Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Paediatrics - Urinary Tract Infections

The following advice pertains to a child who has had a single UTI only. If previous or recurrent UTIs, please check previous antimicrobial susceptibilities.

Infection

Paediatrics - UTI: Child < 2 months old

Likely Organisms

E. coli, Proteus species, Klebsiella, other aerobic gram negative bacilli, enterococci

Empiric Antimicrobial Treatment

Amoxicillin IV

Plus

Cef-O-taxime IV

Plus consider (see comments below):

+/- Gentamicin IV

Plus contact Microbiology if recent foreign travel for mother or baby in case of potential for colonisation with resistant organism.

Add Gentamicin if :

• severe sepsis/haemodynamically unstable

•requiring inotropes/ critical care

•l ikely resistant organisms e.g., frequent or prolonged hospitalisation; >48 hours following admission; recent foreign travel for mother or baby.

Duration of Treatment

10 days

IV to Oral Switch

Age dependent.

Comments

- Pre-term babies require specialist advice.
- Empiric treatment in this age group covers possibility of bacteraemia and/or meningitis. If diagnosis of UTI is uncertain, please see paediatric sepsis guideline .
- **The selection of appropriate antibiotic therapy is complex - this guideline is not intended to cover all possible scenarios.**

Infection

Paediatrics - UTI: Child > 2 to 6 months old

Likely Organisms

E. coli, Proteus species, other aerobic gram negative bacilli, enterococci

Cef-UR-oxime IV

+/-

Gentamicin IV

Duration of Treatment

10 days total including IV to PO switch

IV to Oral Switch

N.B. Cef-UR-oxime PO is not recommended due to low oral bioavailability. Choice of PO antibiotic to be based on C&S.

Children can be switched to oral antibiotics and sent home after 48 hours if:

- they have received 48 hours IV antibiotics
- clinically well
- afebrile for 48 hours
- blood cultures are negative
- no significant abnormality on renal USS
- a suitable oral antibiotic is available based on urine culture and sensitivity