UTI workshop for primary care – facilitator guide

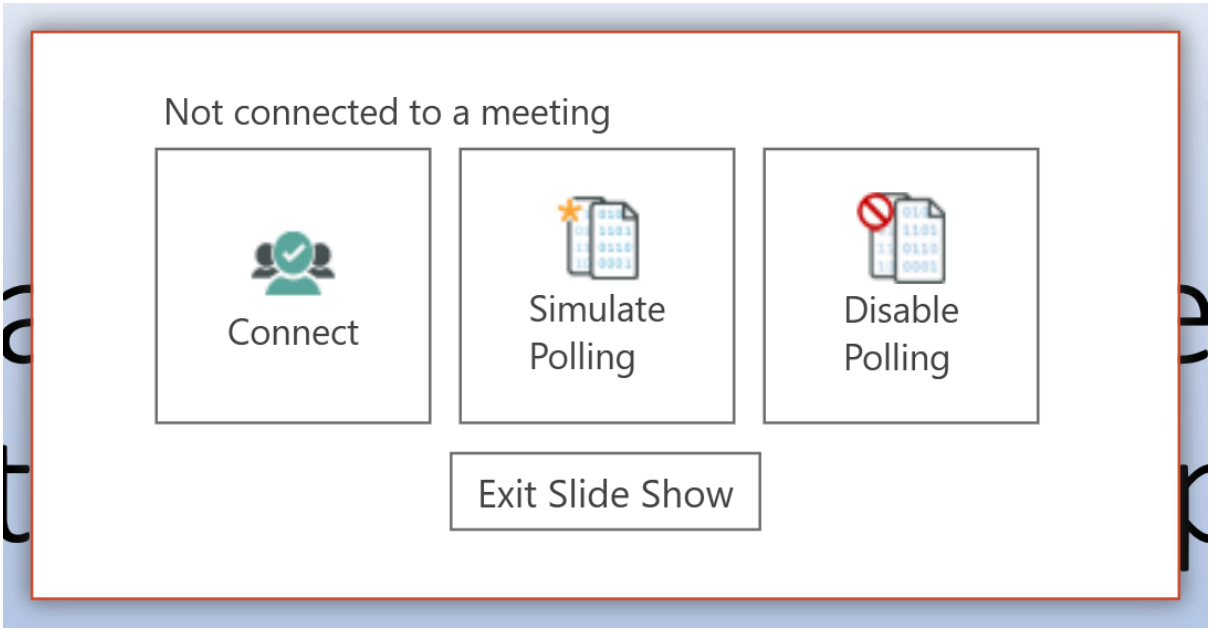
INSTRUCTIONS FOR INTERACTIVE VOTING

1) Download meetoo addin for powerpoint in order to enable interactive voting:

https://www.meetoo.com/resources/meetoo-powerpoint-add-ins/complete-powerpoint-add-in

2) Open powerpoint presentation and start slideshow

3) Click "connect"



4) When asked to log in use email Sanjay.patel@uhs.nhs.uk and password healthiertogether.

5) Enter meeting ID **194-518-924**

6) Get delegates to log into **web.meetoo.com** and enter Meeting ID **194-518-924**

7) Start the workshop.

If you are unable to download the meetoo addin for Powerpoint:

Alternative for interactive voting is for facilitator to log in to www.meetoo.com – username Sanjay.patel@uhs.nhs.uk password healthiertogether – choose **UTI workshop_primary care**, get

delegates to log in (see below) and start polling by clicking play button at top :

and then each question in turn (will need to toggle between Powerpoint sides and meetoo website to allow voting)

Delegates to log into **web.meetoo.com** and enter Meeting ID **194-518-924**

TEACHING POINTS DURING WORKSHOP

Case 1:

- Role of dipstick in a child over 3 years of age:
  - Nitrites highly sensitive (98%) in children ≥ 3 years of age (because urine needs to be held in the bladder for >4 hours for nitrates to be broken down to nitrites; 30-50% in children infants who generally urinate every 1–4 hours).
  - Leuk +ve makes a urinary tract infection likely; as an isolated finding, it is reasonably sensitive (83%), but low specificity
  - No need to send urine for culture in children ≥ 3 years of age with –ve dipstick (leuk and nitrities).
- Think of differential diagnosis in children with dipstick +- culture negative recurrent dysuria
  - Vulvovaginitis in girls and treadworms (pinworms) in girls and boys

Case 2:

- Choice of oral Ab for lower urinary tract infection – adult guidelines have moved to empirical nitrofurantoin due to increasing rates of trimethoprim resistance E Coli (>20% of isolates). Challenges in paeds are that nitrofurantoin suspension costs >£300 per bottle. Current guidance for lower urinary tract infections is trimethoprim and to send urine for culture.
- Dipstick positive urine should be sent for culture to establish sensitivities. If urine cannot be sent to the laboratory immediately (ie OOH GP setting), preservation in boric acid (red top) can allow delay of up to 48 hours
- Indications for imaging – recurrent UTIs indicate imaging in a child of this age
- Consider factors contributing to recurrent UTIs – this child has a Hx of constipation

Case 3:

- Child under 3 months with fever should be referred to hospital urgently.
- Risk of bacteraemia (5-10% in young infants)
- Risk of meningitis 1-2% (esp if under 1 months of age)
- Need to treat with IVAbs initially

Case 4:

- Not all children with pyelonephritis require IVAbs – if not vomiting and haemodynamically stable, can manage with oral Abs
- Choice of oral Ab needs to take into account current rates of trimethoprim resistant E Coli – should empirically start cefalexin. Nitrofurantoin does not penetrate the kidney well – ideally should not use to treat an upper renal UTI
- Send urine for culture and rationalise Abs if possible (and check that not a highly resistant gram –ve organism
- Provide all families/young people with safety netting sheet (show SMS share and translation function)

Handouts for delegates

Please print out copies of the UTI pathway and UTI safety netting sheet to give out at the end of the session