

PART A**Place patients details/
sticker here****SUSPECTED UTI**

Date of attendance

Best contact telephone number

Please complete the boxes in Part A when seeing a child with a suspected UTI

1) Age of the child

2) Has the child had two or more episodes of UTI

YES/NO*

3) Has the child had any previous imaging (check E CRIS)

.....
.....
.....

4) Are there any abdominal masses

YES/NO*

5) Is there any poor urine flow (as from the history)

YES/NO*

6) Is the child systemically well

YES/NO*

Please place this proforma in the UTI clinic folder with a copy ED notes**Ensure antibiotics have been prescribed****PART B****FO FOLLOW UP OF RESULTS (FILL IN BOXES)**

1) Negative culture

YES/NO*

2) Positive culture and type

| E Coli | Non E Coli |
|---------|------------|
| YES/NO* | YES/NO* |

*Delete as appropriate.....

PART C**FLOW CHART FOR REFERRALS FOR UTI'S WITH A POSITIVE CULTURE****IF ALL OF THE FOLLOWING**

Patient older than 6 months

AND

First episode of UTI

AND

Not Atypical UTI

No abdominal mass
Urine flow normal
E coli on urine culture
Responded to suitable antibiotics

No Follow up required

IF ANY OF THE FOLLOWING

Patient younger than 6 months

OR

Recurrent UTI

OR

Atypical UTI

Abdominal mass
Poor urine flow
Non E coli urine culture
Not responded to suitable antibiotics

Imaging to be arranged
Follow up required at paediatric outpatient clinic

PART D

This child has NO FOLLOW UP / HAS FOLLOW UP * arranged (delete as appropriate)

Signature Print Name Date.....

