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Risk Factors for Delayed Antimicrobial Treatment in Febrile Children with Urinary Tract Infections

Stephanie W. Hum, BS, Nader Shaikh, MD, MPH

PlumX Metrics

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Abstract Full Text Images References

Objectives

To identify factors associated with delayed antimicrobial treatment in febrile children with urinary tract infection (UTI).

Study design

We reviewed data from 802 children with UTI enrolled in 2 previously conducted prospective studies (Randomized Intervention for Children with Vesicoureteral Reflux and Careful Urinary Tract Infection Evaluation) and extracted data on possible predictors of delayed treatment including age, sex, history of UTI, ethnicity, race, primary caregiver's education level, insurance, and income. We used univariate and multivariable analyses to investigate the relationship between these predictors and treatment delay.

Results

We included 660 febrile patients with a mean age of 17.0 months old. Older age and commercial insurance were associated with delayed treatment on univariate analysis. Compared with younger children, treatment was delayed by an average of 26.2 hours in children ≥12 months of age. This relationship remained significant on multivariable analysis. Treatment also was delayed by an average of 12.6 hours in patients with commercial insurance. Race, ethnicity, primary caregiver's education level, and income were not associated with delayed treatment.

Conclusions

Older age was a consistent predictor of delayed antimicrobial treatment. Delays in the initiation of antimicrobial therapy for UTI has previously been associated with renal scarring. Educating parents with older children regarding the management of fever as well as providers regarding prompt evaluation and management may help to reduce renal scarring.

Keywords:

UTI, urinary tract infection

Abbreviations:

CUTIE (Careful Urinary Tract Infection Evaluation), RIVUR (Randomized Intervention for Children with Vesicoureteral Reflux), UTI (Urinary tract infection)

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