Methods. A retrospective, quasi-experimental cohort study was performed at Carolinas Medical Center in hospitalized patients with PLA with an HPB and/or infectious diseases consult. The primary outcome was antipseudomonal beta-lactam days of therapy (DOT) per 1000 patient days (PD) in the pre-versus post-intervention group. Secondary outcomes included rates of treatment failure at 90 days, 90-day all-cause and abscess-related hospital readmission, *C. difficile* and multi-drug resistant organism (MDRO) colonization at 90 days from diagnosis, and hospital length of stay (LOS). Additional *a priori* subgroup analyses of duration of therapy, treatment failure, all-cause and abscess-related readmissions were also conducted based on surgical intervention.

Results. A total of 93 patients were included, 49 patients in the pre-intervention group and 44 patients in the post-intervention group. Baseline characteristics were similar between the groups. The majority of liver abscesses were unilocular and monomicrobial. Anti-pseudomonal beta-lactam DOT per 1000 PD decreased by 13.8% (507.4 versus 437.5 DOT/1000 PD). Treatment failure occurred in 30.6% of pre-intervention patients and 18.2% of post-intervention patients (p = 0.165). Patients in the post-intervention group were discharged a median of 2.4 days sooner than the pre-intervention period (12.2 days vs. 9.8 days, p = 0.159). No significant differences resulted in 90-day readmission rates or 90-day *C. difficile* or MDRO rates.

Table 1. Primary Outcome for Patients with Pyogenic Liver Abscesses Treated Pre- and Post-Antibiotic Stewardship Algorithm

| Efficacy Endpoint                  | Pre-intervention | Post-intervention | Percent change |
|-----------------------------------|-----------------|------------------|----------------|
| Overall DOT per 1000 patient days | 407.4           | 376.5            | -13.8%         |
| Anti-pseudomonal beta-lactam      | 90              | 80               | -11.1%         |
| Novel spectrum anti-pseudomonal   | 0               | 0                | -100%          |
| Aminoglycoside                    | 0               | 0                | -100%          |
| Antibiotics                       | 0               | 0                | -100%          |
| Ceftriaxone                       | 0               | 0                | -100%          |
| Cefotaxime                        | 0               | 0                | -100%          |
| Metronidazole                     | 0               | 0                | -100%          |
| Piperacillin/aztreomycin          | 0               | 0                | -100%          |
| Total patient days                | 100             | 88               | -14.5%         |

Conclusions. The implementation of a PLA treatment and management algorithm led to a decrease in anti-pseudomonal beta-lactams without impacting clinical outcomes and a trend towards decreased LOS.

Disclosures. All Authors: No reported disclosures
Conclusion. Practitioners who were low prescribers for antibiotics were also likely to be low prescribers for antipsychotics, suggesting judicious use for both classes of medications. Further understanding of the behaviors of these individuals, as well as those who are high prescribers for both classes, has implications for improving antibiotic stewardship practices in nursing homes.

Disclosures. Robin L. Jump, MD, PhD, Pfizer (Individual(s) Involved: Self): Consultant

136. Attitudes and Practices of Antimicrobial Resistance and Antimicrobial Stewardship at the Uganda Cancer Institute
Elizabeth Gulleen, MD; Margaret Lubwama, MBChB, MMed; Alfred Komakech, MS; Elizabeth M. Krantz, MS; Catherine Liu, MD; Warren Phipps, MD, MPH; Fred Hutchinson Cancer Research Center, Seattle, Washington; Makerere University, Kampala, Kampala, Uganda; Uganda Cancer Institute, Kampala, Kampala, Uganda; Fred Hutch Cancer Research Center, Seattle, Washington; Uganda Cancer Institute, Kampala, Kampala, Uganda; University of Washington, Seattle, Washington

Session: P-08. Antimicrobial Stewardship: Special Populations

Background. As access to cancer treatment has increased in sub-Saharan Africa (sSA), infection-related complications are a growing concern. Little is known about infection management practices in this setting. Understanding the unique challenges to diagnosing and treating infections can inform the development of targeted strategies to improve infection management for cancer treatment programs throughout sSA.

Methods. We conducted a cross-sectional survey of doctors, nurses, and pharmacists at the Uganda Cancer Institute (UCI), a national cancer referral hospital in Kampala, Uganda. The 25-item survey was designed to assess staff knowledge of antimicrobial resistance and antimicrobial stewardship, investigate antibiotic decision-making practices, and identify barriers to diagnosing and treating infections.

Results. Of the 61 respondents, 25 (41%) were doctors, 7 (11%) were pharmacists, and 29 (48%) were nurses. In total, 98% (60/61) had heard of the term “antimicrobial resistance” and 84% (51/61) agreed that antimicrobial resistance is an important problem at UCI. Multiple factors were felt to contribute to antimicrobial resistance including the use of too many antibiotics, patient insistence on antibiotics, and poor patient adherence (Fig 1). While 72% (44/61) had heard of the term “antimicrobial stewardship,” only 25% (15/61) knew a lot about what it meant. Numerous factors were considered important to antibiotic decision-making including patient white blood cell count and severity of illness (Fig 2). Perceived barriers to infection diagnosis included the inability to obtain blood cultures and to regularly measure patient temperatures; perceived barriers to obtaining blood cultures included patient cost and availability of supplies (Fig 3).

Percentages shown next to bars represent the combined total percentage of respondents reporting that the factor does not or usually does not contribute (left of bars, main chart), occasionally or frequently contributes (right of bars, main chart), or neither contributes nor does not contribute (right of neutral chart).

Figure 2. Factors that doctors, pharmacists, and nurses working at the Uganda Cancer Institute (UCI) consider to be important when choosing antibiotics to treat infections.

Percentages shown next to bars represent the combined total percentage of respondents reporting that the factor is somewhat or very unimportant (left of bars, main chart), occasionally or frequently contributes (right of bars, main chart), or neither contributes nor does not contribute (right of neutral chart).