

Drop in proportion of neonates with long IV therapy for UTI

4 November 2017



coefficient, 0.13; $P = 0.37$). Readmission for a UTI was associated with younger age and female sex in [multivariable analysis](#) but not with duration of IV [antibiotic therapy](#) (adjusted odds ratio for long IV treatment, 0.93; 95 percent confidence interval, 0.52 to 1.67)

"These findings support the safety of short-course IV antibiotic therapy for appropriately selected neonates," the authors write.

One author disclosed ties to Merck.

More information: [Abstract](#)
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(HealthDay)—From 2005 to 2015 there was a decrease in the proportion of infants aged ≥ 60 days with a urinary tract infection (UTI) who received four or more days of intravenous (IV) antibiotics, according to a study published online Nov. 2 in *Pediatrics*.

William W. Lewis-de los Angeles, M.D., from Ann & Robert H. Lurie Children's Hospital of Chicago, and colleagues analyzed data from the Pediatric Health Information System database from 2005 through 2015 for [infants](#) aged ≥ 60 days old diagnosed with a UTI who were admitted to a children's hospital and received IV antibiotics.

The researchers found that from 2005 to 2015 there was a decrease in the proportion of infants ≥ 60 days old receiving four or more days of IV antibiotics (long IV treatment) from 50 to 19 percent. There was variation in the proportion of infants aged ≥ 60 days receiving long IV treatment at 46 children's hospitals from 3 to 59 percent; this was not associated with readmission (correlation

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