children ≥24. Among S. aureus cultures, 70–76% were methicillin sensitive (MSSA). Overall clindamycin susceptibility was 97%, with all resistant strains detected in children ≥24 with MSSA. This is strikingly different than the institutional antibiogram showing 79% overall clindamycin sensitivity in S. aureus [82% in MSSA, 72% in methicillin resistant (MRSA)]. Kenga kingae was exclusively identified in children <1 (<1% of positives), which was also the group with the highest rate of culture-negative infection (41%). Intravenous clindamycin alone was the most frequent initial antibiotic regimen, prescribed for 41% of all patients. Initial antibiotic regimens matched organism susceptibilities in 90% of MRSA and 100% of MSSA infections.

Methods. We reviewed electronic medical records of patients ≥4 years old with a diagnosis of a transplanted organ including heart, lungs, a combined heart and lung, liver, kidney, intestine or pancreas. Admissions between midnight Friday and midnight Sunday were classified as weekend admissions. Early arthrocentesis was defined as percutaneous arthrocentesis performed within 24 hours of admission. Odds ratios (OR) were calculated for primary and secondary outcomes including in-hospital mortality rate, rates of diagnostic arthrocentesis and early arthrocentesis, length of stay and total hospital charges. The results were compared after adjusting for multiple multivariable logistic regression adjusted for age, gender, race, day of admission, Charlson comorbidity index and median household yearly income in the patient’s zip code. We used STATA-15 for statistical analysis.

Results. We identified 319 SOTR with SANJ. Compared with SOTR admitted with SANJ on weekdays, those admitted on weekends had increased in hospital mortality rates (odds ratio [OR] 11; 95% [CI] 1.2–97.9, P < 0.05), but similar, length of stay and median household yearly income in the patient’s zip code. We used STATA-15 for statistical analysis.

Conclusion. Our study showed that compared with SOTR admitted with SANJ on weekdays, those admitted on weekends had increased mortality rates but similar length of stays and total hospital charges. However, patients who received an early arthrocentesis had a significant reduction in mortality and hospital charges regardless of the day of admission. These results add weight to the hypothesis of negative outcomes in weekend admissions. Moreover, we believe that our findings require further investigation to establish the role of early arthrocentesis in the management of septic arthritis.

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