


## Assessment

- Treatment should be provided according to the risk of serious illness
- The child should be managed in accordance with the highest risk level
- Children with atypical UTIs should have early imaging

Traffic light system for identifying severity of illness		
Green – Low Risk	Amber – Upper UTI	Red – High Risk
<ul style="list-style-type: none"> <li>• Bacteriuria but not systemic signs of symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• <math>\geq 6</math> months</li> <li>• Bacteriuria + <math>T \geq 38^{\circ}\text{C}</math></li> <li>• Bacteriuria + loin pain/tenderness</li> </ul>	<ul style="list-style-type: none"> <li>• Under 3 months with clinical suspicion of UTI</li> </ul>
		
All green	Any amber and no red	If any red
<ul style="list-style-type: none"> <li>• Treat with oral antibiotics</li> <li>• Trimethoprim or nitrofurantoin</li> <li>• If lower UTI treat for 3 days</li> <li>• If upper UTI treat for 7-10 days</li> <li>• Second line: amoxicillin, cefalexin</li> <li>• <i>Seek advice if known to have chronic renal disease</i></li> <li>• Use modified release nitrofurantoin capsules where possible or standard release capsules (can be opened and contents dissolved – off license use)</li> </ul>	<ul style="list-style-type: none"> <li>• If 3-6m low threshold for referral</li> <li>• Consider referral to acute paediatrics</li> <li>• Urine culture</li> <li>• Consider need for IV antibiotics and refer urgently if required</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate referral to acute paediatrics</li> <li>• Microscopy and culture</li> </ul>