** TO SPOT IN CHILDREN.

COMPLICATIONS

Untreated UTI may lead to the following complications:

- Sepsis in the urinary tract.
- Decreased renal function.
- Kidney failure.
- Hypertension.

HOW A UTI IS DIAGNOSED

Your doctor can find out whether your child has UTI by collecting and testing their urine samples:

Clean catch urine. Sterile bowl will be held underneath your child's genitalia to collect urine. If this is not possible, the doctor may use a catheter.

A urine sample should always be taken before starting any antibiotics.

Sometimes children have UTI without any symptoms. Doctors call it asymptomatic bacteriuria.

TREATMENT OPTIONS

UTI are usually treated with antibiotics.

Bacteria found in the urine without symptoms of an infection does not require antimicrobial treatment.

Teach your child how to improve hygiene and bowel habits. Make sure your child has proper hydration.

TREATING YOUR CHILD WITH ANTIBIOTICS ON YOUR OWN **DECISION CAN BE** DANGEROUS.

ANTIBIOTICS MUST BE PRESCRIBED BY A HEALTHCARE SPECIALIST.

ANTIBIOTICS CAN CAUSE SIDE EFFECTS

These side effects are usually mild. Feel free to talk to your doctor if your child gets any of the followina:

- Upset stomach.
- Nausea.
- Diarrhoea.
- Loss of appetite.
- Bloating.
- Rash*

A rash may suggest an allergic reaction*





Different antibiotics are required for lower and upper UTI in children.

Children with the same type of UTI but of different age may need to receive different antibiotics.

There are different forms of antibiotics. Your doctor will decide which one is suitable for your child.

- Older children can take tablets.
- Younger children and older babies can swallow liquid antibiotics.
- Very young babies and very ill children may get antibiotics directly into a vein through an intravenous infusion or into muscles with an intramuscular



During treatment, your doctor may decide to change the type of antibiotics, depending on the type of bacteria found in the urine sample of your child.

Duration of the treatment depends on the type of the bacteria and on your child's body response to the medication.

Your child should start feeling better after 1-2 days of taking antibiotics.

Continue treatment for the duration of time prescribed by the doctor. Early discontinuation may lead to repeated infection (recurrent UTI) and complications.

In case of recurrent UTI, your doctor may refer your child to a Paediatric Specialist, who will explore possible causes and discuss treatment options with you. Preventative antibiotics may also be required.

YOUR CHILD MAY HAVE AN **ALLERGY TO CERTAIN** ANTIBIOTICS.

Speak to your doctor if your child is allergic to any medication.

♣ IF ANTIBIOTICS DON'T HELP?

Your child may have multidrug resistant bacteria. These bacteria have developed resistance to antimicrobial drugs.

Tell your doctor if your child has any of the following risk factors for increased antimicrobial resistance:

- Frequent use of antibiotics.
- Hospitalisation for more than 7 days in the last 6 months.
- Presence of urine catheter.
- Your child has:
 - o Recurrent UTI.
 - o Urological malformations.
 - o Diabetes.

THE FOLLOWING TREATMENTS DO NOT **IMPROVE SYMPTOMS OF** UTI

- Cranberry products.
- Probiotics.
- Vitamin A.
- Zinc supplements.
- Nasturtium.
- Horseradish.
- Methenamine hippurate.
- UroVaxom.

♣ FOLLOW-UP

After recovery, your child does not require re-examine for infection.

Sometimes doctors ask for kidney scan for children to make sure the UTI has not spread into the kidneys. This procedure is not mandatory but upon doctor's request.

IF ANY MULTI-DRUG RESISTANT **INFECTIVE ORGANISM IS** SUSPECTED, YOUR DOCTOR WILL REFER YOUR CHILD TO **INFECTIOUS DISEASE AND INFECTION CONTROL**

If so, your child will require special treatment.

PREVENTION OF UTI **IN CHILDREN**

- Drink plenty of water every day.
- Avoid fluids that irritate the bladder such as caffeinated drinks and spicy foods.
- Encourage taking enough fibres by eating vegetables and fruits.
- After bowel movement, wash from front to back. It will help prevent bacteria around the anus from entering the vagina or urethra.
- Empty bladder regularly and completely.
- Do not retain urine for more than 4
- After urination, wash your hands thoroughly with warm water only.
- Avoid soap or any disinfectant.
- Encourage showers instead of bathtubs.
- Keep the genital area clean and
- Wear cotton undergarments
- Encourage the child to complete prescribed medication.
- Report to Paediatric Emergency Center if any symptoms of UTI

ADDITIONAL INFORMATION

Additional information on diagnosis and management of UTI in children can be found in the National Clinical Guideline published by The Ministry of Public Health (MoPH) Qatar.

The guideline is available to the public from the MoPH website: www.moph.gov.qa

Children who can speak may describe their symptoms as pain in their upper tummy, back, or sides.