



PROCESSING URINE SAMPLES CHILDREN ONLY (UNDER AGE OF 16)

Date Stamp/Initial

All children under 5 years old will need a phone appointment

Please complete form to leave with the child's urine sample.

- 1) Name of Child:
- 2) Date of birth: / /
- 3) Address:
- 4) Contact phone number:
- 5) Name of person completing form and relationship to child (IF NOT THE PATIENT)
Name: Relationship:
- 6) Are you providing the sample as you think you/the child has an infection? ☐ Yes ☐ No
a. If 'No' why are you leaving sample?
- 7) Is the sample from a urinary catheter? ☐ Yes ☐ No
- 8) Is the child pregnant? ☐ Yes ☐ No ☐ Not Applicable
- 9) Have you/the child had a urine infection within the past 6 months? ☐ Yes ☐ No
a. If yes, what antibiotic was prescribed: ☐ Do not know
- 10) What is the patient's **a) Temperature:**°C, and **b) Weight:** kg
- 11) What symptoms do you/the patient have (please tick all that apply)?:
 - a. Visible blood in the urine (and not currently menstruating) ☐
 - b. Pain on passing urine ☐
 - c. Raised temperature/Feeling hot and sweaty ☐
 - d. Pain in lower abdomen ☐
 - e. Pain in back ☐
 - f. Need to pass urine more frequently or urgently? ☐
 - g. Constipation? ☐
 - h. New onset urinary incontinence? ☐
- 12) Which chemist would you like any prescription sent to?
- 13) Are you/the patient allergic to any antibiotics? ☐ Yes ☐ No
a. If yes, please list:
- 14) Signed: Date: / /
(Patient/Representative)

IMPORTANT: MAKE AN APPOINTMENT IF THE SYMPTOMS CONTINUE OR GET WORSE

FOR ADMIN USE ONLY

[ALL CHILDREN UNDER 5 REQUIRE AN APPOINTMENT]:

For Children Under Age of 3 Months

- DIPTTEST SAMPLE, AND SEND SAMPLE FOR CULTURE IF PROVIDED
- **REFER AS EMERGENCY TO PAEDIATRICIAN**

For Children Over Age of 3 months with Suspected Pyelonephritis

- SIGNS OF PYELONEPHRITIS:
 - Fever > 38°C, and/or Loin Pain or Tenderness
- DIPTTEST URINE
- SEND SAMPLE FOR CULTURE
- CONSIDER REFERRAL TO PAEDIATRICS IF RISK OF SERIOUS ILLNESS, or
- Treat with:
 - Cefalexin for 7 to 10 days
- If culture results available and susceptible:
 - Co-amoxiclav for 7 to 10 days

For Children Over Age of 3 months with Suspected Lower Urinary Tract Infection

- SEND SAMPLE FOR CULTURE
- CONSIDER REFERRAL TO PAEDIATRICS IF RISK OF SERIOUS ILLNESS
- DIPTTEST URINE and if positive for infection (prescribe **3 day course**)
 - **CKS:** Trimethoprim, or Nitrofurantoin (if eGFR ≥45ml/minute)
 - **LMSG:** Cefalexin or Nitrofurantoin (if eGFR ≥45ml/minute)
- If already had trimethoprim/nitrofurantoin, consider (prescribe **3 day course**):
 - Amoxicillin or Cefalexin.

Antibiotics	3 to 11 months		1 to 4 years	5 to 11 years	12 to 15 years
Cefalexin	125mg bd		125mg tds	250mg tds	500mg bd or tds
Co-amoxiclav	0.25/kg 125/31 tds		125/31 5mls tds	250/62 5mls tds	240/125 or 500/125 tds
Nitrofurantoin	750mcg/kg QDS				100mg M/R BD
Amoxicillin	125 tds		250mg tds	500mg tds	
	4 to 5 wks	6 wks to 5 mnth	6 mnth to 5 yrs	6 to 11 yrs	12 to 17 yrs
Trimethoprim	4mg/kg bd	25mg bd	50mg bd	100mg bd	200mg bd

OUTCOME OF ASSESSMENT:

URINE DIPTTESTED? ☐Yes ☐No
If yes: Does Urine Diptest support infection? ☐Yes ☐No
URINE SAMPLE SENT FOR CULTURE? ☐Yes ☐No
PRESCRIPTION RAISED? ☐Yes ☐No ☐Passed to Duty Doctor

Signed by PN/HCA/Pharmacist: Date: / /

ACTION TO BE TAKEN BY RECEPTION:

Advise patient to collect script ☐
Advise patient no evidence of urine infection ☐
Advise patient to make appointment ☐today, in ☐..... days, or in ☐..... weeks ☐
Advise patient to wait for the result from the laboratory ☐

Signed by GP: Date: / /

Signed after action by reception: Date: / /

[Created 16/7/2020, Reviewed 4/8/2020]