



Urinary tract infection (UTI)

A urinary tract infection is an infection in the urine. It may affect the bladder and sometimes the kidneys. UTI is quite common, particularly in young children who are still in nappies. It can also occur in older children. It is usually caused when germs from the poo, which are on the skin, get into the urethra (the tube from which urine passes out of the bladder). This can happen to any baby and is not due to poor washing or changing.

Testing your child's urine is the only way to know for sure if they have a UTI. Older children can get their urine from a clean catch. This is done by collecting part of the urine flow as your child passes urine into the toilet. In younger children urine is usually collected directly from the bladder. It can be done either with a needle through the stomach into the bladder (bladder tap), or through a catheter tube passed up the urethra. Although urine can be collected in babies using an adhesive bag, these are not suitable for diagnosis of UTI as they are often contaminated by germs from the skin.

Urine specimens are first usually tested with a dipstick. This can provide clues to the presence or absence of UTI, but a final diagnosis can only be made by sending the urine to the laboratory for culture. Culture results may take 24 to 48 hours.

If the dipstick test suggests a UTI, then treatment may be started. The diagnosis and treatment may be changed once the culture results are available from the laboratory. You may be asked to call to discuss the results and treatment in 1–2 days. See factsheet: Urine tests.

Signs and symptoms

- Pain on doing wee.
- Frequently passing urine.
- Passing urine before getting to the toilet (incontinence or wetting).
- Pain in the lower part of the stomach.
- Smelly urine.
- Fever.
- In young children UTI may cause a fever or general unwellness without any of the above symptoms.

Tests

Tests are usually done to look for a problem with the bladder or kidneys. Most children will have an ultrasound scan. This is a simple and painless test much like the scans that some women have during pregnancy.

In some children, a Micturating Cysto–Urethrogram (MCU) is done. This test involves putting a catheter into the bladder through the urethra. Dye is injected

through the catheter and X-Ray pictures are taken. The test is done mainly to look for a condition known as urinary reflux (sometimes called VUR). Discuss the test with your doctor.

There are other tests that are needed in a small number of patients. Your doctor will discuss these with you.

Treatment

Antibiotics are the main treatment. They can be taken by mouth. Young infants, or children who are very unwell with a UTI, should be admitted to hospital for antibiotics directly into a vein by intravenous therapy (IVT).

Care at home

Your doctor may recommend that your child stays on a low dose of antibiotic to try and prevent another UTI. This is often suggested for children who are still in nappies or who have had frequent UTIs.

It is possible that your child might get another UTI even if your child is on a low dose of antibiotics.

You should take your child to a doctor immediately for a urine test if your child:

1. Develops any symptoms that might suggest another UTI (see above).
2. Is unwell with a fever without another obvious cause.

Follow up

Most children with UTI make a good recovery and have no future problems. In a very small number of children, there may be kidney problems or high blood pressure. Your doctor will discuss the necessary tests and how to monitor for this.

It is sensible for anyone who has had a UTI in the past to have a check on their blood pressure and a urine test every year, once they reach adolescence.

It is important that any pregnant woman who has had a UTI in the past mention this fact to her obstetrician.

For more information

- See factsheet: [Urine tests](#)
- See factsheet: [Suprapubic Aspirate \(SPA\)](#)

Developed by the RCH department of General Medicine. First published 2003.
Reviewed: October, 2007.

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Last Updated 16-Oct-2007. Authorised by: Susan Jury. Enquiries: Judith Smith.
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