

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 :
<ul style="list-style-type: none"> • severe sepsis/haemodynamically unstable • requiring inotropes/ critical care • likely 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
<ul style="list-style-type: none"> • 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
<p>N.B. Cef-UR-oxime PO is not recommended due to low oral bioavailability. Choice of PO antibiotic to be based on C&S.</p> <p>Children can be switched to oral antibiotics and sent home after 48 hours if:</p> <ul style="list-style-type: none"> • 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