Objectives

• National Group
• Preparation & Project Plan
• Module content
• The next steps
National Paediatric Steering Group

• Multi disciplinary group – set up in 2018
• Stewardship and antibiotic use in paediatrics
• UTI management raised as area of concern
  – Resistance rates rising around trimethoprim
• Educational resource needed to provide some consistency around management of UTIs
• Existing packages – ScRAP
• Early 2019 – secondment opportunity
Where do you start????

- Phoned Anne!
- Project Plan for next 6 months
- Literature Search – UK, Europe, Global
- Current Guidelines –
  - NICE – UTI in Children 2017
  - PHE – Diagnosis and Flow chart 2018
  - American
  - European
  - Various local protocols
What currently happens?

• Interviews from various health boards—GPs, ANPs from practice & OOHs
  – How are children with UTI symptoms managed?
  – Does that change depending on where they present?

• Process map
  – to identify all the steps and decisions of an existing process in diagrammatic form, which helps identify improvement opportunities so that they can improve efficiency within an organisation
Process map – OOHs

Parent/Carer presents or phones OOH/MIU with query UTI

Patient assessed by ANP if > 5 years

Clinical assessment of presenting symptoms

First episode

Urinalysis being carried out if just fever present and no other symptoms (Fife). Not necessary to carry out urinalysis on patients with no UTI symptoms

Urinalysis performed by ANP on a clean urine sample

Recurrent/persistent – should have urine sample sent for culture

Positive urinalysis

Watch and wait. If symptoms persist or patient deteriorates send for culture

Culture results will be assessed by patients GP and if still symptomatic prescription issued

YES

Antibiotic Prescription issued as per guidance

If not able to get clean sample then kit sent home with patient. If patient not symptomatic then do they need urinalysis?

NO

If negative – lifestyle advice offered around hydration, double voiding etc. If still symptomatic further investigation required from specialist centre e.g. scanning for structural defects (<5 years)
Improving the Management of Uncomplicated UTI in Paediatrics

Facilitated Learning Session
The Module (2 parts) – incl facilitator notes

Part 1
• David 3 year old presents to GP
• Urinalysis vs culture (inc interpretation)
• Treatment options
• Recurrent vs persistent
• Antibiotic Prophylaxis

Part 2
Alternative therapies
• Self management
• Hydration
  – National Hydration Campaign
Which antibiotic???

Empirical Treatment (1st episode / nil in last 12 months):
- Trimethoprim* 3 days
- Nitrofurantoin* 3 days
- Or as per local boards guidance

Further treatment options (1st episode):
- Cefalexin* 3 days
- Second line choices depend on local resistance data and guidance

Recurrent episode (between 2 weeks and 3 months):
- Send sample and await results before prescribing if possible. Past sensitivities may be useful in guiding treatment

• Subject to board variation
Pilot

- Approx 20 GPs across NHS Tayside (spread across localities)
- Worked through module – feedback

  - Overall good module
  - Good level of content
  - Useful to have case to work through
  - Consider diagnosis of Balanitis
  - Who would provide teaching?
The next steps...

• Link with NES
• Module rolled out as a national resource
• National group working towards national policy
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Thank You

Any Questions?