

Admission Criteria

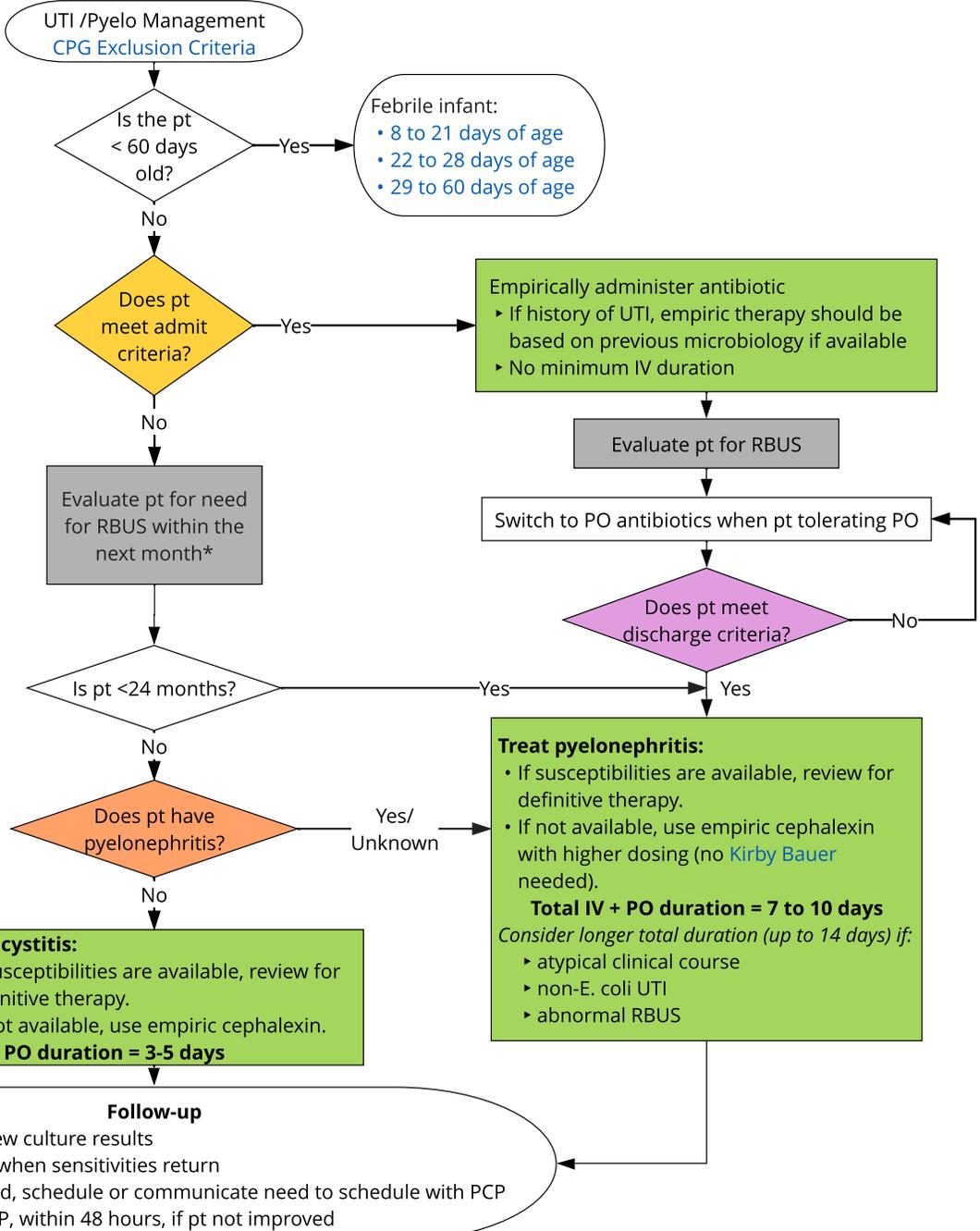
- Requiring IV fluids
- Outpatient follow up cannot be arranged
- Failed outpt therapy defined by:
 - Persistent clinical symptoms > 48h on appropriate therapy, **or**
 - Inability to maintain hydration status

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)

Cystitis:

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

Acronyms (laboratory excluded):

CVA = Costovertebral angle PO = oral
 IV = intravenous RBUS = renal bladder ultrasound
 pt = patient UTI = urinary tract infection
 pyelo = pyelonephritis w/u = work up
 PCP = primary care provider

Follow-up

- Call family to review culture results
- Narrow coverage when sensitivities return
- If RBUS is indicated, schedule or communicate need to schedule with PCP
- Follow up with PCP, within 48 hours, if pt not improved