Your child has been diagnosed with Urinary Tract Infection (UTI) and you will already have received information about the condition. This fact sheet aims to provide you with general information on UTI, how it is treated and how you and the Community Team can work together in the care of your child.

## Diagnosis

Your child has been diagnosed with an infection of their urinary tract. The doctor will have diagnosed this urine infection from the signs and symptoms your child has. A specimen of your child’s urine will have been sent to the hospital laboratory for testing to confirm the urine infection. It is usual for this test to be repeated to ensure the correct diagnosis has been made.

## Causes

There is often no particular reason for children getting urine infections but there are some factors which can increase the risk of your child getting one.

Girls are more at risk than boys as the tube which carries urine from the bladder to the outside is much shorter in girls. This means it is easier for any bacteria in this area to travel back up this tube and cause an infection in the bladder. It is important when changing your baby’s nappy to wash this area from front to back.

Older children should be taught to wipe from front to back when they have been to the toilet. This helps prevent bacteria from the bowel entering the tube leading to the bladder.

Children should be encouraged to pass urine frequently; it can increase the risk of urine infection if they “hold on” to their urine for too long. Make sure your child has plenty to drink each day to “flush out” their kidneys and bladder.

## Medication

There are many different effective and safe drug treatments available for the treatment of this condition. Information about dosages of the medication prescribed, and the risks and side effects will be in the patient information leaflet that accompanies the medication.

### Your child's medication

When your child has completed this course of antibiotics he/she may have to continue on a “long term” antibiotic (prophylaxis) until investigations have been carried out at the hospital and you have attended an Outpatient clinic with your child to get the results of these investigations.

This prophylaxis treatment is usually only taken once a day in the evening and will prevent your child getting another urinary tract infection until all the investigations have been completed.
Treatment
The doctor has prescribed a course of antibiotics to treat the infection and it is important for your child to finish the course - even if they seem to have recovered.

You may need to give your child paracetamol and/or ibuprofen regularly. This will relieve pains in their tummy and reduce a high temperature, please follow the directions on the bottle or packet.

Ensure your child has plenty to drink either as baby feeds or as warm or cold drinks. This will stop him/her from becoming dehydrated and will flush through their urinary tract.

If your child is vomiting it may be necessary to give him/her clear fluids which are easier to tolerate than milky drinks and diet. Offer small amounts of clear fluids very frequently, rather than a whole cup or bottle at once.

Chart
While your child is under the care of the Children’s Community Team it would be helpful if you could fill in the information on the attached chart:

- the date and time
- the amount of fluids or feeds taken/ This can be in ounces, cups or millilitre measurements
- tick the box if any vomiting occurs
- tick the box when your child has had their bowel open or you change a dirty nappy
- tick the box when your child passes urine or you change a wet nappy. Also tick the box if you notice any blood present in the urine and if your child has any tummy pains
- if you take your child’s temperature please record it. Either use your own thermometer at home or the tempadots provided by the Community Nurse (see guidelines for use).
- record when you give your child the medicine prescribed

Contact the Community Nurse if any of these symptoms occur:

- your child refuses to drink or refuses their feeds
- your child does not pass urine or their nappy is still dry for more than 6 hours during the day
- your child has not passed urine 2 hours after waking up in the morning or wakes with a dry overnight nappy
- your child passes blood in their urine
- your child has a high temperature that has not started to settle 45 minutes after giving a dose of paracetamol or ibuprofen
- your child has tummy pains that are becoming worse
• your child starts to vomit, even clear fluids

Ring for ambulance if your child becomes very pale, floppy and cold to touch.

Follow up appointments at the hospital.

There is a possibility that your child may need an investigation to find out if there was a reason why they had a urine infection. They may need to have a type of x-ray to look for any problems with their kidneys or urinary tract.

Abdominal x-ray: This involves taking an x-ray picture of your child around their tummy area.

Renal ultrasound: This is a test rather like the scan that pregnant women have to look at the baby. It involves putting some jelly on the tummy, back or side and passing a machine over the area to get a picture of the kidneys and urinary tract onto a screen.

DM|SA Scan This involves a dye being injected into a vein to circulate in the blood stream. A while later an x-ray is taken of the urinary tract.

Further information

If you need to speak to the Community Nurse about any concerns relating to your child’s condition please refer to the Children’s Community Nursing fact sheet which contains the contact numbers for the team.

This fact sheet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this fact sheet alone for information about your child’s treatment.

This information can be made available in other languages and formats if requested.

Alder Hey Children’s NHS Foundation Trust
Eaton Road
Liverpool
L12 2AP

Tel: 0151 228 4811
www.alderhey.nhs.uk