

CHILDREN  
WITH

# a urinary tract infection



# Children with a urinary tract infection

## General information:

An infection of the urinary tract means that there are bacteria in the urine, urethra, bladder and/or kidneys. Between 1 and 2% of all children contract a urinary tract infection. In most cases the infection is caused by the child's own, often intestinal, bacteria. As the urethra in girls is very short, they have a higher risk of repeatedly contracting urinary infections in comparison with boys. In most cases it is a bladder infection but if the bacteria spread from the bladder to the kidneys it will develop into pyelitis. In this case, the child's general condition will be affected and accompanied by fever.

## How is it contracted?

- Urinary tract infections are not contagious
- One occurrence does not protect against urinary tract infection

## Symptoms:

Children under the age of 2 often show uncharacteristic symptoms such as generalised malaise, vomiting, diarrhoea, apathy, paleness and poor level of well-being

### 1. Urinary tract infections in children older than two years:

- Pain/stinging pain when urinating
- Frequent urination
- Problems with urinary incontinence during the day and/or night
- Foul-smelling urine, cloudy urine, and occasionally bloody urine
- Stomach ache
- None or slight fever.

### 2. Pyelitis in children above two years:

- Fever above 38.5 degrees Celsius
- Generalised malaise
- Stomach/flank pain, vomiting
- Pain/stinging pain when urinating
- Frequent urination
- Problems with urinary incontinence during the day and/or the night
- Foul-smelling urine, cloudy urine, and occasionally bloody urine.

## Good advice:

Children under the age of 2 with bacteria in the urine are considered and treated as in case of pyelitis.

- Offer the child plenty to drink to "flush" the urinary tract.

Offer the child liquids that it likes  
You may give the child painkillers as agreed with a doctor if the child is in pain when urinating.

### **When to see a doctor?**

- If the child has symptoms of a urinary tract infection and has no fever, contact your general practitioner (or the doctor on call). A urinary sample (mid stream urine) will be taken and cultivated
- If the child has symptoms of pyelitis, contact your general practitioner/the doctor on call as the child should be admitted to hospital.

### **Treatment:**

- Urinary tract infections are treated with antibiotics as tablets or mixture based on the cultivation of the urinary sample. The urine may be tested by your general practitioner.
- If the child does not show major improvements after 48 hours or if the child has relapses after the treatment has been concluded, contact your general practitioner
- In case of repeated infections, a low dose of antibiotics is given once daily until further examinations have been concluded or other agreements have been made with the contact doctor.

### **Prevention:**

- Help the child to drink approx. 1 litre of fluid daily, of which two thirds should be drunk before 4 p.m.
- Teach the child good toilet habits: going to the toilet regularly and take time to empty the bladder completely
- Teach girls to wipe from the front and backwards after having passed stools
- Avoid constipation.

Good toilet habits:

- The child should urinate approx. every 3 hours
- Teach the child to react to the urge to go to the toilet at once and take enough time
- The child should have a relaxed sitting posture; young children may place a little stool under their feet. Note, that boys who stand up when urinating must pull down their trousers so that the penis is free of the trousers.
- The urine must be passed in an even stream and not be squeezed off. The child should not press when urinating.

### **Childcare:**

The child can return to childcare when the fever has gone and the child feels well again.

## Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners family doctors, doctors on call, and the staff at paediatric admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site [www.fv.rm.dk](http://www.fv.rm.dk)

You may order additional copies from Rikke Dalsgaard,  
Koncern Kvalitet, Central Denmark Region,  
Skottenborg 26, 8800 Viborg. [rikke.dalsgaard@stab.rm.dk](mailto:rikke.dalsgaard@stab.rm.dk)

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