Concerning signs/symptoms
- Persistent fever
- Persistent vomiting and/or abdominal pain
- Persistent dysuria
- In patients with GU abnormalities or recurrent UTIs — persistence of presenting complaints typical of prior UTIs

Inclusion Criteria
- Child discharged with presumed UTI
- UCx pending

Urine Culture results

Unlikely UTI
- Negative
- Mixed flora
- < 50,000 cfu/mL from clean catch

Not on antibiotics
- No call needed

On antibiotics
- Call family with results
- Determine if concerning s/sx

Concerning s/sx
- Stop antibiotics
- “Though the preliminary test showed your child might have a UTI, the confirmatory culture is negative and your child does NOT have a UTI at this time.”

Possible UTI
- Abnormal UA and
- ≥ 10,000 cfu/mL from catheterization
- ≥ 50,000 cfu/mL from clean catch

Not on antibiotics
- No call needed

On antibiotics
- Review original s/sx
- Determine if concerning s/sx
- Discuss with provider on next steps

Concerning s/sx
- Continue abx and refer to PCP ASAP
- “The confirmatory culture is negative but your child is still symptomatic so your child needs to be re-evaluated by her/his doctor to make sure s/he is on the right therapy.”

Definite UTI
- Abnormal UA and
- ≥ 50,000 cfu/mL from catheterization
- ≥ 100,000 cfu/mL from clean catch

Review susceptibilities
- Determine if targeted therapy is needed

On correct abx based on susceptibilities
- Call family with results

On incorrect abx based on susceptibilities
- Call family with results
- Change abx
- “The urine culture grew a bacteria that is not treated by the antibiotic your child is currently receiving. We will change the antibiotic to one that treats this bacteria”

If symptoms are improving, consider remaining on original abx and contact PCP

Inclusion Criteria
- Child discharged with presumed UTI
- UCx pending

For questions concerning this pathway, contact: UTI@seattlechildrens.org
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