



Urinary tract infections (UTI) are common in children. UTIs are caused by a growth of germs in the bladder and sometimes in the kidneys. An infection may make a child only mildly ill or very sick.

Symptoms in children over three years of age

The symptoms of a urinary infection in children over three years old are usually similar to adults. They may:

- Complain of pain while passing urine.
- Go to the toilet more often.
- Accidentally wet their pants.
- Wet the bed at night.
- Feel unwell.
- Lose their appetite.
- Have a high temperature.

Symptoms in children under three and babies

Younger children and infants are different. They are unable to communicate their discomfort on passing urine and you may not notice them going more frequently. They are often sick with a fever and may be irritable and unsettled. Young babies can be extremely unwell, because the infection can spread into the bloodstream (septicaemia).

Collecting a specimen

If your doctor suspects an infection, you will be asked to collect a urine specimen. The urine specimen is usually collected by catching some of the urine when it comes out (although this can be pretty tricky, particularly in infants!). If this can't be done, it may be necessary for the doctor to collect the urine sample by passing a fine tube into your child's bladder or by putting a needle into your child's bladder through the wall of the

abdomen - just like having a blood test. The method of collecting a sample of urine using a stick-on collecting bag is NOT a reliable method, as urine samples collected in this way are often contaminated.

Treatment

After the urine has been collected, your child may be started on antibiotics. If antibiotics are started these may need to be changed once the urine results are known which may take 24 to 48hrs. Remember it is important always to complete the course of antibiotics which your doctor orders. If your child is sick, they may be admitted to hospital where the antibiotics will be given intravenously through a "drip". Otherwise, three to seven days of antibiotics by mouth will usually kill the infection.

Tests

If the urine test confirms that your child has an infection, your doctors will discuss with you what further tests may be needed to look for any problems your child may have with their bladder or kidneys.

Some children will have an ultrasound scan, this is a simple and painless test much like the scans that some women have during pregnancy.

Some children may require a "DMSA" scan to look at kidney function and any possible damage to the kidney, and a bladder x-ray called an 'MCUG'. During the MCUG, a fine tube is passed into the bladder (see [MCU](#) fact sheet). The bladder is filled with fluid which shows up on the x-ray. This can be done by children's x-ray specialists or by paediatric urologists (kidney surgeons). The most common abnormal finding is called vesico- ureteric reflux. This means that urine travels back up the wrong way through the tube connecting the kidney to the bladder.

Fact Sheet

Urinary tract infection in children



Usually reflux will disappear by itself as the child gets older. Your child may need protective antibiotics to prevent further infections.

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 your local doctor immediately for a urine test if your child develops any symptoms, especially fever that might suggest another UTI or becomes unwell without another obvious cause.

Remember

- Urinary tract infections are common in children.
- Your doctor will discuss with you any tests that may be required following a UTI.

This fact sheet is for education purposes only.
Please consult with your doctor or other health professional to make sure this information is right for your child.

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