Recurrent febrile urinary tract infections: referral

This is an original independent practice task. Assume that today's date is 6 November 2026. Jost Dirksen is attending for review following completed urinary tract imaging. You are a general practitioner. Using the case notes, write a referral to Dr Susanna Reidy, Paediatric Urologist, Specialist Children's Clinic, 18 Clinic Road, VIC 3000, Australia. Request assessment of Jost Dirksen's recurrent febrile urinary tract infections and advice on further investigation and management. Summarise the confirmed episodes, completed imaging and prevention advice, accurately stating his current antibiotic status. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Jost Dirksen; boy, DOB 12/03/2019 (7 yrs)	☐	☐	☐
Social background			
2. Lives with mother; attends primary school	☐	☐	☐
3. Enjoys model trains; school art prize last term	☐	☐	☐
4. Mother complained about clinic parking charges	☐	☐	☐
5. Mother disclosed private disagreement with child's uncle	☐	☐	☐
Medical history			
6. No known drug allergies; no regular medicines	☐	☐	☐
7. Antenatal scans reportedly normal	☐	☐	☐
8. No previous urinary surgery; no known neurological condition	☐	☐	☐
9. Toilet-trained; sometimes postpones voiding at school	☐	☐	☐
10. Previously hard stools; now soft with dietary changes	☐	☐	☐
Confirmed episodes			
11. 08/03/26: fever, dysuria, R loin pain; pre-antibiotic urine: pyuria, pure E. coli growth	☐	☐	☐
12. Clean-catch specimen; assessed as upper UTI	☐	☐	☐
13. Culture-sensitive cefalexin course completed; symptoms resolved	☐	☐	☐
14. 04/06/26: fever, dysuria, L loin pain; pre-antibiotic urine: pyuria, pure E. coli growth	☐	☐	☐
15. Clean-catch specimen; second episode assessed as upper UTI	☐	☐	☐
16. Again cefalexin-sensitive; prescribed course completed; clinically recovered	☐	☐	☐
Confirmed episodes			
17. Both episodes documented in attached clinical records	☐	☐	☐
18. No further febrile or urinary symptoms since June	☐	☐	☐
Completed investigations			
19. 25/06/26 renal/bladder USS: normal kidneys, no dilatation; minimal post-void residual	☐	☐	☐
20. 28/10/26 DMSA: no cortical defects; symmetrical renal uptake	☐	☐	☐
21. Imaging reports enclosed; no MCUG performed	☐	☐	☐
Current assessment			
22. Today: well, afebrile; abdomen soft, non-tender	☐	☐	☐
23. Growth maintained; no palpable bladder	☐	☐	☐
24. Mother keen to reduce recurrence without unnecessary medicines	☐	☐	☐
Advice and plan			
25. Advice given: adequate water, regular voiding; avoid postponing urination	☐	☐	☐
26. Discussed continued constipation prevention and unrestricted school toilet access	☐	☐	☐
27. Mother advised prompt medical review for recurrent fever/urinary symptoms	☐	☐	☐
28. No prophylactic antibiotic prescribed; prevention discussion was behavioural advice only	☐	☐	☐
29. Refer for assessment of recurrent febrile UTIs and advice on further investigation/management	☐	☐	☐