



Urinary Tract Infection

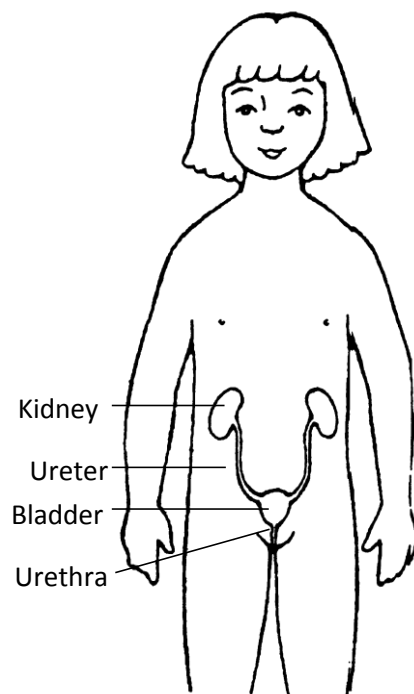
What is a urinary tract infection?

Urinary tract infections (UTIs) are one of the most common bacterial diseases in children. Girls are more likely to get a UTI than boys, especially after the first few months of life because of the short urethra (tube leading from the bladder to outside of the body).

Girls ages 2 to 6 are at the highest risk. Risk also increases if the child is born with a problem in the urinary tract.

What causes UTIs?

UTIs are often caused by the bacteria (germs) that are found in the bowel. For this reason, always wipe from front to back after going to the bathroom or during diaper changes. Other potential causes include not using the bathroom often enough and constipation.



What are the signs of a UTI?

Signs of a UTI vary for different ages. Usually there will be a fever and trouble urinating, however in young children, the signs may be vague. The following are signs of a possible UTI.

Infants:

- Fever
- Irritability
- Colicky (crying and flexing legs)
- Feeding problems
- Vomiting
- Diarrhea
- Diaper rash
- Dribbling of urine or constant wetness of diaper
- Urine has a strange color or smell

Toddlers and Young Children:

- Fever
- Crying or straining with urination
- Refusing to urinate
- Stopping urination and having a hard time starting again
- Urine is cloudy or has a bad smell
- Bedwetting in a child who is usually dry

Older children through adulthood:

- Fever
- Painful, burning, urgent, or frequent urination
- Pain in the lower back, flank, abdomen (belly), thighs, or groin
- Urine is cloudy or has a bad smell



How are UTIs diagnosed?

A urine sample will be taken via catheter (most accurate) or sterile cup. We do not recommend using a “potty hat.” The sample will be tested for bacteria. We always get a urine culture as that helps determine the best antibiotic for treatment (if needed).

What can I do for my child?

It is very important to treat a UTI with a prescribed antibiotic and to give the antibiotic for as long as your doctor or nurse practitioner tells you. If it is not treated, the symptoms may go away but the germs will remain. There is a danger of kidney infection which can cause permanent damage to the kidneys. Again, it is very important to give the antibiotic for as long as the doctor or nurse practitioner tells you. X-rays of the kidneys and bladder may also be needed to check for defects that may have caused a UTI. Discuss this with your doctor or nurse practitioner when a UTI is diagnosed.

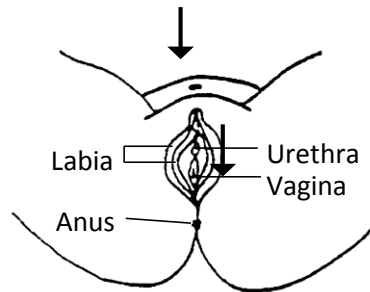
What testing may be needed after a UTI is diagnosed?

Sometimes further testing is needed. This can include, but is not limited to, renal ultrasound, abdominal X-ray, voiding cystourethrogram.

In addition to giving the antibiotic, follow these recommendations:

- Always wash or wipe girls from front to back. This prevents germs from stool (bowel) movements getting near the urethra. Avoid rubbing back and forth. Teach children how to do this after going to the bathroom and in the bath.

Wipe from Front to Back



- Encourage drinking lots of fluids, especially water.
- Avoid bubble baths, shampoo, and perfumed soaps in the bath.
- Encourage young children to change underpants daily.
- Teach children to avoid holding their urine too long. Remind them to go to the bathroom before beginning activities where bathrooms are not handy (such as car trips or playing outside).
- Sexually active females should urinate as soon as possible after intercourse to flush out germs that may have entered the urethra during sex.
- Avoid constipation.
- If urinating is painful, have your child sit in a bathtub of warm water and urinate directly in the water.

Call your clinic if:

- Symptoms of a UTI continue after taking the antibiotics for 2 days.
- New symptoms develop.

Questions?

If you have any questions or concerns, please call your child’s doctor or nurse practitioner at Pediatric Surgical Associates at (612) 813-8000 or 1-800-992-6983.