patients had tolerated a β-lactam agent since the listed allergy. Overall, 70% of patients were hospitalized from the ED. Similar trends in antibiotic use were observed at admission - decreased FXs (38% vs 27% post, P = 0.059), increased cephalosporins (24% pre vs 38.4% post, P = 0.021). Two patients (1.6%) experienced a severe reaction within 24 hours of β-lactam administration post-allergy assessment.

Conclusion. Pharmacist-driven PCN allergy assessment at the point of prescription in the ED was safe and effective at improving the use of guideline-preferred antibiotics and reducing FX use.

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99.5. Impact of Penicillin Allergy Labels on Carbapenem Use in a Multi-Center Study
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Background. Antibiotic allergy labels lead to excess exposure to broad-spectrum antibiotics and can result in patient harm. We aimed to describe the prevalence of patient level antibiotic labels (PAL) across a variety of hospital settings and its association with carbapenem exposure.

Methods. We performed a retrospective cohort analysis of inpatient admissions from 14 hospitals in the Duke Antimicrobial Stewardship Outreach Network (DASON) and Duke Health System from 2016 to 2018. Data were collected from the DASON central database which is derived from electronic health record extracts. PAL was defined from drug allergy documentation indicating any reaction to penicillin or its related agents, but did not include labels for other β-lactam agents (e.g., cephalosporins) since they were not included as a binary variable indicating receipt of a carbapenem. The primary endpoint was analyzed using a Chi-square test.

Results. Of the 727,168 admissions included in this study, 84,033 (11.6%) patients had PAL. The majority of admissions with documented PAL were in patients >65 years old (47.9%, n = 40,240) and female (57.8%, n = 41,472). PAL was associated with a 2-fold higher risk of receipt of carbapenem (adjusted odds ratio 2.13, 95% CI 1.69-2.60, P < 0.0001). PAL prevalence varied among hospitals (median 14%, range 5-20%). Hospitals with antibiotic allergy-focused stewardship programs (ASP) had a similar PAL prevalence (median 13.8 vs. 15.9%, P = 0.08), but the percent of carbapenem DOT used in patients with PAL was similar (median 23% vs. 24%, P = 0.6).

Conclusion. PAL was associated with increased carbapenem exposure on the patient level. Antibiotic labels (PAL) across a variety of hospital settings and its association with carbapenem use based on these observational data.

Disclosures. All authors: No reported disclosures.