# Urinary tract infection in children

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# What is a urinary tract infection (UTI)?

A UTI is a bacterial infection of the urinary system. Bacteria can enter the urinary system through the urethra or, more rarely, through the bloodstream. Around 11% of girls and 4% of boys will have a UTI before they are 16 years of age.

## Signs and symptoms

Symptoms can vary amongst children of different ages. However the following are common:

- A high temperature (fever)
- Vomiting
- Tiredness
- Irritability
- Pain or a burning sensation when urinating
- Needing to urinate frequently
- Wetting themselves or their bed, having previously been dry
- Pain in their tummy, side or lower back
- Unpleasant smelling urine
- Visible blood in urine.

# What will happen on ward 10?

All children and infants admitted with an unexplained fever will have a urine sample tested for infection within the first 24 hours. You will be asked to assist with the collection of a urine sample from your child. This can be very difficult and a long process depending on the age of your child, but it is vital in finding the focus of the infection. Following this, your child's urine will be dip tested on the ward and then sent to the laboratory if any sign of infection is found.

Your child may also require some blood tests to look for signs of infection within the blood. Once it has been found that they have a UTI, antibiotics will be perscribed. Your child's particular illness and age will determine the course of treatment, either oral or intravenous antibiotics (via drip). Sometimes a cannula will be inserted to help to rehydrate them if they are reluctant to drink. This will also assist in "flushing through the kidneys". The length of stay on the ward will depend on how quickly your child recovers.

### Follow up appointments and treatment

This depends again on the age of your child and the history of previous UTI'S. Antibiotics are sometimes given to children to take daily to prevent any bacteria returning, as a prevention measure. Sometimes an ultrasound scan is required during or following the illness. The other test that is sometimes carried out is micturating cystogram (MCUG), which consists of an xray study to look at the way the bladder works in case there is back-flow of urine up to the kidneys.

### Going home

On discharge home it is important that you ensure your child completes the course of antibiotics to get rid of the bacteria. It is also vital to encourage the following:

- Encourage your child to drink a sufficient amount which is essential to empty bladder
- Encourage your child to have a wee regularly every two to three hours, whether the child is busy playing or not
- Also be on the look out for any signs of constipation and seek treatment as soon as possible, it is more common than you think
- Pay particular attention to your child's hygiene, wipe from front to back after using the toilet
- Have showers instead of bubble baths.

You may require an outpatient appointment and you will be informed of this if this is the case or not. Some children may need further tests at Norfolk and Norwich University Hospital around four months later for more information on about their kidney function.

If you have any further enquiries please call ward 10: 01493 452010

#### Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/ department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card. Providing your feedback is vital in helping to transform NHS services and to support patient choice.



IN A The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240