Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Urinary Tract Infection (UTI) in Children v7

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Urinary Tract Infection in Children

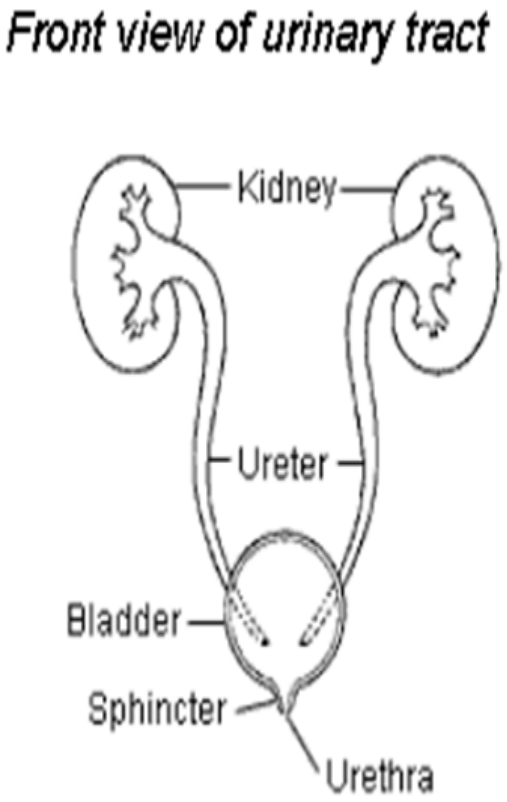
Patient Information

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Understanding the Urinary Tract

There are two kidneys, one each side of the abdomen. They make urine, which drains down the ureters into the bladder. Urine is stored in the bladder and is passed out through the urethra from time to time when we go to the toilet.



What is a Urine Infection?

A urine infection is caused by bacteria (bugs) that get into the urine. Most are due to the normal bacteria that live in your bowel. They cause no harm in the bowel but can cause infection if they get into other parts of your body.

Some bacteria lie around the anus (back passage) after passing a stool (faeces). These can sometimes travel to the urethra and into the bladder. Some bacteria thrive in urine and multiply quickly to cause infection.

The infection is commonly just in the bladder (cystitis) but may travel higher up to also affect the kidneys.

A urine infection is often called a ‘urinary tract’ infection (UTI) by doctors. Nearly 1 in 20 boys and more than 1 in 10 girls have at least one urine infection by the time they are 16 years old.

What are the Symptoms of a Urine Infection?

Young children and babies can have various symptoms, which may include one or more of:

- Fever (high temperature)
- Irritability – just not right
- Vomiting and/or diarrhoea
- Drowsiness
- Crying, going off feeds and generally unwell
- Abdominal pain
- Blood in urine (uncommon)

Older children may complain of pain when they pass urine and pass urine frequently – the common symptoms of cystitis.

An older child may also complain of a pain in a loin (side of the abdomen over the kidney) if a kidney becomes infected.

Bedwetting in a previously dry child is sometimes due to a urine infection.

How is a Urine Infection Confirmed?

A sample of urine is needed to confirm the diagnosis. Urine is normally sterile (no bacteria present). A urine infection is confirmed if bacteria are found in the sample.

Ideally, the sample of urine should not come into contact with skin or other materials that may contaminate it with other bacteria. Adults and older children can do this by a ‘mid-stream’ collection of urine.

This is not easy to do in young children and babies.

The following are ways to get a sample of urine that is not contaminated:

Young Children

One way is to catch some urine in the specimen bottle whilst in full flow. Just be ready with the open bottle as the child passes urine. (Be careful not to touch the open rim of the bottle with your finger as this may contaminate the specimen with bacteria from your fingers).

Babies

1. Take the nappy off about 1 hour after a feed.
2. Wash genital area carefully with soap and water.
3. Tap gently with a finger (about once a second) just above the pubic bone (this is the bone at the bottom of the abdomen above the genitals).
4. Have ready the open bottle.
5. Quite often, within five minutes, the baby will pass urine. Try and catch some in the bottle.

What is the Treatment of a Urine Infection in Children?

- A seven-day course of antibiotics will usually clear the infection.
- Give lots to drink to prevent dehydration.
- Give paracetamol or Ibuprofen liquid to ease any pains and fever (high temperature).

A daily dose of low antibiotics is sometimes advised whilst waiting for tests (see below).

This prevents further urine infections until the results of the tests are known. The dose of antibiotic will alter as your baby/child gains weight. Let your doctor/nurse know if there has been significant weight gained.

It is very important not to stop this medication without first discussing it with your doctor.

The regular antibiotic is stopped if the tests are normal (most cases).

The few children found to have kidney or bladder problems may be advised to stay on a daily dose of antibiotics until they are older.

Why are Tests Done in Children After a Urine Infection?

Tests may be advised to check on the kidneys and/or bladder. The tests, which are advised, may vary depending on the child's age. They usually include a kidney scan.

The results of the tests are normal in most cases.

In a small number of cases, a problem of the bladder or kidney is found. The most common condition is called:

Vesico-Ureteric Reflux

This is a problem at the junction where the ureters enter the bladder. In this condition, urine is passed back (refluxes) up the ureter from the bladder. This should not happen, as once urine gets to the bladder it should only pass out of the urethra when going to the toilet.

This condition makes urine infections more likely. Also, infected urine that refluxes from the bladder back up to the kidneys can cause infection, scarring, and damage. This may lead to severe kidney damage if urine infections recur frequently.

Other rare problems, which may be found, include kidney stones, or congenital abnormalities of parts of the urinary tract.

Diagnosing urinary tract problems in children can sometimes make a big difference.

Treatment may prevent kidney damage, which might have caused high blood pressure or kidney failure later in life.



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