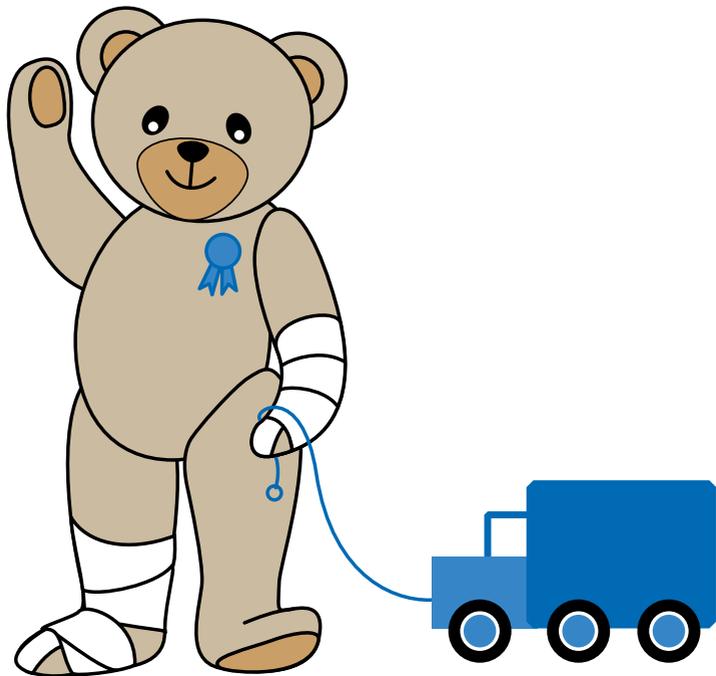


Urinary tract infection

Hascombe Ward



Patient information leaflet

Understanding the urinary tract

There are two kidneys, one on each side of the abdomen. They make urine which drains down the ureters into the bladder. Urine is stored in the bladder and is passed out through the urethra from time to time when we go to the toilet.

What is a urine infection?

A urine infection is caused by bacteria (germs) that get into the urine. Most urine infections are due to bacteria that normally live in your own bowel. They cause no harm in the bowel but can cause infection if they get into other parts of your body. Some bacteria lie around the back passage (anus) after passing a stool (faeces). These bacteria can sometimes travel to the urethra and into the bladder. Some bacteria thrive in urine and multiply quickly to cause infection.

The infection is commonly just in the bladder (when it is called cystitis), but may travel higher up to affect one or both kidneys as well.

Does anything increase the risk of developing a urine infection?

In most cases

No. Most urine infections in children are just “one of those things” and there is no underlying problem to account for it.

In some cases

Retaining some urine in the urinary tract may play a part. When we pass urine, the bladder should empty completely. This helps to flush out any bacteria that may have got into the bladder since the last toilet trip. However, some abnormalities or problems that affect the urinary tract can make some urine stay (retain) in the bladder, ureters or kidney. This may allow any bacteria to multiply as urine is a good food for some bacteria. This increases the chance of developing a urine infection.

Constipation

If large hard stools collect in the back passage they can press on the bladder. The bladder may then not empty fully when the child passes urine. Treating severe constipation sometimes prevents recurring urine infections.

Abnormalities of the urinary tract can cause retention of urine.

What are the symptoms of a urine infection?

It can be difficult to tell if a child has a urine infection. If they are very young they may not be able to let you know where the problem is. If they are still wearing nappies, you may not notice them passing urine more often.

Young children, toddlers and babies can have various symptoms which may include one or more of:

- Fever (high temperature).
- Vomiting and/or diarrhoea.
- Drowsiness.
- Crying, going off feeds and generally unwell.
- Appearing to be in pain.
- Blood in the urine (uncommon).
- Jaundice (yellowing of the skin).
- Cloudy or smelly urine.

Older children may say that they have pain when they pass urine, and pass urine frequently. If a kidney becomes infected they may also have shivers, and complain of abdominal pain, back pain, or a pain in a side of the abdomen. Bedwetting in a previously dry child is sometimes due to a urine infection. Just being generally unwell may be due to a urine infection.

Note: a urine infection should be suspected in any child who is unwell or has a fever with no other clear cause. This is why a urine test is commonly done when a child is unwell, as a urine infection is important to diagnose and treat promptly.

What is the treatment of a urine infection in children?

A course of an antibiotic will usually clear the infection within a few days. Give lots to drink to prevent dehydration. Also, give paracetamol to ease any pains and high temperature. Sometimes, for very young babies or for severe infections, antibiotics are given directly into a vein through a drip.

What is the prognosis?

In most cases, this is excellent. Once a urine infection is diagnosed and treated, the infection usually clears away and the child recovers fully. In many cases, a urine infection is a one-off event. However, some children have more than one urine infection and some develop several throughout their childhood (recurring UTIs).

What are the alternative treatments?

Depending on the age of your child and the type of infection, your child may have an ultrasound and further imaging.

What are the risks?

UTI and reflux that allows urine to flow backwards – from the bladder to the kidneys – through one or both of the connecting tubes (ureters). It is a condition that often co-exists with urinary tract infections (UTIs), this reflux in young children has been shown to be associated with renal damage and scarring.

General tips following a urine infection in a child

To help to prevent a further infection in the future:

- Try not to let your child become constipated. A good diet will help here. Ask your doctor for advice on this if you are not sure as to what foods are best to prevent constipation.
- Make sure your child has plenty to drink each day.

Also, see a doctor promptly if you suspect your child has another urine infection. If this is confirmed, remind your doctor that your child has had a previous urine infection. Further tests may be advised.

Reference sources

Adapted from <http://www.patient.co.uk/health/Urine-Infection-in-Children.htm>

NICE clinical guideline 54

Urinary tract infection in children: diagnosis, treatment and long-term management

Contact details

Hascombe Children's Ward

Telephone: 01483 464071 (Direct line)

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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