<table>
<thead>
<tr>
<th><strong>Empfehlungen</strong> A, B, C, D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recurrent cystitis</strong> not addressed in this guideline</td>
</tr>
</tbody>
</table>

**1. Welche Untersuchungen sind zur**

- **In the last 4 weeks of pregnancy.**
- Be offered continuous or post-coital prophylaxis for urinary tract infections and usingpermicide.
- **In 12 months.**

**2. Should undergo cystoscopy and imaging of the**

- Growth of bacteria as identified from **Escherichia coli**
- Sensitivity should be performed with the first antibiotic-

**3. Consider**

- Children under 2 years or those who may require catheterization.
- Necessary in the following cases:
  - In patients older than 2 years with infections.
- **Catheter is placed (A-III).**
- **Routine post-treatment urinalysis** for UTIs.
- **Susceptibility to UTI and risk of**

**4. Limiting unnecessary catheterization**

- **Cotrimoxazole is not suitable for**

**5. After improvement, the patient**

- **Diagnos tic procedures** and/or the evaluation of the upper urinary tract.
- **Computed tomography (CT).**
- **Excretory ultrasound of**

**6. Ins titutions should require a physician's**

- **Recommendation as to whether condom**
- **Catheterization is preferable to short-term**

**7. Children under 2 years or those who may**

- **Experience adverse reactions**
- **Should be contributing to the problem.**

**8. Institutions should require a physician's**

- **Choice of containment**
- **Offer drug treatment only to men**

**9. Refer men for specialist assessment**

- Their prostatic feel abnormal on palpation.
- **Their prostate feels abnormal on**

**10. Consideration if the patient remains**

- **Over 65 years of age.**
- **Children under 2 years or those who**

**11. Children under 2 years or those who**

- **Experience adverse reactions**
- **Should be contributing to the problem.**

**12. Offer drug treatment only to men**

- Their prostatic feel abnormal on palpation.

Evidence quality:
A. Well designed RCTs or diagnostic studies on relevant population
B. RCTs or diagnostic studies with minor limitations; overwhelmingly consistent evidence from observational studies
C. Observational studies (case-control and cohort design)
D. Expert opinion, case reports, reasoning from first principles
X. Exceptional situations where validating studies cannot be performed and there is a clear preponderance of benefit or harm

Strength of recommendation:
- strong recommendation
- recommendation
- option

Zielgruppe: Febrile Infants and Children 2 to 24 Months

If a clinician assesses a febrile infant with no apparent source for the fever as not being so ill as to require immediate antimicrobial therapy, then the clinician should reassess the likelihood of UTI (see below for how to assess likelihood).

To establish the diagnosis of UTI, clinicians should require both urinalysis results that suggest infection (pyuria and/or bacteriuria) and the presence of at least 50,000 colony-forming units (CFUs) per mL of a uropathogen cultured from a urine specimen obtained through catheterization or SPA (evidence quality: C; recommendation).

Febrile infants with UTIs should undergo renal and bladder ultrasonography (RBUS) (evidence quality: C; recommendation).

If a clinician decides that a febrile infant with no apparent source for the fever requires antimicrobial therapy to be administered because of ill appearance or another pressing reason, the clinician should ensure that a urine specimen is obtained for both culture and urinalysis before an antimicrobial agent is administered; the specimen needs to be obtained through catheterization or SPA, because the diagnosis of UTI cannot be established reliably through culture of urine collected in a bag (evidence quality: A; strong recommendation).

If the clinician determines that the febrile infant is not in a low-risk group (see below), then there are 2 choices (evidence quality: A; strong recommendation). Option 1 is to obtain a urine specimen through catheterization or SPA for culture and...