# **Admission Criteria**

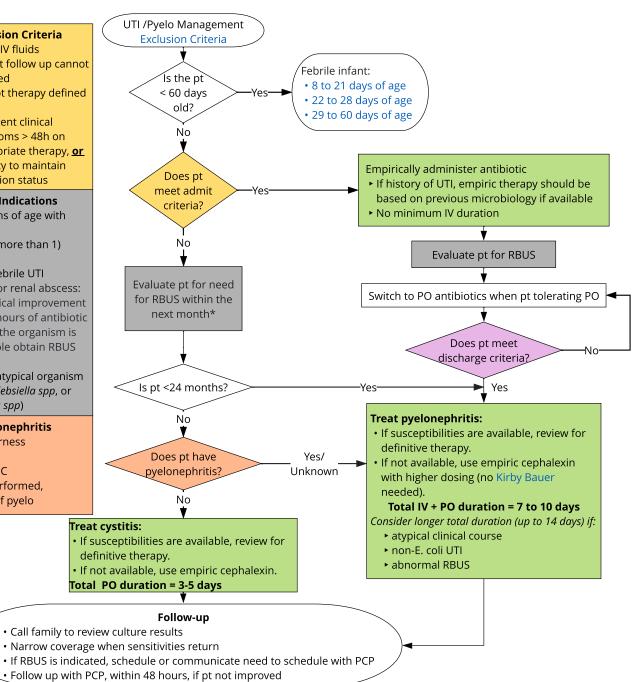
- Requiring IV fluids
- Outpatient follow up cannot be arranged
- Failed oupt therapy defined by:
  - ▶ Persistent clinical symptoms > 48h on appropriate therapy, or
  - ► Inability to maintain hydration status

## **RBUS Indications**

- ≤ 24 months of age with febrile UTI
- Recurrent (more than 1) febrile UTI
- Male with febrile UTI
- \*Concern for renal abscess:
- If no clinical improvement after 48 hours of antibiotic to which the organism is susceptible obtain RBUS within 24
- UTI due to atypical organism (not E.coli, Klebsiella spp, or Enterococcus spp)

## **Pyelonephritis**

- CVA tenderness
- Vomiting
- Fever > 39 C
- · If RBUS performed, evidence of pyelo



### Algorithms:

- Diagnosing UTI/Pyelo
- Renal Imaging for UTI/Pyelo

Antibiogram link

## **Empiric Therapy**

Pyelonephritis or unknown:

Oral:

Cephalexin (high dose) 75 to 100 mg/kg/day divided q8h (max: 1000 mg/dose)

IV:

Cefazolin (high dose) 100 mg/kg/day divided q8h (max: 6g/day)

IM:

Ceftriaxone 50 mg/kg/dose IM q24h (max: 2000 mg/dose)

Cvstitis:

Oral:

Cephalexin 25 - 50 mg/kg/day divided q8h (max: 500 mg/dose)

For **severe** cephalosporin allergy For **severe** penicillin allergy

# **Discharge Criteria**

- Clinical response to therapy (i.e. tolerating PO)
- Modifyable risk factors for UTI (e.g. voiding dysfunction) addressed
- · Family education provided
- If indicated, RBUS completed or scheduled



# QR Code for mobile access

## Acronyms:

CVA: Costovertebral angle Pyelo: Pyelonephritis

RBUS: Renal bladder ultrasound UTI: Urinary tract infection

w/u: Work up

Contact: EvidenceBasedPractice @cmh.edu

Link to synopsis and references

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