Clinical practice guideline on UTI in febrile young reaffirmed

29 November 2016

(HealthDay)—The 2011 clinical practice guideline (CPG) on urinary tract infection (UTI) in young children has been reaffirmed, according to a report published online Nov. 28 in *Pediatrics*.

Kenneth B. Roberts, M.D., from the American Academy of Pediatrics Subcommittee on Urinary Tract Infection, and colleagues reviewed the literature published since 2011, along with unpublished manuscripts and clinical trials in progress, to reassess the CPG on UTI in febrile infants and young children.

The researchers reaffirmed the 2011 UTI CPG, and reiterated the seven key action statements. A urine specimen should be obtained for culture and urinalysis before administration of an antimicrobial. The clinician should assess the likelihood of UTI if the febrile infant with no apparent source of fever is not so ill as to require immediate antimicrobial therapy. Clinicians should require both urinalysis results that suggest infection and the presence of at least 50,000 colony-forming units per milliliter of a uropathogen cultured from a urine specimen to establish diagnosis of UTI. Route of treatment administration should be based on practical considerations; antimicrobial therapy should be given for seven to 14 days. Renal and bladder ultrasonography should be performed on febrile infants with UTIs. Voiding cystourethrography should not be performed routinely after the first febrile UTI. Prompt medical evaluation should be sought after confirmation of UTI.

"With this article, we reaffirm the 2011 UTI CPG and provide an updated review of the supporting evidence," the authors write.

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