



Countess of  
Chester Hospital  
NHS Foundation Trust

# Urinary tract infections

## Information for parents and carers



## How is urinary tract infection treated?

Tests have shown that your child's urine may be infected with bacteria (germs). Antibiotics are needed to treat the infection. These are given either by mouth or directly into the vein (intravenously) depending on the age of your child and how unwell they are because of the infection.

*It is very important that the full course of antibiotics prescribed is given in order to fully treat the infection and prevent it coming back but also to prevent the bacteria becoming resistant to antibiotics making it more difficult to treat infections in the future.*

We want to try and prevent any further infection, as repeated infections can be associated with kidney problems in later life.

If the doctors feel your child is at risk of repeat urinary tract infections, then he/she will need to continue to take a different antibiotic (known as prophylaxis) to help prevent further infection. Either we will give you a prescription for this antibiotic when your child is discharged or you will need to contact your GP to get a prescription. Your child can then start this medicine the day after the initial treatment course that began in hospital is completed.

*Your child should continue to take this prophylactic antibiotic until they are seen in the Outpatient Clinic.*

You will need to get repeat prescriptions from your GP until that time. We will write to your GP so they know that you require repeat prescriptions.

## Will the doctors be able to explain how has this happened?

Urine infections are usually caused by bacteria which live naturally in the bowel. The bacteria enter the urinary tract from the skin on the bottom (perineum) and this leaflet includes advice about prevention of infections.

## Will my child need any investigations after the infection?

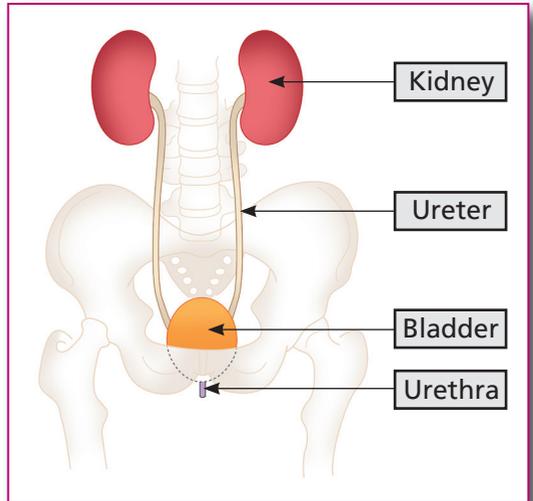
All children under 4 years old and some older children will need to have an Ultrasound scan of their kidneys. This is a painless test that is carried out in the Radiology Department usually within 6 weeks after discharge. Information about the scan will be sent to you with the appointment letter.

The test will provide information about the size, shape and position of the kidneys, ureters and bladder (the urinary tract). Abnormalities of these can make children more prone to urinary tract infections.

A small number of children are born with a condition called vesico-ureteric reflux. In this condition urine goes back up into the kidneys from the bladder when the child passes urine. If this urine is infected, this can cause damage to the kidneys. The scan can also give an indication as to whether this has happened or not.

## How soon will I know the results of the scan?

Your child will be seen in the Outpatient Clinic. At this appointment your child will be seen by a paediatrician and you will also have an opportunity to discuss the results of the scan and whether there is a need for any further investigation or treatment.



## What are these further investigations?

If your child is less than 6 months old they will also need a DMSA scan. If your child is older than 6 months old the doctor may request a DMSA based on the results of the ultrasound scan or if your child was very ill at the time they had the urinary tract infection.

This scan involves injecting a dye (known as DMSA), through a cannula (intravenous line), into your child's blood stream and taking pictures of the kidneys with the Gamma Camera in the X-ray department. This provides information about how well the kidneys function and whether damage has been caused by the infection. This investigation will be performed after 3 months when all the infection has subsided. Your child must have been free from infections for 3 months to gain an accurate result. If your child does have another UTI then the investigation will need to be postponed.

If your child is less than 6 months old they will also need a micturating cystourethrogram (MCUG). For this test a small catheter is placed and dye is inserted into the bladder then X-rays taken. Occasionally the doctor may request this test in a child aged 6-12 months. If this test is needed you will be advised to double the dose of prophylaxis for 1 week before the test to prevent any risk of infection when the catheter is inserted.

Children aged less than 6 months require more investigation as we know this is the highest risk group for urinary tract infections causing damage to the kidneys if the child had vesico-ureteric reflux. Unfortunately, there is no way of knowing which children with urinary tract infections have vesico-ureteric reflux without the investigations explained above.

### **What should I do if I think my child might have another urine infection?**

If your child experiences similar symptoms to the first infection or if they have one or more of the most common symptoms of urinary tract infection i.e. raised temperature, vomiting, stomach pain, frequency or difficulty passing urine: it is most important that you seek medical advice from your GP or other health care professional, to be sure the infection has not returned. Other health care professionals can be contacted via a 'Walk In Centre' or Accident and Emergency Department of your local hospital. The health care professional will check the urine

sample before commencing another course of antibiotics if necessary.

*N.B. Although it is possible to collect urine at home to be checked at a later time, a fresh sample in the health care facility gives a more reliable result.*

### **What can I do to prevent further infections?**

In girls, the infection can travel from the skin, up the urinary tract to the bladder and kidneys. When washing/wiping/changing nappies for her make sure that you wipe from the front to the back of the perineum and use each wipe only once. This prevents germs from the anus (back passage) entering the urinary tract. Do not use bubble bath in the bath water. Do not wash your child's hair in the bath. The presence of soap and shampoo in the bath water makes it easier for water and germs to enter the urinary tract, by decreasing the viscosity of the water. Constipation is a risk factor with urinary tract infections as it increases the amount of bacteria around on the peri-

neum. It is important to treat constipation if it occurs.

### **Whom should I contact for further information?**

Your GP or Practice Nurse  
Other sources of information include:

[www.nice.org.uk/CG54](http://www.nice.org.uk/CG54)  
*Parent information*

[www.nhs.uk/conditions/Urinary-tract-infection-children](http://www.nhs.uk/conditions/Urinary-tract-infection-children)

[www.patient.co.uk](http://www.patient.co.uk)  
*Information Leaflets*



## If you require a special edition of this leaflet

This leaflet is available in large print, Braille, electronically and in other languages on request. Please contact the Patient Experience Team on:

Telephone: 01244 366066 or

Email: [coch.patientexperience@nhs.net](mailto:coch.patientexperience@nhs.net)

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若是你想索取這份傳單的中文譯本，請聯絡「病人預約中心」或向其中一名職員查詢。

Si vous voulez cette brochure en français, contactez le bureau des rendez-vous ou demandez à un membre du personnel.

यदि आप यह परचा हिन्दी में लेना चाहते हैं तो कृपया पेसेन्ट अॅपाइन्टमेन्ट सेन्टर से संपर्क करें या किसी स्टाफ से पूछें।

Haddii aad jeclaan laheyd buug-yarahan oo af-Soomaali ku qoran la soo xiriir xarruunta bukaan ballaminta ama wax weydii xubin shaqaalaha ka tirsan.

Si desea recibir este folleto en español, sírvase contactar al Centro de Citas para Pacientes o solicitarlo al personal.

اگر آپ کو یہ کتابچہ اردو میں درکار ہے تو پيشنت اپوائنٹمنٹ سينٹر يا عملے کے کسی رکن سے رابطہ قائم کریں۔

Mae'r daflen hon ar gael (ar gais), mewn print bras, ar dâp sain neu ar ddisg, ac efallai mewn ieithoedd eraill ar gais. Cysylltwch â chanolfan apwyntiadau cleifion i ofyn am gopi.

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