

## **Urine Infections in Children (1 of 3)**

### **What are urinary infections?**

Urine infections are caused by bacteria (bugs) that get into the urine. They are often called “urinary tract infections” by doctors.

- They are common in childhood
- They can be associated with the risk of kidney damage. The risk decreases as a child gets older
- They can be associated with urinary tract abnormalities
- If they are diagnosed in a young child, he/she may need further investigations to assess kidney function

### **What are the signs and symptoms of a urine infection?**

These may vary in children depending on their age. Younger children may have vague, non-specific symptoms, making diagnosis more difficult.

- Vomiting
- Failure to thrive or gain weight
- Lethargy
- Irritability
- Fever
- Poor feeding
- Prolonged jaundice

In older children, in addition to some of the above, they may also complain of:

- Abdominal or loin pains
- Frequent urination
- Blood-stained urine
- Pain or stinging on passing urine
- Bed-wetting

Any child who has had a previous urine infection is at an increased risk of further infection.

### **How is a urine infection confirmed?**

Urine is usually sterile (no bacteria present). A urine infection is diagnosed if bacteria are found in a urine sample. It is important therefore that if you are asked to collect a sample, it is as sterile as possible. Sterile pots are available from your GP.

If you need this information in another language or medium (audio, large print, etc) please contact the Patient Information Co-ordinator on 01722 336262 ext. 4401 fax: 01722 425037 email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk)

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the Data Protection Act 1998.

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## ***Urine Infections in Children (2 of 3)***

Before collecting urine, your child's groin and genital area should be cleaned with soap and water, (not wipes or disinfectants as this may confuse the results). Pay particular attention to skin folds and boys' foreskin.

### **How is the urine collected?**

#### **Urine collection in infants:**

**Adhesive bag** ('U – Bag') – a clear bag is applied to the genital area after cleaning, and removed as soon as urine has been passed. The urine is then transferred into a sterile pot.

**Clean catch** – A sterile bowl is used to catch the urine. The bowl may be placed under the held infant while waiting. The urine is then transferred into a sterile pot. This method is more difficult but the specimen is often less contaminated.

#### **Urine collection in toddlers:**

Apart from the above methods, an alternative is a sterile foil container in a clean potty - the container can be fitted into the potty and the toddler requested to urinate into the potty as usual. The urine sample is then transferred into a sterile pot.

#### **Urine collection in older children:**

**"Mid stream" urine** (i.e. urine collected during urination, not including the urine first passed) is collected by any of the methods described above directly into a sterile pot or then transferred into a sterile pot.

The urine specimen collected will need to be delivered to your GP practice immediately. If there is a delay, the sample should be refrigerated in the meantime.

The sample will then be sent to the hospital, where it will be cultured (tested in a laboratory to see if bacteria is present). This process usually takes 5 working days, and the results will take a few days to be mailed to your GP.

### **What is the treatment of a urine infection?**

Urine infections need to be treated promptly with a short course of antibiotics. The antibiotics are usually given by mouth and may need to be changed after 2-3 days if the first antibiotics are not effective against the infection.

You should also encourage your child to drink plenty of fluids. These will dilute the urine and ease any discomfort on passing urine.

Paracetamol and Ibuprofen may also be given (unless allergic) to ease any pains and fever.

## ***Urine Infections in Children (3 of 3)***

Sometimes it may be necessary for a child waiting for more tests to have a lower dose of antibiotics (prophylactic antibiotics) every night until reviewed. Prophylactic antibiotics may also be needed if urine infections are recurrent (occurring more than twice a year).

### **How to reduce the risks of urine infections**

#### ***Do's***

- Encourage your child to drink plenty of fluids, especially in the summer
- Encourage your child to go to the toilet regularly & empty his/her bladder properly each time. (Try double voiding - trying to pass urine again immediately after finishing)
- Teach your child how to wipe themselves properly after using the toilet – wiping bottom from front to back
- Encourage good general personal hygiene, regular baths
- Make sure your child wears cotton underwear
- Treat any irritation in the genital area

#### ***Don'ts/Avoid***

- Don't wear tight clothing
- Avoid bubble baths, highly-perfumed soaps and toiletries
- Avoid / treat constipation

