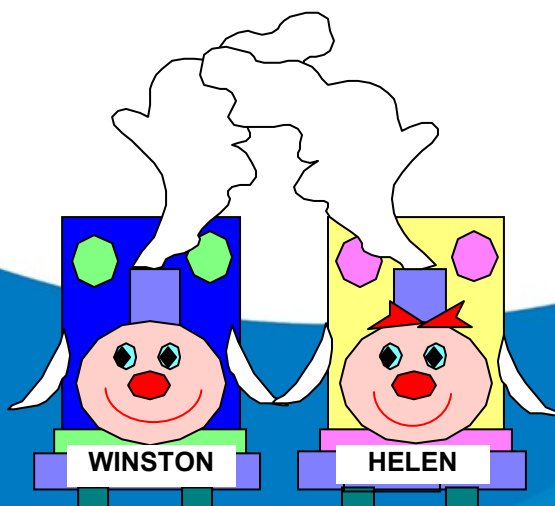


Urinary Tract Infection (UTI)

This leaflet can be made available
in alternative languages / formats on request.

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Na żądanie ta ulotka może zostać udostępniona
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Nature and reasons for condition

Urinary tract infections (UTI's) are common in children. UTIs are caused by a growth of germs in the bladder and sometimes the kidneys. An infection may make a child only mildly ill or they can be very sick. All children who have a UTI may be investigated for any underlying problems in the kidney or bladder.

The investigations will depend upon their age, sex and severity of illness.

Signs and symptoms

Symptoms of a UTI in children over the age of three:

- Complaints of pain while passing urine
- Going to the toilet more frequently
- Accidentally wet their pants
- Wet the bed at night
- Feel unwell
- Complain of tummy ache
- Lose their appetite
- Have a high temperature

Symptoms of infants and toddlers under the age of three:

- Often child unable to communicate their discomfort or pain
- May not notice more frequency in passing urine, but urine may be smelly or strong in colour
- They are often sick, very irritable and cry a lot
- Go off their feeds
- They have a high temperature, may have febrile seizure
- Infants can become very unwell quickly because of infection into the bloodstream (septicaemia)
- Drowsiness

Our usual form of treatment

If the infection is thought to be mild e.g. the child is well in himself eating and drinking as usual they will be given a 7 day course of oral antibiotics and encouraged to drink lots of fluids to flush the bugs out of the system.

If, however, the child/infant is very sick the antibiotics will be given via a cannula (a small tube placed into a child's vein) to enable antibiotics to be given directly into the blood stream. This form of treatment is very important if your child has developed septicaemia from a urine infection. If the infant/child requires on-going investigations the infant/child is put on a small dose of oral antibiotic every night as a preventative measure until all investigations have been completed and results have been discussed with the doctor in charge of your child.

Risks and discomforts of treatment

As with all antibiotics there may be a mild reaction such as skin rash, vomiting or diarrhoea if this is the case an alternative antibiotic will be chosen. Having a urine infection is usually uncomfortable so regular pain relief will be offered to your infant/child. If an intravenous cannula is inserted every effort will be made to ensure the comfort and safety of your child.

How is a urine infection confirmed

A sample of urine is obtained from the infant/child and sent to the laboratory for analysis. Often 3 samples are requested to ensure a definite diagnosis is made.

The laboratory may identify the bug (bacteria) causing the infection. If the bug can be identified this helps the doctors to choose the most appropriate antibiotic.

Alternative treatment

If the urine infection is not treated properly the infant or child may develop complications such as scarring of the kidney. It is therefore necessary to complete all treatment given and attend for any investigations requested and attend out patient reviews when asked.

Investigations following UTI

1. The first investigation usually done for children with UTI is an Ultrasound scan (USS). This test does not involve any injections or x-rays but just some cold jelly on your child's stomach and back. It enables the outline of the kidneys, tubes and bladder to be seen on a screen.
2. Bladder X-ray - (known as micturating cystourethrogram or MCUG) This test is only used in very young children or those who need to be checked for an abnormality of the bladder or a weakness of the tubes leading back from the bladder to the kidneys (known as vesicoureteric reflux or reflux for short). This test does involve x-rays and the injection of a dye through a small tube which is passed up the urethra into the bladder. Your child should always be on antibiotics for at least the day of the test and one day afterwards to guard against infection that might have been introduced by the tube.
3. Radionuclide Tests - involve an injection of dye into a vein. This enables the kidneys to be seen in more detail and/or a check on whether there is a blockage to the out flow from the kidneys. These two types of tests are known as DMSA or MAG 3 scan.
4. Intervenes Urogram - (or IVU) - this test is only carried out in certain circumstances. It involves an injection of dye into the vein. It shows the outline of the kidneys and bladder and gives more detail if it cannot be decided what the problem is from other tests.

Ways to collect urine for laboratory analysis from your child

1. Midstream Specimen of Urine (MSU) - This is the method used to collect urine specimens in all children who can pass urine when asked to. The reason a midstream specimen is asked for is that the beginning of the stream can be contaminated by organisms (bacteria, as mentioned earlier) which are around the entrance of the urethra. The child should be encouraged to pass some urine, stop and then pass some into a sterile container.
2. Clean Catch Urine - Infants and young children often pass urine after they have been given milk or other feeds. Although it requires some patience, urine can be collected into a sterile tray provided by the surgery/clinic or you can catch part of the urine stream directly into the sterile container. Collecting urine into a potty is **not** acceptable.
3. Supapubic or Catheter Specimen - Only in special circumstances in young children do hospital staff obtain urine from the bladder by using a needle or using a catheter directly into the bladder.

The Urinary Tract includes:

- The kidneys which forms the urine (we have 2 kidneys)
- Ureters tubes which carry the urine from the kidney down into the bladder (one ureter from each kidney)
- The bladder which stores the urine
- The Urethra which is the opening from where wee/urine is passed out of the body.

Advice following a UTI

- It is important for the infant/child to complete the full course of antibiotics prescribed
- UTIs can reoccur thus parents should be virulent and seek early review form a healthcare professional
- Recognise symptoms early
- Try to obtain a 'clean catch' urine to take along to the healthcare professional review
- Ensure /encourage good personal hygiene on a regular basis
- Encourage children to fully empty their bladder when going to the toilet
- Avoid constipation
- Follow the healthcare professionals advice on the long term management
- Encourage children to drink adequate amounts of fluid's each day
- Emphasise the importance of not delaying (voiding) i.e. delaying going to the toilet when they get the urge.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard.

The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F	0151 430 1616
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