We performed a cluster-randomized, 2 period, crossover trial at 16 pediatric primary care centers. Durations of 3 days (20, 4.2%), 5 days (7, 1.5%) and 14 days (2, 0.4%) occurred less frequently. Durations of 10 days (381, 80%), followed by 7 days (66, 13.9%) were most commonly 10 days. Education and resources should be provided to outpatient pediatric providers to optimize antibiotic dosing.

Disclosures. All Authors: No reported disclosures

1336. Alcohol Impregnated Caps and Ambulatory CLABSI: Multicenter Cluster Randomized, Crossover Trial
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CCLIP Study Group

Session: P-60. Pediatric Antimicrobial Stewardship (inpatient/outpatient pediatric focused)

Background. Central line-associated bloodstream infections (CLABSI) cause significant morbidity and mortality and occur more commonly in the ambulatory setting in pediatric oncology patients. Whether alcohol impregnated caps placed on central venous lines can prevent CLABSI in ambulatory pediatric oncology patients is unknown.

Methods. We performed a cluster-randomized, 2 period, crossover trial at 16 pediatric hematology/oncology clinics. Clinics were randomly assigned to usual ambulatory central line care per each institution (control) compared to use of 70% isopropyl alcohol-containing caps at home (intervention). Caps were only used in the ambulatory setting. The primary outcome was ambulatory CLABSI. Secondary outcomes included ambulatory mucosal barrier injury (MBI) CLABSI, secondary blood stream infections, single positive blood cultures, and positive blood cultures.

Results. Of the 16 participating clinics, 15 clinics completed both assignment periods. As assigned, there was no statistically significant reduction in incidence of ambulatory CLABSI in patients using 70% isopropyl alcohol-impregnated caps at home (1.23 per 1000 days, 95% CI 0.94, 1.60) compared with standard practices (1.38 per 1000 days, 95% CI 1.08, 1.77; adjusted incidence rate ratio [aIRR] 0.83, 95% CI 0.61, 1.12). There was no reduction in incidence of ambulatory MBI-CLABSI (aIRR 0.57, 95% CI 0.23, 1.40), single positive blood culture (aIRR 1.35, 95% CI 0.74, 2.48), or positive blood cultures (aIRR 0.80, 95% CI 0.60, 1.07). In the per protocol analysis, there was a reduction in incidence of positive blood cultures in ambulatory patients using 70% isopropyl alcohol-impregnated caps at home (1.51 per 1000 days, 95% CI 1.14, 2.00) compared with standard practices (1.88 per 1000 days, 1.47, 2.39; aIRR 0.72, 95% CI 0.51, 1.00).

Conclusion. Isopropyl alcohol-impregnated caps did not lead to a statistically significant reduction in CLABSI rates in ambulatory hematology/oncology patients, however, there was a reduction in positive blood cultures in the ambulatory setting in the per protocol analysis. Further research is needed to understand the clinical impact of alcohol-impregnated caps in the ambulatory setting.

Disclosures. All Authors: No reported disclosures

1337. An Outpatient Antimicrobial Stewardship Initiative for Urinary Tract Infections in Primary Care Pediatrics
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Session: P-60. Pediatric Antimicrobial Stewardship (inpatient/outpatient pediatric focused)

Background. Antimicrobial stewardship programs have typically focused on inpatient care, but antibiotics are frequently prescribed at pediatric ambulatory care centers. Ensuring accurate pediatric antibiotic dosing is important to optimize outcomes while minimizing drug effects. Oftentimes pediatricians often lack the resources to recommend optimal antibiotic dosing for pediatric infections. The primary objective was to evaluate the accuracy of antibiotic dose, frequency and formulation prescribed. The secondary objective was to describe the most commonly prescribed treatment durations.

Methods. A retrospective review of electronic medical records was conducted at two suburban pediatric practices. Patients diagnosed with uncomplicated UTI over a two year period were identified using ICD-10 codes N39, R30 and R35. Patients 2 months-18 years were included if prescribed an oral antibiotic for the treatment of UTI. Data collected included baseline demographics, antibiotic, dose (mg and mg/kg), frequency, formulation, and duration. Antibiotic dose, frequency and formulation were considered accurate if they were consistent with clinical guidelines and tertiary care recommendations. In the post-intervention encounter, these findings can inform design of outpatient stewardship interventions. Additional provider recruitment and analysis by provider and setting type is ongoing.

Disclosures. Hillary Spencer, MD, MPH, NIH (T32 grant support) (Grant/Research Support)

1335. Accuracy of Outpatient Antibiotic Prescriptions for Urinary Tract Infection in Pediatric Ambulatory Care
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Session: P-60. Pediatric Antimicrobial Stewardship (inpatient/outpatient pediatric focused)

Background. Antimicrobial stewardship programs have typically focused on inpatient care, but antibiotics are frequently prescribed at pediatric ambulatory care centers. Ensuring accurate pediatric antibiotic dosing is important to optimize outcomes while minimizing drug effects. Oftentimes pediatricians often lack the resources to recommend optimal antibiotic dosing for pediatric infections. The primary objective was to evaluate the accuracy of antibiotic dose, frequency and formulation prescribed. The secondary objective was to describe the most commonly prescribed treatment durations.

Methods. A retrospective review of electronic medical records was conducted at two suburban pediatric practices. Patients diagnosed with uncomplicated UTI over a two year period were identified using ICD-10 codes N39, R30 and R35. Patients 2 months-18 years were included if prescribed an oral antibiotic for the treatment of UTI. Data collected included baseline demographics, antibiotic, dose (mg and mg/kg), frequency, formulation, and duration. Antibiotic dose, frequency and formulation were considered accurate if they were consistent with clinical guidelines and tertiary care recommendations. In the post-intervention encounter, these findings can inform design of outpatient stewardship interventions. Additional provider recruitment and analysis by provider and setting type is ongoing.

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