

**UTI Diagnostic Criteria:**

- Urinalysis with >5 WBC per HPF **OR** + leukocyte esterase **OR** + nitrite ([link to evidence](#))
- AND**
- Urine culture results, if resultd. Growth of a uropathgen:
  - Clean catch: ≥100,000 cfu/ml
  - Cath specimen: ≥50,000 cfu/ml (**new data suggests 10,000 may be appropriate**)

**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**

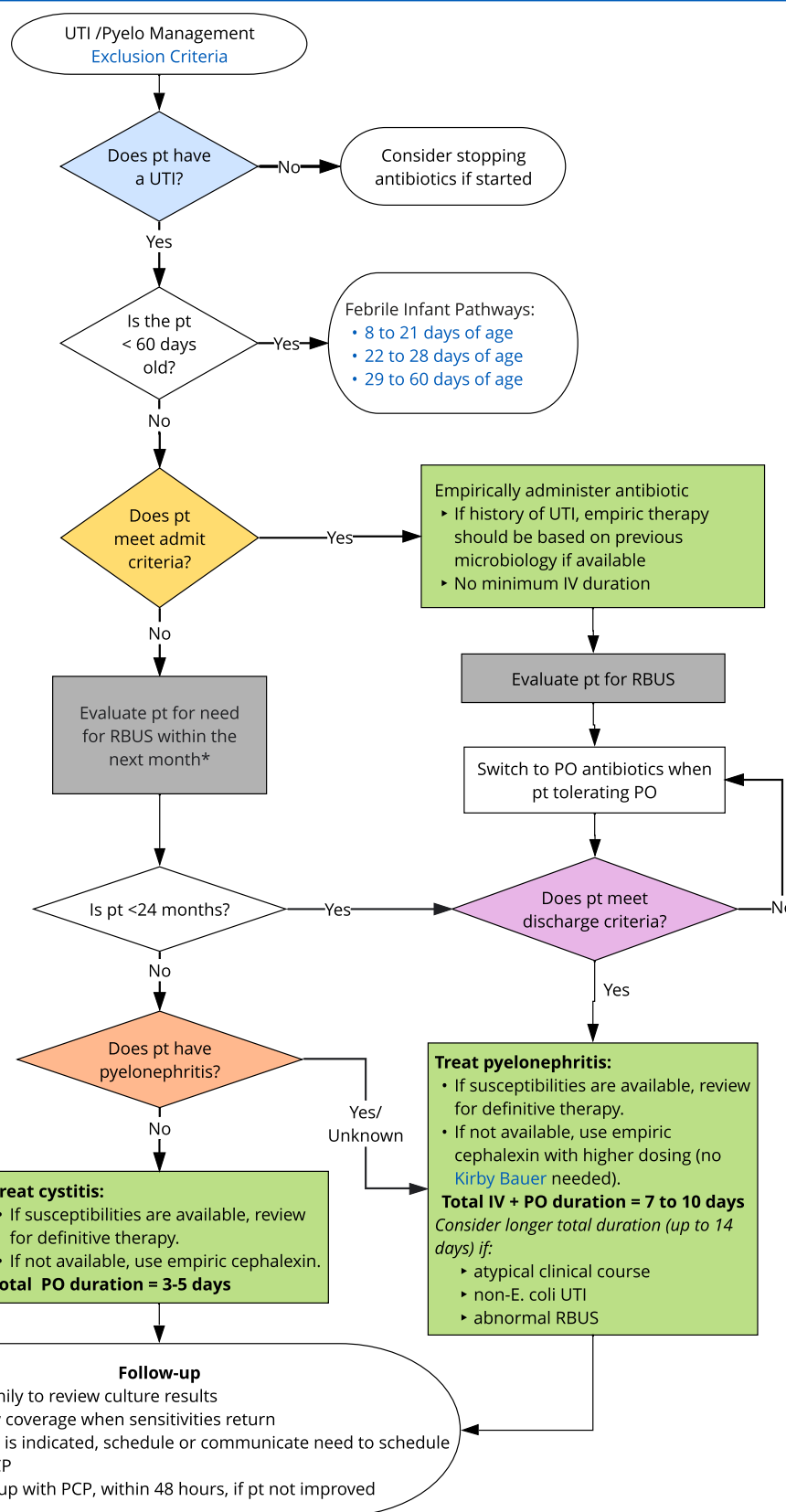
- ≤ 24 months of age with febrile UTI
- Recurrent (more than 1) febrile UTI
- Male with febrile UTI
- \*Concern for renal abscess:
  - If no clinical improvement after 48 hours of antibiotic to which the organism is susceptible obtain RBUS within 24
- UTI due to atypical organism (not *E.coli*, *Klebsiella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

**Pyelonephritis**

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

**Acronyms:**

- CVA: Costovertebral angle
- Pyelo: Pyelonephritis
- RBUS: Renal bladder ultrasound
- UTI: Urinary tract infection
- w/u: Work up



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

Antibiogram link

**Empiric Therapy**  
 Pyelonephritis or unknown:

**Oral:**  
 Cephalaxin (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)

**Cystitis:**

**Oral:**  
 Cephalaxin 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)
- Modifiable risk factors for UTI (e.g. voiding dysfunction) addressed
- Family education provided
- If indicated, RBUS completed or scheduled



QR Code for mobile access