



**INCLUSION<sup>a</sup>**

• 2 months to 24 months & symptoms of a febrile urinary tract infection

• **Location:** ED, CC, OU, General Pediatrics Services

**Admission Criteria<sup>c</sup>**

- Less than 2 months (off protocol)
- Not tolerating PO
- Failed outpatient therapy
- Social Issues (FU, etc)

**EXCLUSION:**

- Admission to PICU
- Hospital-acquired UTI (Urine obtained >48 hrs after admission)
- Spina bifida
- Urinary system anomalies
- Urinary tract hardware
- Previous operative proc. of the urinary tract

**Recommendations:**

All patients with a UTI should get a Renal US if not previously obtained (can be done as an outpatient)<sup>d</sup>

Strongly consider Urology consult if: <sup>e</sup>

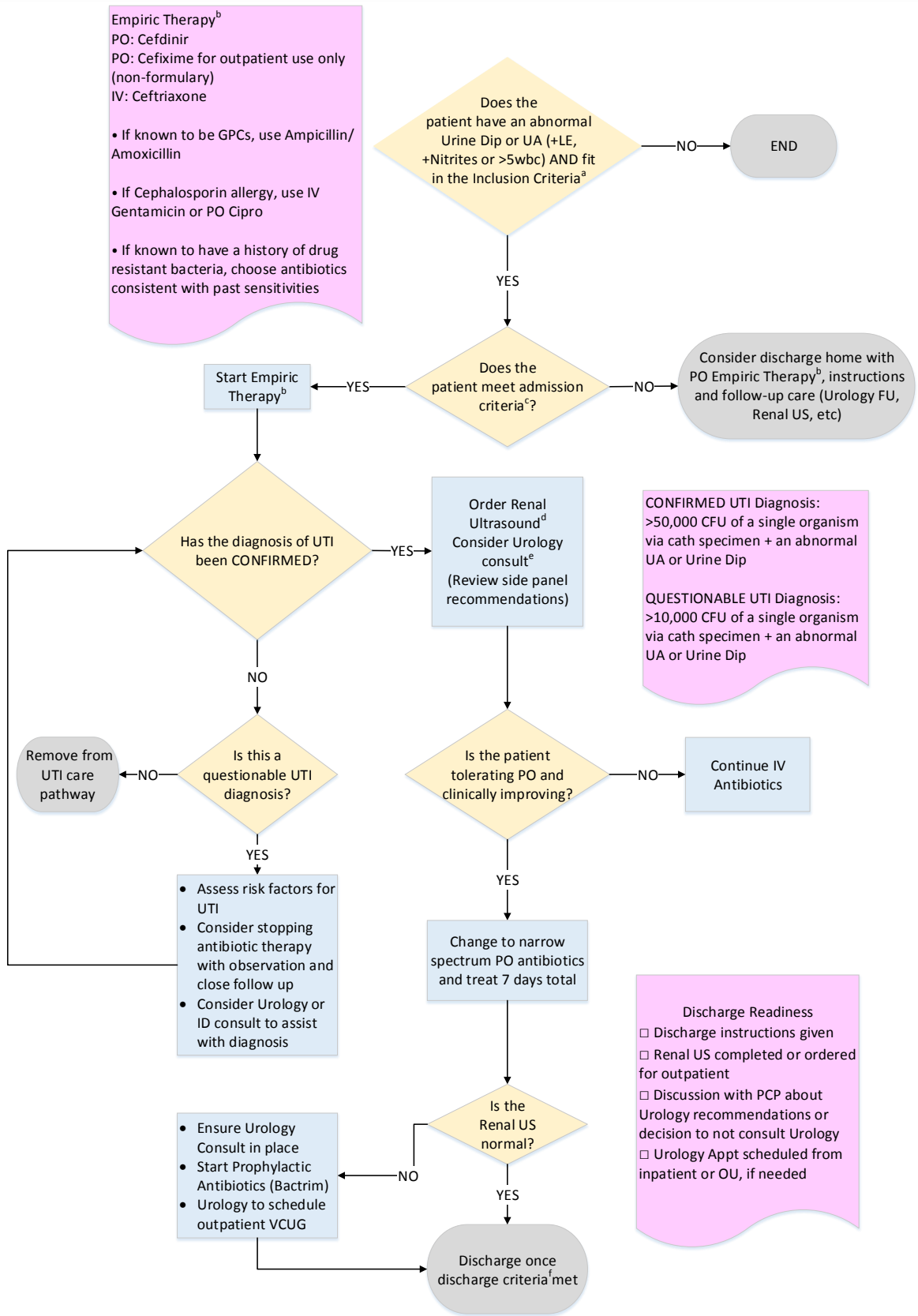
- Abnormal Ultrasound
- Vital sign instability on presentation
- Phimosis
- Pediatrician uncomfortable following without Urology involvement to enable shared decision making around VCUG needs
- Family history of urologic abnormalities, particularly Vesico-ureteral reflux (VUR)

**Discharge Criteria<sup>f</sup>:**

- Tolerating PO
- Improving fever curve

**Empiric Therapy<sup>b</sup>**  
 PO: Cefdinir  
 PO: Cefixime for outpatient use only (non-formulary)  
 IV: Ceftriaxone

- If known to be GPCs, use Ampicillin/Amoxicillin
- If Cephalosporin allergy, use IV Gentamicin or PO Cipro
- If known to have a history of drug resistant bacteria, choose antibiotics consistent with past sensitivities



**CONFIRMED UTI Diagnosis:**  
 >50,000 CFU of a single organism via cath specimen + an abnormal UA or Urine Dip

**QUESTIONABLE UTI Diagnosis:**  
 >10,000 CFU of a single organism via cath specimen + an abnormal UA or Urine Dip

**Discharge Readiness**

- Discharge instructions given
- Renal US completed or ordered for outpatient
- Discussion with PCP about Urology recommendations or decision to not consult Urology
- Urology Appt scheduled from inpatient or OU, if needed



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