

## PEDIATRICS

### Not all babies with a UTI need to be hospitalized

A Canadian study has shown that treating febrile urinary tract infection (UTI) in infants aged between 1 and 3 months on an outpatient basis is feasible.

In 2005, a new management policy was implemented at a tertiary care pediatric center in Montreal. Just over half of the 118 children presenting for emergency care of presumed febrile UTI until September 2007 were eligible for treatment in a day center ( $n=67$ ). Factors that indicated a need for hospitalization, and thus excluding children from outpatient treatment, included signs of dehydration or toxicity, abnormalities of renal function or cerebrospinal fluid, and potential problems with parental compliance.

Following administration of single doses of intravenous gentamicin and ampicillin in the emergency department, infants eligible for outpatient management were discharged with instructions for oral amoxicillin to be taken until their first visit to the day treatment clinic. This

first visit was scheduled for the following day, with subsequent daily visits until completion of the intravenous course of medication (average duration 2.7 days).

“The success of outpatient management depends upon parental compliance...”

Retrospective chart review revealed that almost 90% of patients were referred to the appropriate management setting. Inappropriate referrals tended to involve the youngest infants, and might reflect physician concern about the increased likelihood of bacteremia in this age group. Successful outcomes were achieved for more than 86% of patients treated in the day center. Seven infants were hospitalized (owing to the discovery of bacteremia in five cases). The success rate was slightly, but not significantly, lower in those aged <2 months.

Hospitalizing all young children suspected of having a febrile UTI is standard practice in many institutions. Reducing the number of hospital admissions has the obvious advantage of lowering costs—both to hospitals and parents—and might also minimize the risk of nosocomial infections. The success of outpatient management depends upon parental compliance, which was remarkably high (>98%) in the current study. As well as ensuring attendance at the outpatient clinic, parents must bear the burden of monitoring their child's temperature at home and administering oral antibiotics.

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