



EXCLUSION CRITERIA

- Toxic appearance
- · Presenting with seizure

situation

- Underlying immunodeficiency Petechiae
- Chronic disease
- · Unreliable social
- Currently on antibiotics
- Immunizations with in 48 hrs

¹SOURCE OF FEVER

- Well defined viral illness (e.g., bronchiolitis, varicella, gingivostomatitis, herpangina, etc.)
- Specific bacterial illness (e.g., otitis media, etc.)
- Well defined bacterial infections (e.g., pneumonia, localized infection/cellulitis, etc.)

²UTI RISK FACTORS

Females:

- Age < 12 months
- Temperature ≥ 39.0C
- Fever ≥ 2 Days
- Absence of another source of infection

Males:

- Temperature ≥ 39.0C
- Fever > 24 hours
- · Absence of another source of infection

³Probability of UTI

Number of Risk Factors Present		Probability of UTI
Circumcised Male	Female	Frobability of OTI
≤2 risk factors	≤1 risk factor	<u><</u> 1%
≤3 risk factors	≤2 risk factors	<u><2</u> %

In uncircumcised male, probability exceeds 1% even with no risk factors

⁴ABNORMAL LAB TESTS

Abnormal UA:

- > 9 WBC hpf (high power field) or
- · +nitrites or
- LES ≥2+

Risk for bacteremia:

- WBC ≥20,000
- Absolute Neutrophil Count ≥10,000

⁵URINALYSIS WITH REFLEX TO CULTURE

Urinalysis will reflex to culture if:

- WBC>9 or
- · nitrite positive or
- LES≥2+ or

If considering UTI, ensure urine culture is sent from an acceptable specimen

⁶UTI TREATMENT

Inpatient therapy if:

- Ill appearing
- Persistent vomiting
- Unreliable family situation

Outpatient therapy:

- · Antibiotic options based on local pathogens and sensitivities
 - o Cephalexin 25mg/kg/dose TID x 10 days is drug of choice
 - o Alternative is 2nd generation cephalosporin, Cefprozil 15mg/kg/dose BID if there is concern with compliance with TID dosing
- Consider 1st dose of antibiotic (cephalexin) before discharge

*=LABS ARE OBTAINED IN UC, LABELED AS STAT & SENT TO ADMITTING HOSPITAL FOR RESULT

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