

# Urinary Tract Infection Advice Sheet

Advice intended for parents/ carers taking their child home after seeing a doctor



## How is your child?



RED

If your child has any of the following:

- Becomes pale, mottled and feels extremely cold to touch
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Has blue lips or pauses in their breathing (apnoeas) or has an irregular breathing pattern
- Develops a rash that does not disappear with pressure (the '[Glass Test](#)')
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above
- (unless fever in the 48 hours following vaccinations and no other red or amber features)

**You need urgent help.**

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following:

- Is refusing to take their antibiotics or not keeping them down due to vomiting
- Seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours)
- Starts to complain of pain in the back
- Starts getting uncontrollable shakes (rigors)
- Seems to be getting worse despite being on antibiotics for more than 2 days
- Is 3-6 months of age with a temperature of 39°C / 102.2°F or above (but fever is common in babies up to 2 days after they receive vaccinations)
- Continues to have a fever of 38.0°C or above for more than 5 days

**You need to contact a doctor or nurse today.**

Please ring your GP surgery or contact NHS 111 - dial 111 or for children aged 5 years and above visit [111.nhs.uk](http://111.nhs.uk)



GREEN

- None of the features above

### Self Care

Continue providing your child's care at home. If you are still concerned about your child, contact NHS 111 dial 111 or for children aged 5 years and above visit [111.nhs.uk](http://111.nhs.uk)

## How can I help my child?

- Ensure they get their antibiotics at regular intervals as instructed by your doctor
- It is important to make sure your child takes the antibiotics for as long as the doctor recommends. Otherwise, there is a chance that their infection won't be fully treated and your child might get ill again
- Children with UTIs may be uncomfortable so you may wish to give them paracetamol or ibuprofen to help with their pain.

[www.frimley-healthiertgether.nhs.uk](http://www.frimley-healthiertgether.nhs.uk)

This guidance is written by healthcare professionals from across Frimley, Wessex and Wexham

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## What is a urinary tract infection (UTI)?

A UTI is an infection of the bladder or kidneys. It is caused by bacteria and is treated with antibiotics. Bladder infections are far more common than kidney infections; kidney infections are more serious and may need treatment with antibiotics through a drip in their vein.

Your child is more likely to get a UTI if they are under 1 year old, a girl, or have problems with their urinary tract. About 8 in every 100 girls and 2 in every 100 boys will have had a urinary tract infection by the time they are 7 years old.

## What are the symptoms?

It can be difficult to tell than a child has a UTI, especially if they are very young. The symptoms can vary depending on your child's age and the severity of the infection. Features suggesting a bladder infection include:

- Pain or stinging when passing urine
- Passing urine more often than normal
- Crying when passing urine
- Refusing to pass urine

If the following features are also present, your child might have a kidney infection:

- Fever
- Vomiting
- Back or tummy pain

## What investigations will they need?

A UTI is diagnosed by testing a sample of your child's urine (pee). This sample needs to be 'caught' in a sterile pot.

The sample will usually be tested immediately (dipstick) and may also be sent to the hospital for further testing.

It will take a couple of days to get the results back - your child's antibiotics may be stopped or changed at that point.

If your child is under 6 months of age, they will need kidney scans soon after their UTI. This will be organised by their doctor. In addition, older children with frequent UTIs may also need a scan of their kidneys. This will look to see whether there is a structural problem that explains why your child is more likely to get UTIs and whether the infection has caused any damage to the kidney.

## What is the treatment?

Your child will need antibiotics to treat their UTI. Most children with a bladder infection can be managed with oral antibiotics.

If your child has a kidney infection or if they are very young (under 3 months of age), they may need to go to hospital for antibiotics through a drip in their vein.

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## Help your child to avoid getting UTIs in the future

- Ensure your child drinks plenty – aim for 6-8 glasses a day
- Ensure your child goes to the toilet regularly – aim for every 2-3 hours, including at school
- Treat constipation - see your GP
- Encourage girls to wipe their bottom from front to back
- Use loose-fitting cotton underwear
- Avoid bubble bath and excessive soap in the bath

## Worried that your child has got another UTI?

Next time your child has a fever for no obvious reason, especially if nobody else is unwell in the family, make sure a urine sample is checked. If your child has a UTI, it is important that it is diagnosed and treated early. That way, there is far less chance that it will cause long term damage to their kidneys.

## Useful Websites

ERIC The Children's Bowel and Bladder Charity: [www.eric.org.uk](http://www.eric.org.uk)