

First Febrile Urinary Tract Infection Risk Factors and Screening Recommendations Evidence Based Outcome Center



GUIDELINE EXCLUSION CRITERIA

- Known genitourinary anatomical abnormality
- Known immunodeficiency and/or on immunosuppressants
- Known uncorrected, hemodynamically unstable complex heart disease
- Prior febrile UTI with pathogen other than E. coli
- Prior febrile UTI with E.coli pathogen known to be resistance to empiric antibiotics therapy
- Clinically unstable (Septic Shock)

GUIDELINE INCLUSION CRITERIA

- 2 months to 18 years of age with symptoms: fussiness, foul smelling urine, blood in urine, new incontinence, dysuria, or urethral discharge
- Febrile > 38° C with no apparent source

Inpatient Criteria

- Ill-appearing (SIRS/SEPSIS)
- Dehydration requiring IV or NG fluids
- Persistent vomiting or inability to tolerate PO ABX
- Social indicators that make treatment compliance and/or PCP follow-up difficult
- Failure of outpatient treatment with need for IV therapy

> 2 months – Not Toilet Trained

Probability of UTI > 1%:

2 or more risk factors

Female Risk Factors*

- Non-black
- T ≥ 39°C
- Fever ≥ 2 days
- No apparent source of fever
- Age < 12 months

*Recommend screening if prior history of UTI, fever ≥ 2 days

Probability of UTI > 1%:

Uncircumcised OR Circumcised with 3 or more Risk Factors

Male Risk Factors*

- Non-black
- T ≥ 39°C
- Fever ≥ 2 days
- No apparent source of fever
- Age < 6 months

Toilet Trained – 18 years

All Patients

- Symptoms referable to urinary tract
- Prior history of UTI, fever ≥ 2 days
- Prolonged fever (≥ 5 days)

Recommend screening for any of the above factors

DCMC UTI Definition: The presence of pyuria and/or bacteruria on urinalysis AND a positive urine culture.

- Pyuria should be considered present if there are ≥5 WBCs/hpf in a centrifuged specimen and ≥10 WBCs/hpf in a counting chamber. DCMC uses centrifuged specimens.
- Urine culture is considered positive if there are ≥50,000 cfu/mL in a specimen obtained by catheterization or suprapubic aspiration. If the specimen was obtained by the clean-catch method, ≥100,000 cfu/mL is considered optimal for diagnosis but 50,000-100,000 can also be accepted with the understanding that the sensitivity and specificity are decreased in this setting.

[Emergency Department Pathway](#)

[Inpatient Pathway](#)