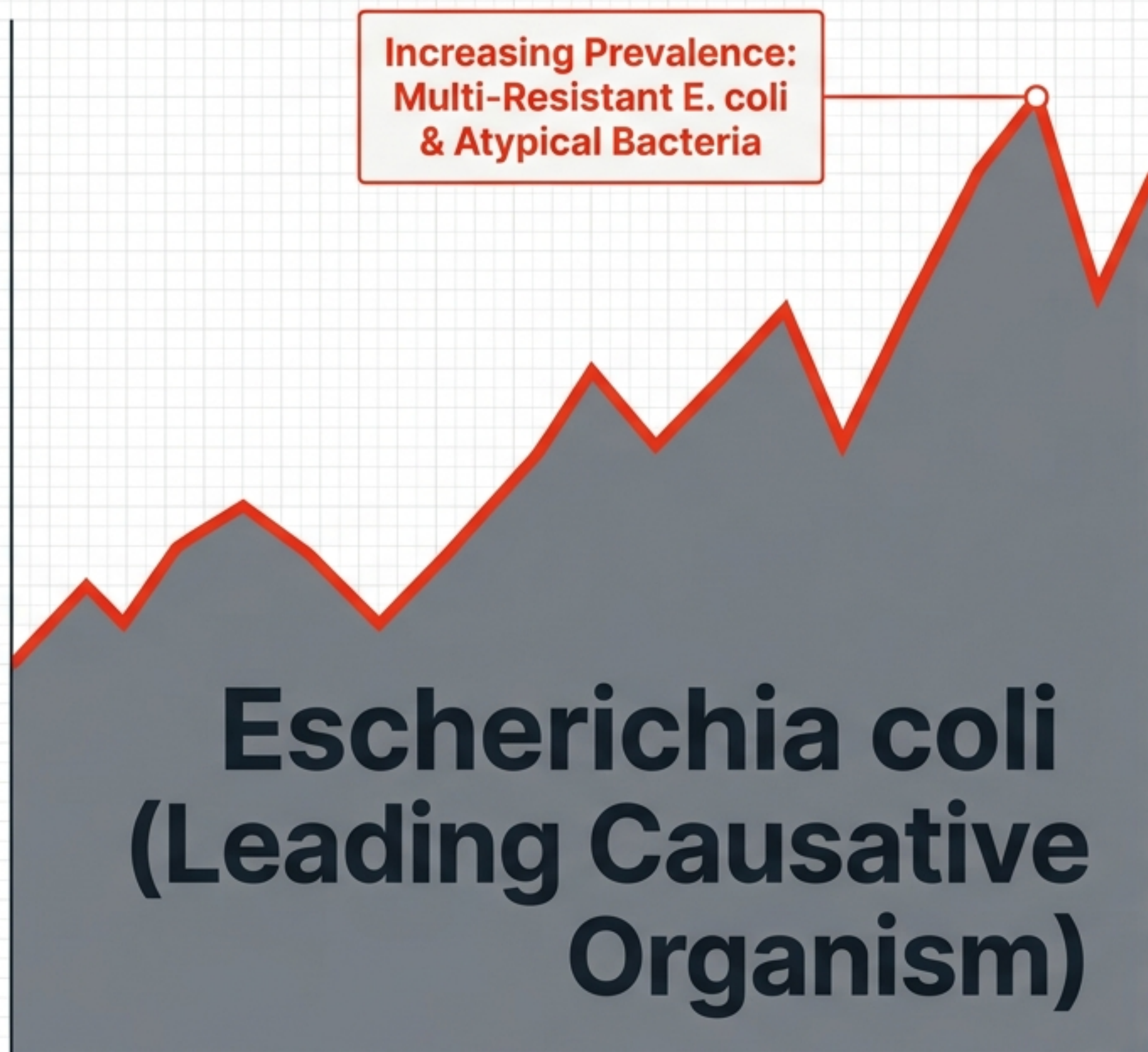


EAU/ESPU Paediatric UTI Guidelines

The 2025/2026 Clinical Update

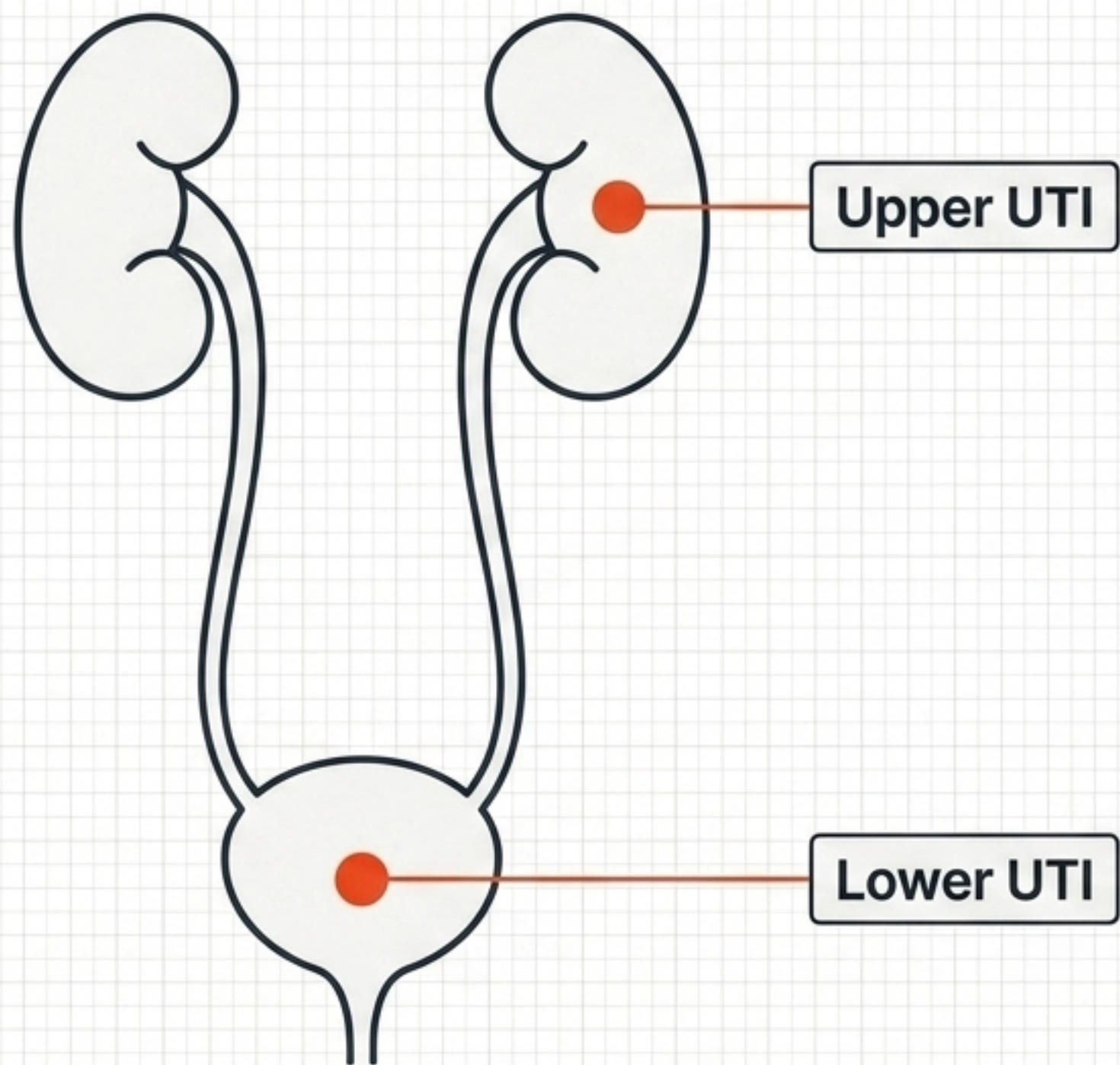


The 2025 Mandate

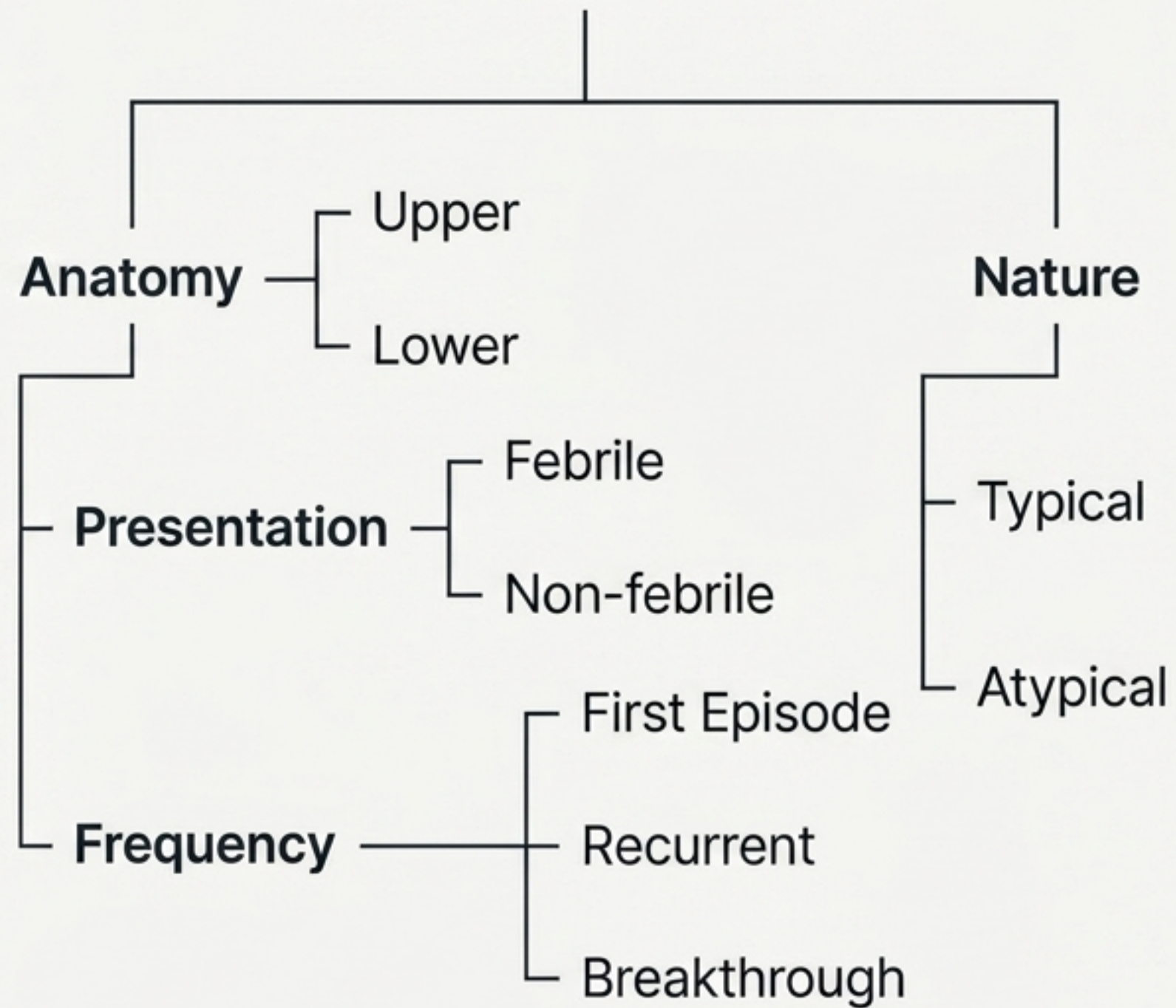
UTIs remain the **most common bacterial infection** in children.

Rising **antimicrobial resistance** necessitates strict, structured protocols.

Methodology: Guidelines updated via structured literature review (2021 Update – Feb 20, 2024).



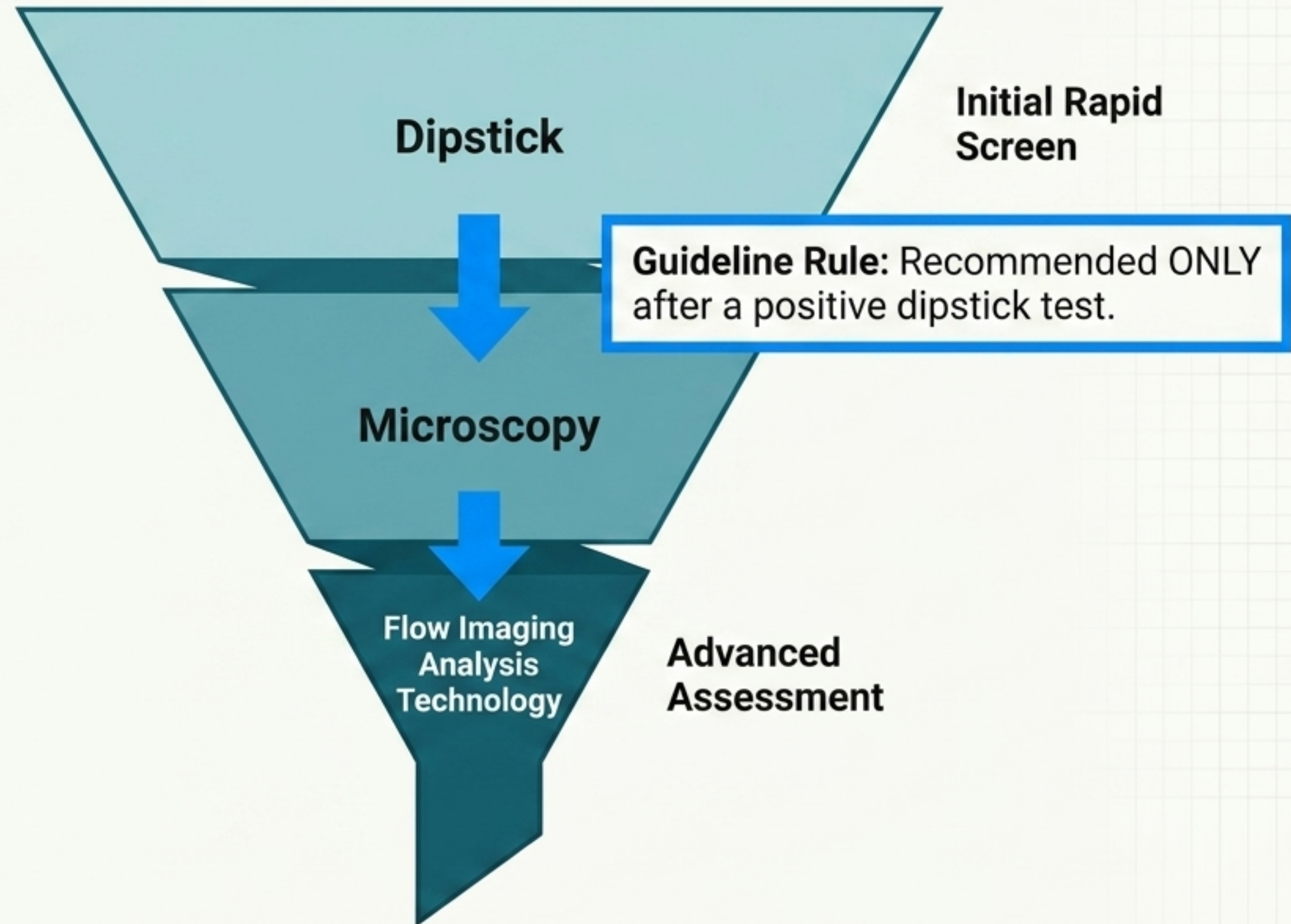
UTI Classification



Specimen Collection Matrix

Method	Invasiveness	Clinical Considerations
Urine Bag	☒ ☐ ☐	High risk of contamination; useful primarily for negative rule-out.
Clean Catch	☒ ☐ ☐	Requires toilet-trained child; highly dependent on technique.
Catheterization	☒ ☒ ☐	Reliable sample; creates patient/parent distress.
Suprapubic Aspiration	☒ ☒ ☒	Gold standard for purity; highly invasive.

The Diagnostic Urinalysis Funnel



Treatment Strategy Loop

Sensitivity-Testing Loop

Adjust agent immediately upon sensitivity testing results.



Cornerstone of UTI Management

Empiric Antimicrobial Therapy

Administration route chosen based on specific patient/infection variables.

Agent Selection

Dictated strictly by local antimicrobial sensitivity patterns.

Imaging Decision Tree



Prevention Strategy Matrix

Pharmacological Prophylaxis

Chemoprophylaxis
(Antibiotic-based)

Alternative Prophylaxis

Non-antibiotic
prophylaxis strategies

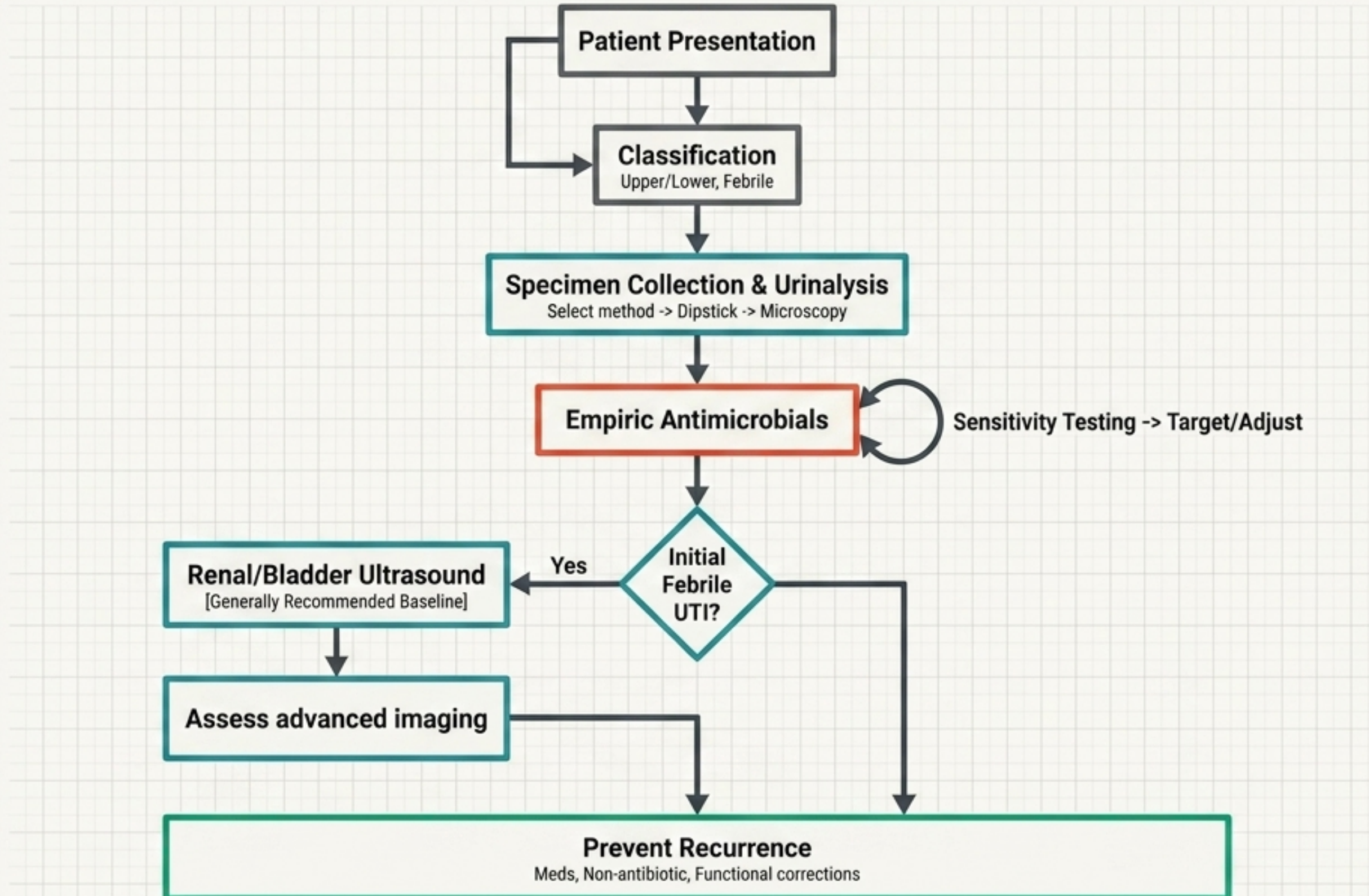
Functional & Anatomical Correction Mechanical resolution

Treatment of Phimosis

Resolution of
Bladder-Bowel
Dysfunction (BBD)

Management of
Lower Urinary Tract
Dysfunction (LUTD)

The Complete EAU/ESPU Pediatric UTI Algorithm



Source Material & Full Guidelines:

Update and summary of the EAU/ESPU paediatric guidelines on urinary tract infection in children.

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