

Do not request urine culture in febrile children older than 2 months with respiratory tract infection

The likelihood of simultaneous respiratory and urinary tract infections in healthy pediatric patients beyond the neonatal period is notably low.

What is known about urine tests:

- False-positive outcomes in urine tests frequently stem from asymptomatic bacteriuria and urine sample contamination, potentially resulting in unnecessary antibiotic administration. This thereby imposes an additional burden for both patients and caregivers.
- Current guidelines discourage antibiotic prescription for asymptomatic bacteriuria in children, further advising against urine culture when the risk of false-positive results is substantial.
- Clinical judgment is warranted when requesting urine culture for children with risk factors for urinary tract infection or toxic appearance.

How to talk with patients and parents about urine tests:

- We know the source of the fever and, as professionals, we feel safe and confident about the diagnosis.
- Every test has a risk of error, meaning we could detect an infection that doesn't exist and impose unnecessary antibiotic treatment on the child, with all the side effects that this would entail.
- We are open to reassessing the child in case the parents still have a doubt about the diagnosis in the following days.

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There are no Choosing Wisely recommendations about this topic. Two national guidelines outside of the CW-group endorse this recommendation:

- <https://www.nice.org.uk/guidance/ng224/chapter/Recommendations>
- <https://www.legeforeningen.no/kloke-valg/til-helsepersonell/legeforeningens-anbefalinger/norsk-barnelegeforening/unnga-a-ta-urinprove-av-barn-2-mnd-med/>

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