## Renal Imaging for UTI/Pyelonephritis **RBUS** indications <u>≤</u> 24 months of age with febrile UTI Algorithms: • Diagnosing UTI/Pyelo UTI due to atypical organism (not E.coli, Klebsiella spp, or Enterococcus Outpt / Inpt management QR code for mobile Does pt. • Recurrent (more than 1) febrile UTI access Continue UTI management meet indications for Male with febrile UTI Antibiogram link **RBUS?** Concern for renal abscess (No clinical improvement after 48 hours of antibiotic to which the organism Yes is susceptible) Repeat RBUS in 1 to 6 months If abnormaliites persist on repeat **Obtain RBUS:** RBUS, refer to Urology Within 1 month after antibiotic course is complete (if pt is discharged prior to RBUS UTD P1 communicate need for RBUS with PCP) Repeat RBUS in 1 to 3 months Does the RBUS Are the RBUS índicate UTD P1, UTD P2, UTD P3े OR schedule outpt VCUG -UTD P2--▶ Refer to Urology as needed for results normal? or kidney size discrepancy (≥ 1cm)? imaging recommendations Yes UTD P3 or kidney size discrepancy No further Has the pt had > imaging needed febrile UTI? Schedule outpt VCUG Are the VCUG Discuss with urology if prophylactic Clinic referral to Urology for antibiotics are indicated until VCUG is results normal? grade I-V vesicoureteral reflux Yes performed Consider outpt Acronyms: Yes VCUG **OR** refer to VCUG: voiding cystourethrography Urology RBUS: renal bladder ultrasound Antibiotic prophylaxis is not UTD P: urinary tract dilation postnatal routinely recommended

Urology referral is not necessary