

Urinary tract infection in children and young people

Quality standard

Published: 16 July 2013

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This standard is based on CG54.

This standard should be read in conjunction with QS15, QS90, QS64, QS70, QS75 and QS112.

Introduction

This quality standard covers the care of infants, children and young people under 16 years with a first or recurrent upper or lower urinary tract infection and without known underlying uropathy. For more information see the [topic overview](#).

Why this quality standard is needed

Urinary tract infection is a common bacterial infection in infants, children and young people. A urinary tract infection is defined by a combination of clinical features and the presence of bacteria in the urine. Around 1 in 10 girls and 1 in 30 boys will have had a urinary tract infection by the age of 16 years.

Making the diagnosis can be difficult because the presenting symptoms or signs (fever, irritability and vomiting) are non-specific and are commonly seen in many childhood viral illnesses, particularly in younger children. A severe infection can make a child extremely unwell and sometimes have serious consequences; even minor infections can be distressing. Repeated episodes of acute urinary tract infection are distressing to infants, children and young people, and their parents or carers.

Although most infants, children and young people recover promptly from a urinary tract infection and have no long-term complications, there is a small subgroup at risk of significant morbidity.

Prompt and accurate diagnosis of urinary tract infection is essential, and it is important to recognise and treat recurrent infection.

How this quality standard supports delivery of outcome frameworks

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality

standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcomes framework published by the Department of Health:

- [NHS Outcomes Framework 2013/14](#)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Part 1](#) and [Part 1A](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2013/14](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p>Overarching indicator</p> <p>1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</p> <p>ii Children and young people</p> <p>Improvement areas</p> <p>Reducing deaths in babies and young children</p> <p>1.6 i Infant mortality*</p>
4 Ensuring that people have a positive experience of care	<p>Overarching indicator</p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>ii GP Out of hours services</p> <p>4b Patient experience of hospital care</p> <p>Improvement areas</p> <p>Improving children and young people's experience of healthcare</p> <p>4.8 An indicator is under development</p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with Public Health Outcomes Framework (PHOF).</p>	

Table 2 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicator
4 Healthcare public health and preventing premature mortality	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p>Indicator</p> <p>4.1 Infant mortality*</p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with NHS Outcomes Framework</p>	

Coordinated services

The quality standard for urinary tract infection in infants, children and young people under 16 specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole urinary tract infection care pathway for this population. A person-centred, integrated approach to provision of services is fundamental to delivering high-quality care to infants, children and young people with a urinary tract infection.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for infants, children and young people with a urinary tract infection are listed in [Related quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare practitioners involved in assessing, caring for and treating infants, children and young people with a urinary tract infection should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

List of quality statements

Statement 1. Infants, children and young people presenting with unexplained fever of 38°C or higher have a urine sample tested within 24 hours.

Statement 2. Infants, children and young people with a urinary tract infection have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Statement 3. Infants, children and young people with a urinary tract infection caused by coliform bacteria have results of microbiology laboratory testing differentiated by *Escherichia coli* (*E. coli*) or non-*E. coli* organisms.

Statement 4. Children and young people who have had a urinary tract infection are given information about how to recognise re-infection and to seek medical advice straight away.

Quality statement 1: Presentation with unexplained fever of 38°C or higher

Quality statement

Infants, children and young people presenting with unexplained fever of 38°C or higher have a urine sample tested within 24 hours.

Rationale

It is important that a urinary tract infection is considered as a cause of feverish illness in infants, children and young people. When an infant, child or young person (under 16 years) presents to a healthcare practitioner with a temperature of 38°C or higher, and there is no obvious source of the infection, a urine sample should be tested within 24 hours to ensure prompt diagnosis and antibiotic treatment if appropriate.

Quality measures

Structure

Evidence of local arrangements to ensure that infants, children and young people (under 16 years) who present with unexplained fever of 38°C or higher have a urine sample tested within 24 hours.

*Data source:*Local data collection.

Process

Proportion of infants, children and young people who present with unexplained fever of 38°C or higher who have a urine sample tested within 24 hours.

Numerator – the number of people in the denominator who have a urine sample tested within 24 hours.

Denominator – the number of infants, children and young people (under 16 years) presenting with unexplained fever of 38°C or higher.

*Data source:*Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place for infants, children and young people presenting with unexplained fever of 38°C or higher to have a urine sample tested within 24 hours.

Healthcare practitioners ensure that infants, children and young people presenting with unexplained fever of 38°C or higher have a urine sample tested within 24 hours.

Commissioners ensure that they commission services for infants, children and young people presenting with unexplained fever of 38°C or higher that carry out testing of urine samples within 24 hours.

What the quality statement means for patients and carers

Infants, children and young people under 16 with a temperature of 38°C or higher and no obvious infection have a urine sample tested within 24 hours of seeing a healthcare professional.

Source guidance

- Urinary tract infection in children (NICE clinical guideline 54), [recommendations 1.1.1.1](#) and [1.1.5.1](#) (key priorities for implementation).

Definitions of terms used in this quality statement

Although all infants, children and young people with symptoms and signs suggesting urinary tract infection should have a urine sample tested for infection, this statement relates specifically to those presenting with unexplained fever of 38°C or higher.

A urinary tract infection may be the cause of fever if there is no obvious source of infection and there is no alternative diagnosis.

[NICE clinical guideline 54](#) recommends urine-testing strategies according to 3 separate age groups (see [Supplementary information](#)). The urine-testing strategies are grouped as follows:

- infants younger than 3 months (table 2)
- infants and children 3 months or older but younger than 3 years (table 3)

- children 3 years or older (table 4).

Assess the risk of serious illness in line with [Feverish illness in children](#) (NICE clinical guideline 160) to ensure appropriate urine tests and interpretation, both of which depend on the child's age and risk of serious illness.

Quality statement 2: History and examination – recording of risk factors

Quality statement

Infants, children and young people with a urinary tract infection have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Rationale

Presenting symptoms, findings on examination, results of urine testing and knowledge of risk factors are all important when a diagnosis of urinary tract infection is being considered. Recording of risk factors is a cumulative process as part of the history and examination of an infant, child or young person with a urinary tract infection. Recording of risk factors is also important in order to identify whether onward referral and further investigations will be needed.

Quality measures

Structure

Evidence of local arrangements to ensure that infants, children and young people (under 16 years) with a urinary tract infection have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Data source: Local data collection.

Process

Proportion of infants, children and young people with a urinary tract infection who have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Numerator – the number of people in the denominator who have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Denominator – the number of infants, children and young people (under 16 years) with a urinary tract infection.

Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place for infants, children and young people with a urinary tract infection to have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Healthcare practitioners ensure that infants, children and young people with a urinary tract infection have risk factors for urinary tract infection and serious underlying pathology recorded as part of their history and examination.

Commissioners ensure that they commission services for infants, children and young people with a urinary tract infection where risk factors for urinary tract infection and serious underlying pathology are recorded as part of their history and examination.

What the quality statement means for patients and carers

Infants, children and young people under 16 with a urinary tract infection have any factors that may put them at risk of urinary tract infection and of more serious underlying conditions recorded in their patient notes.

Source guidance

- Urinary tract infection in children (NICE clinical guideline 54), [recommendation 1.1.7.1](#) (key priority for implementation).

Definitions of terms used in this quality statement

[NICE clinical guideline 54](#) recommends that the following risk factors for a urinary tract infection (UTI) and serious underlying pathology should be recorded as part of history and examination on confirmed UTI:

- poor urine flow
- history suggesting previous UTI or confirmed previous UTI
- recurrent fever of uncertain origin
- antenatally-diagnosed renal abnormality

- family history of vesicoureteric reflux (VUR) or renal disease
- constipation
- dysfunctional voiding
- enlarged bladder
- abdominal mass
- evidence of spinal lesion
- poor growth
- high blood pressure.

Quality statement 3: Laboratory reporting – differentiation of *E. coli* and non-*E. coli* organisms

Quality statement

Infants, children and young people with a urinary tract infection caused by coliform bacteria have results of microbiology laboratory testing differentiated by *Escherichia coli* (*E. coli*) or non-*E. coli* organisms.

Rationale

Most urine infections are caused by *E. coli* bacteria, which belong to a group of bacteria called coliforms.

If a urinary tract infection is caused by a non-*E. coli* coliform or any other type of bacteria, there is an increased risk of serious underlying pathology. NICE guidance recommends that infants, children and young people (under 16 years) with atypical urinary tract infection (which includes infection with non-*E. coli* organisms) should have ultrasound of the urinary tract during the acute infection. It is therefore important that laboratory test reports differentiate between *E. coli* and non-*E. coli* organisms to identify whether further investigations are needed.

Quality measures

Structure

Evidence of local arrangements to ensure that microbiology laboratories detecting coliform bacteria as a cause of a urinary tract infection report results differentiated by *E. coli* or non-*E. coli* organisms.

Data source: Local data collection.

Process

Proportion of infants, children and young people with a urinary tract infection caused by coliform bacteria who have results of microbiology laboratory testing differentiated by *E. coli* or non-*E. coli* organisms.

Numerator – the number of people in the denominator who have results of microbiology laboratory testing differentiated by *E. coli* or non-*E. coli* organisms.

Denominator – the number of infants, children and young people (under 16 years) with a urinary tract infection caused by coliform bacteria.

Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place for infants, children and young people with a urinary tract infection caused by coliform bacteria to have results of microbiology laboratory testing differentiated by *E. coli* or non-*E. coli* organisms.

Healthcare practitioners ensure that infants, children and young people with a urinary tract infection caused by coliform bacteria have results of microbiology laboratory testing differentiated by *E. coli* or non-*E. coli* organisms.

Commissioners ensure that they commission services for infants, children and young people with a urinary tract infection caused by coliform bacteria that report results of microbiology laboratory testing differentiated by *E. coli* or non-*E. coli* organisms.

What the quality statement means for patients and carers

Infants, children and young people under 16 with a urinary tract infection caused by coliform bacteria (a type of bacteria that usually live in the digestive system) have laboratory test results that show whether these bacteria were *E. coli* or not, to identify whether further investigations are needed.

Source guidance

- Derived from definitions of atypical urinary tract infection as outlined in [NICE clinical guideline 54](#).

Definitions of terms used in this quality statement

NICE clinical guideline 54 specifies atypical causes of urinary tract infection, and includes non-*E. coli* organisms as an atypical cause in infants, children and young people.

Quality statement 4: Information about recognising re-infection

Quality statement

Children and young people who have had a urinary tract infection are given information about how to recognise re-infection and to seek medical advice straight away.

Rationale

Some children and young people will experience a recurrence of urinary tract infection, and it is important that such infections are recognised and treated quickly to reduce the risk of complications.

Children and young people (and parents and carers) should be aware of the importance of seeking medical advice straight away if they think there is another urinary tract infection.

Quality measure

Structure

Evidence of local arrangements to ensure that children and young people (under 16 years) who have had a urinary tract infection are given information about how to recognise re-infection and to seek medical advice straight away.

*Data source:*Local data collection

Process

Proportion of children and young people who have had a urinary tract infection who receive information about how to recognise re-infection and to seek medical advice straight away.

Numerator – the number of people in the denominator who receive information about how to recognise re-infection and to seek medical advice straight away.

Denominator– the number of children and young people (under 16 years) who have had a urinary tract infection.

*Data source:*Local data collection.

Outcome

Patient satisfaction with information received about how to recognise re-infection and to seek medical advice straight away.

Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners and commissioners

Service providers ensure that systems are in place to give children and young people who have had a urinary tract infection information about how to recognise re-infection and to seek medical advice straight away.

Healthcare practitioners give information to children and young people who have had a urinary tract infection, and/or their parents or carers, about how to recognise re-infection and to seek medical advice straight away.

Commissioners ensure that they commission services in which children and young people who have had a urinary tract infection, and/or their parents or carers, are given information about how to recognise re-infection and to seek medical advice straight away.

What the quality statement means for patients and carers

Children and young people under 16 who have had a urinary tract infection, and/or their parents or carers, are given information about how to recognise if they have another infection and to seek medical advice straight away.

Source guidance

- Urinary tract infection in children (NICE clinical guideline 54), [recommendation 1.6.1.2](#).

Definitions of terms used in this quality statement

The healthcare practitioner (for example, a GP or hospital paediatrician) should give children and young people who have had a confirmed urinary tract infection, and/or their parents or carers, information and advice about possible re-infection and the importance of seeking medical advice straight away if there are signs of another urinary tract infection.

Equality and diversity considerations

Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English.

Children and young people with a suspected or confirmed urinary tract infection, or their parents or carers, should have access to an interpreter or advocate if needed.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve structures, processes and outcomes of care in areas identified as requiring quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care practitioners, patients, service users and carers alongside the documents listed in [Development sources](#).

Information for commissioners

NICE has produced [support for commissioning](#) that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced [information for the public](#) about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare practitioners and children and young people with a urinary tract infection, and/or their parents or carers, is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with a urinary tract infection, and/or their parents or carers, should have access to an interpreter or advocate if needed.

Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the [quality standards process guide](#) on the NICE website.

Evidence sources

The document below contains recommendations from NICE guidance that was used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Urinary tract infection in children](#). NICE clinical guideline 54 (2007).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2007) [Continence exemplar](#)
- Department of Health (2004) [National service framework for children, young people and maternity services](#)

Related NICE quality standards

Published

- [Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Feverish illness in childhood.
- Nocturnal enuresis.

Supplementary information: testing strategies

The following information is taken from [Urinary tract infection in children \(NICE clinical guideline 54\)](#), recommendation 1.1.5.1.

The urine-testing strategies shown in tables 2–5 are recommended^[1].

As with all diagnostic tests there will be a small number of false negative results; therefore clinicians should use clinical criteria for their decisions in cases where urine testing does not support the findings.

Table 2 Urine-testing strategy for infants younger than 3 months

All infants younger than 3 months with suspected UTI (see [table 1 in the NICE guideline](#)) should be referred to paediatric specialist care and a urine sample should be sent for urgent microscopy and culture. These infants should be managed in accordance with the recommendations for this age group in [Feverish illness in children](#) (NICE clinical guideline 160).

Table 3 Urine-testing strategies for infants and children 3 months or older but younger than 3 years

Urgent microscopy and culture is the preferred method for diagnosing UTI in this age group; this should be used where possible.

If the infant or child has specific urinary symptoms	Urgent microscopy and culture should be arranged and antibiotic treatment should be started. When urgent microscopy is not available, a urine sample should be sent for microscopy and culture, and antibiotic treatment should be started.
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<p>If the symptoms are non-specific to UTI</p>	<ul style="list-style-type: none"> • For an infant or child with a high risk of serious illness: the infant or child should be urgently referred to a paediatric specialist where a urine sample should be sent for urgent microscopy and culture. Such infants and children should be managed in line with Feverish illness in children (NICE clinical guideline 160). • For an infant or child with an intermediate risk of serious illness: if the situation demands, the infant or child may be referred urgently to a paediatric specialist. For infants and children who do not require paediatric specialist referral, urgent microscopy and culture should be arranged. Antibiotic treatment should be started if microscopy is positive (see table 5). When urgent microscopy is not available, dipstick testing may act as a substitute. The presence of nitrites suggests the possibility of infection and antibiotic treatment should be started (see table 4). In all cases, a urine sample should be sent for microscopy and culture. • For an infant or child with a low risk of serious illness: microscopy and culture should be arranged. Antibiotic treatment should only be started if microscopy or culture is positive.
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Table 4 Urine-testing strategies for children 3 years or older

<p>Dipstick testing for leukocyte esterase and nitrite is diagnostically as useful as microscopy and culture, and can safely be used.</p>	
<p>If both leukocyte esterase and nitrite are positive</p>	<p>The child should be regarded as having UTI and antibiotic treatment should be started. If a child has a high or intermediate risk of serious illness and/or a past history of previous UTI, a urine sample should be sent for culture.</p>
<p>If leukocyte esterase is negative and nitrite is positive</p>	<p>Antibiotic treatment should be started if the urine test was carried out on a fresh sample of urine. A urine sample should be sent for culture. Subsequent management will depend upon the result of urine culture.</p>

If leukocyte esterase is positive and nitrite is negative	A urine sample should be sent for microscopy and culture. Antibiotic treatment for UTI should not be started unless there is good clinical evidence of UTI (for example, obvious urinary symptoms). Leukocyte esterase may be indicative of an infection outside the urinary tract which may need to be managed differently.
If both leukocyte esterase and nitrite are negative	The child should not be regarded as having UTI. Antibiotic treatment for UTI should not be started, and a urine sample should not be sent for culture. Other causes of illness should be explored.

Table 5 Guidance on the interpretation of microscopy results

Microscopy results	Pyuria positive	Pyuria negative
Bacteriuria positive	The infant or child should be regarded as having UTI	The infant or child should be regarded as having UTI
Bacteriuria negative	Antibiotic treatment should be started if clinically UTI	The infant or child should be regarded as not having UTI

^[1] Assess the risk of serious illness in line with [Feverish illness in children](#) (NICE clinical guideline 160) to ensure appropriate urine tests and interpretation, both of which depend on the child's age and risk of serious illness.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. For further information about the standing members of this committee see the [NICE website](#). The following specialist members joined the committee to develop this quality standard:

Dr Lyda Jadresic

Consultant Paediatrician, Gloucestershire Royal Hospital

Dr James Larcombe

General Practitioner, Sedgefield

Dr Kjell Tullus

Consultant Paediatric Nephrologist, Great Ormond Street Hospital, London

Dr Sue Vernon

Nurse consultant, Royal Victoria Infirmary, Newcastle

NICE project team

Dr Dylan Jones

Associate Director

Ms Rachel Neary

Programme Manager

Ms Sabina Khan

Lead Technical Analyst

Mr Terence Lacey

Lead Technical Adviser

Ms Esther Clifford

Project Manager

Mr Lee Berry
Coordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the [NICE pathway for urinary tract infection in children](#).

Changes after publication

April 2015: Minor maintenance.

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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7780

ISBN: 978-1-4731-0212-5

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of General Practitioners](#)
- [Royal College of Nursing](#)
- [Royal College of Paediatrics and Child Health](#)