

URINARY TRACT INFECTIONS - INFORMATION FOR PARENTS

Printable version

Urine infections can occur at any age. Approximately 1 in 100 boys and 3 in 100 girls experience a urinary tract infection (UTI) during the first 10 years of their life.

KEY POINTS

- It needs to be stressed that a urine infection is diagnosed only by collecting a proper urine sample from your child.
- Reflux in most children is treated medically by giving your child antibiotics in a single dose every night to prevent getting UTIs.
- The majority of children with UTIs recover completely and have no kidney damage.

SYMPTOMS

Your child may experience one or more of the following symptoms.

- Discomfort when passing urine.
- Going to the toilet very frequently.
- Smelly or cloudy urine.
- Obvious signs of blood in the urine.
- Back pain or tummy ache.
- A high temperature.

HOW TO PREVENT RECURRENT INFECTIONS

You can prevent your child from suffering from further infections by paying attention to the following points.

- Avoid constipation as this can cause the child not to empty the bladder completely.
- Encourage your child to drink plenty of fluids and to go to the toilet regularly.
- Your child should wear loose cotton underwear rather than tight nylon underwear.
- In young girls it is important to avoid any irritants in the vaginal area. Bubble baths and soaps can sometimes act as an irritant. In young girls, we advise wiping from the front to the back after they have been to the toilet.
- A young boy's foreskin can be a source of infection and this area needs careful attention, although routine circumcision is not recommended.
- Urine infections are more common when young women become sexually active. Please check with your nurse or doctor for advice.

It is important that UTIs in children are treated because it can indicate that they may have something wrong with their urinary tract, therefore it is important to check the connections between the kidneys and the bladder. Sometimes a UTI may be associated with reflux. This is called 'vesicoureteric reflux (VUR)'. This can occur in one or both sides and if not treated promptly could cause damage to the kidneys leading to scarring or high blood pressure or in severe cases chronic kidney failure can occur.

URINE SAMPLES

It is important that a urine sample is collected in the correct way from your child. If your child is older it may be possible to collect a mid stream specimen of urine (MSU). This is preferable because the beginning of the stream of urine can be contaminated by bacteria from the entrance of the urethra. To obtain an MSU your child should pass some urine, stop, then start again catching some in a sterile container. Your child can continue to void to completion in the toilet.

URINE BAG

In infants a urine bag may be used. Your child's genitals should be cleaned with water before the bag is applied. Once the child has passed urine the bag should be emptied from the bottom end into the sterile container. It is important that the sample is sent to the laboratory as soon as possible. If this is not possible you or your doctor need to store the sample in the fridge until it can be sent.

TREATMENT

Most children can be treated with oral antibiotics which are given for a week. If the infection is severe and your child is very unwell or very young they may have to come into hospital to have the antibiotics through a drip. A further urine sample will be taken after the treatment is finished to make sure that the bacteria have been eliminated.

OTHER INVESTIGATIONS THAT MAY BE REQUIRED

- Ultrasound scan

- Bladder x-ray (MCUG) – known as micturating cystourethrogram
- MAG3 scan
- DMSA scan

Your nurse or doctor will be able to explain more about these investigations if they are requested.

We would like to emphasise that the majority of children with UTIs recover completely and have no kidney damage.

Information produced by:
Craig Taylor, Jill Hodsmen & Eileen Cullen
Paediatric Nurse Specialists
Ward 15