

Urinary Tract Infections in Children 2-24 Months of Age

Clinical Practice Guideline

Approved by SSM Health Cardinal Glennon Clinical
Practice Guidelines Committee January 25, 2024

Management of Urinary Tract Infections in Children 60 days to 24 months of Age Clinical Practice Guideline

SSMHealth Cardinal Glennon
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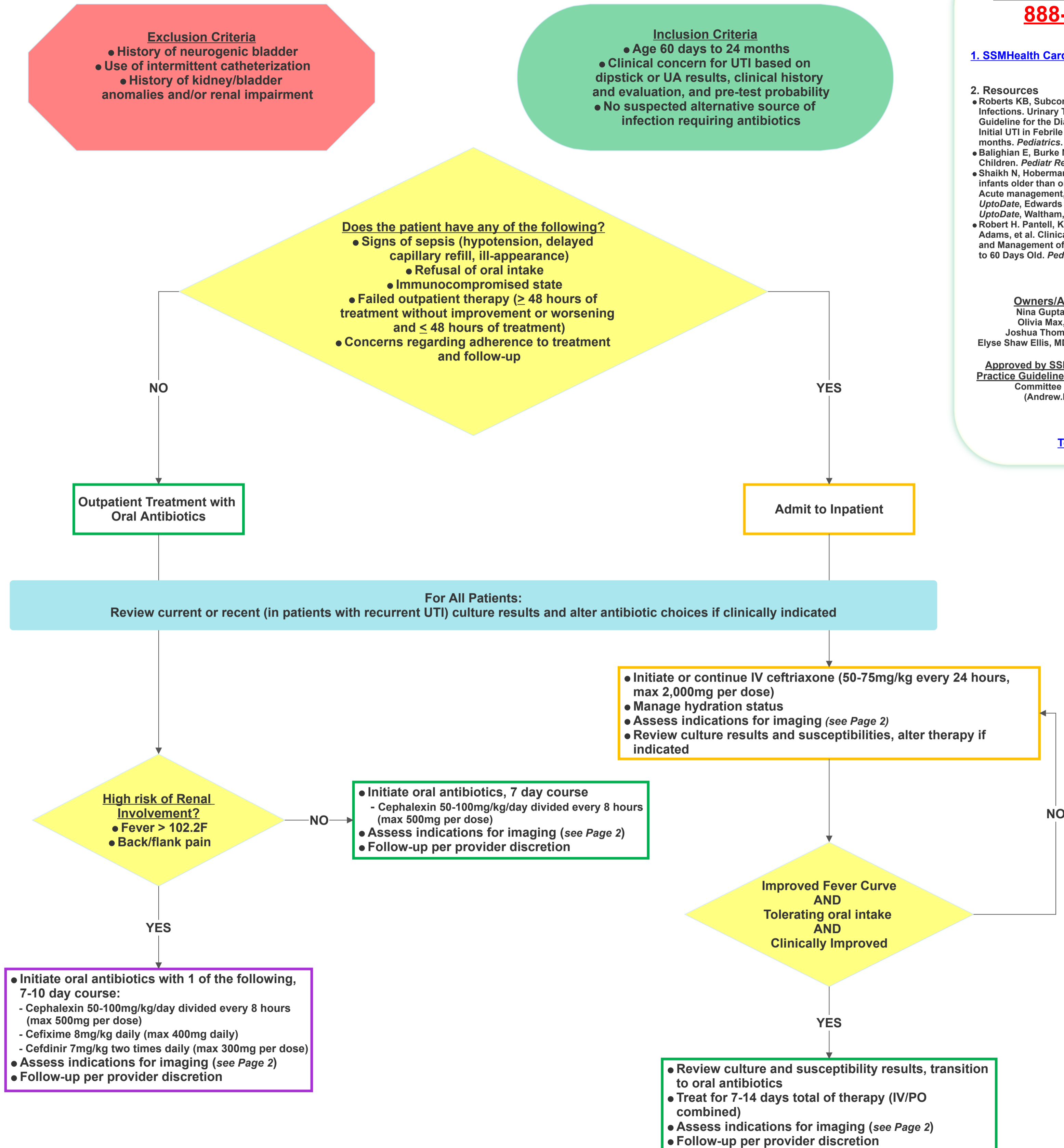
1. [SSMHealth Cardinal Glennon CPG Home](#)

2. Resources
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 - Robert H. Pantell, Kenneth B. Roberts, William G. Adams, et al. Clinical Practice Guideline: Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old. *Pediatrics*. 2021;148(2):e2021052228

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- Exclusion Criteria**
- History of neurogenic bladder
 - Use of intermittent catheterization
 - History of kidney/bladder anomalies and/or renal impairment

- Inclusion Criteria**
- Age 60 days to 24 months
 - Clinical concern for UTI based on dipstick or UA results, clinical history and evaluation, and pre-test probability
 - No suspected alternative source of infection requiring antibiotics

- Does the patient have any of the following?**
- Signs of sepsis (hypotension, delayed capillary refill, ill-appearance)
 - Refusal of oral intake
 - Immunocompromised state
 - Failed outpatient therapy (≥ 48 hours of treatment without improvement or worsening and ≤ 48 hours of treatment)
 - Concerns regarding adherence to treatment and follow-up

Outpatient Treatment with Oral Antibiotics

Admit to Inpatient

For All Patients:
Review current or recent (in patients with recurrent UTI) culture results and alter antibiotic choices if clinically indicated

- High risk of Renal Involvement?**
- Fever > 102.2F
 - Back/flank pain

- Initiate oral antibiotics, 7 day course
- Cephalexin 50-100mg/kg/day divided every 8 hours (max 500mg per dose)
 - Assess indications for imaging (see Page 2)
 - Follow-up per provider discretion

- Initiate oral antibiotics with 1 of the following, 7-10 day course:
- Cephalexin 50-100mg/kg/day divided every 8 hours (max 500mg per dose)
 - Cefixime 8mg/kg daily (max 400mg daily)
 - Cefdinir 7mg/kg two times daily (max 300mg per dose)
 - Assess indications for imaging (see Page 2)
 - Follow-up per provider discretion

- Initiate or continue IV ceftriaxone (50-75mg/kg every 24 hours, max 2,000mg per dose)
- Manage hydration status
 - Assess indications for imaging (see Page 2)
 - Review culture results and susceptibilities, alter therapy if indicated

Improved Fever Curve
AND
Tolerating oral intake
AND
Clinically Improved

- Review culture and susceptibility results, transition to oral antibiotics
- Treat for 7-14 days total of therapy (IV/PO combined)
 - Assess indications for imaging (see Page 2)
 - Follow-up per provider discretion

Management of Urinary Tract Infections in Children < 24 months of Age

Indications for Imaging

Patient being treated for UTI
(see Page 1)

Box 3: Abbreviations
 UTI - Urinary tract infection
 RBUS - Renal bladder ultrasound
 VCUG - Voiding cysteurethrogram

- Exclusion Criteria**
- History of neurogenic bladder
 - Use of intermittent catheterization
 - History of kidney/bladder anomalies

