hospital discharge of which 328 of 534 (61%) patients were either discharged to home or transferred to another facility. Significant predictors for outpatient echocardiandin use were osteomyelitis (OR 4.07, 95% CI: 1.06–15.66; p=0.041) and other deep-seated infection (OR 4.44; 95% CI: 1.65–11.96; p<0.003). Stewardship analysis identified the majority of patients (54%) had the possibility for at least one day earlier discharge (potential earlier discharge: 1.65–11.16 days). The quantitative model identified major barriers to be transition of care, other medical care-, and infectious diseases-related. The qualitative model largely agreed with the quantitative model with additional psychosocial and health care access variables identified.

Conclusion. Using a mixed method approach, barriers to hospital discharge and potential use of new antifungal therapies were identified. These data could be used to assist transitions of care in patients with invasive candidiasis.

Disclosures. Truc T. Tran, PharmD, Merck (Grant/Research Support) Kevin W. Garcey, Pharm.D., M.S., FASHP, Summit Therapeutics (Research Grant or Support)

158. National Cross-Sectional Study of Factors Influencing the Decision of Prescribing Penicillin as First Choice Among Dentists in Japan

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Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Antimicrobial stewardship programs are needed to improve antimicrobial use among not only physicians but also dentists. This study aimed to investigate the factors influencing the decision of prescribing penicillin as first choice among dentists at clinics in Japan.

Methods. We conducted a nationwide cross-sectional study of dental clinics in Japan between July and September 2020. Data on the following were collected using questionnaires: basic information, types of antimicrobials stocked, first-choice antimicrobials, and knowledge and practice of antimicrobial resistance and infectious endocarditis. Using logistic regression, odds ratios (ORs) and 95% confidence intervals (CIs) were estimated to assess the factors influencing penicillin prescription.

Results. Among the 1700 participating dental clinics, 342 dental clinics responded. The median age of the study cohort was 57 (49–65) years, and there were 632 (87.1%) men. The first choice of antimicrobials was third-generation cephalosporin (169 [49.4%]), followed by penicillin (103 [30.1%]) and macrolide (19 [5.6%]).

In multivariate analysis, clinics with stocked penicillin (OR = 27.30 [95% CI: 12.04–57.33]) and with more than two dentists (OR = 0.48 [95% CI: 0.24–0.92]) were associated with penicillin use as first choice.

Conclusion. This is the first study investigating the factors influencing the decision of prescribing penicillin as first choice among dentists in Japan. Further studies need to explore ways to capture and intervene on antimicrobials prescribed at discharge.

Disclosures. Hayden T. Schwenk, MD, MPH. Nothing to disclose

| Variables | Total N=1192 | Suboptimal N=243 |
|-----------|-------------|------------------|
| Antimicrobial type (%) | | |
| Narrow spectrum antibiotics | 599 | 125 (51) |
| Broad spectrum antibiotics | 356 | 113 (47) |
| Antifungals | 113 | 4 (2) |
| Antivirals | 124 | 0 (0) |
| Antibiotic type (%) | | |
| Beta-lactam/Beta-lactamase inhibitor | 203 | 23 (9.7) |
| First-generation cephalosporin | 167 | 30 (16) |
| Fluoroquinolones | 112 | 6 (4) |
| Sulfamethoxazole-trimethoprim | 207 | 15 (7) |
| Amoxicillin, penicillin, ampicillin | 58 | 11 (5) |
| Third-generation cephalosporin | 18 | 7 (3) |

Conclusion. Antimicrobial prescribing at inpatient discharge was suboptimal in 1 of every 5 prescriptions. Inpatient PAF was associated with improved antimicrobial prescribing at hospital discharge. Antimicrobial stewardship programs should continue to explore ways to capture and intervene on antimicrobials prescribed at discharge.

Disclosures. Hayden T. Schwenk, MD, MPH. Nothing to disclose

160. Urgent Care Prescriber Perspectives on Antibiotic Prescribing During the COVID-19 Pandemic

Brooke Betts, PharmD, MS; HSA; David R. Ha, PharmD, BCIDP; Marisa Holubar, MD, MS; Marisa Holubar, MD, MS; Maja Artandi, MD; Sharon Onguti, MD, MPH; Ian Nelligan, MD; Stanford Health Care, Stanford, California; Stanford Antimicrobial Safety and Sustainability Program, Stanford, California; Stanford University School of Medicine, Stanford, CA; Stanford University, Palo Alto, California

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. Urgent care practices were significantly impacted by the COVID-19 pandemic. Studies conducted early in the pandemic demonstrated dramatic decreases in outpatient antibiotic prescribing, particularly amongst agents typically used for respiratory infections. We observed an 83% decrease in antibiotic use at a free-standing children's hospital.

Methods. A retrospective review of enteral discharge antimicrobial prescriptions between 12/1/20-5/31/21 and parenteral antimicrobial prescriptions sent to our institution's inpatient pharmacy between 3/1/21-5/31/21 was performed to determine suboptimal use. A prescription was determined to be suboptimal if the antimicrobial choice, dose, frequency, duration, formulation, or indication was not consistent with institutional and/ or national guidelines. Data collection included the antimicrobial, indication, and prescription method. Prescriptions were evaluated for a corresponding inpatient PAF for the same drug and indication and then stratified based on inpatient PAF completion.

Results. A total of 1192 discharge prescriptions for 698 unique patients over 834 hospital encounters were reviewed. Overall, 243 (20%) prescriptions were identified as suboptimal; reasons were duration (16%), dose (8%), frequency (5%), or antimicrobial choice, formulation, or route (≤1%). Prescriptions for cephalaxin had the highest rate of suboptimal prescribing (80/167, 48%), followed by amoxicillin-clavulanate (89/203, 44%). A corresponding inpatient PAF was identified for 675 (57%) of discharge antimicrobial prescriptions. Inpatient PAF prior to discharge resulted in fewer suboptimal discharge prescriptions for the same antimicrobial (8% vs. 36%, p < 0.001).

Conclusion. Antimicrobial prescribing at inpatient discharge was suboptimal in 1 of every 5 prescriptions. Inpatient PAF was associated with improved antimicrobial prescribing at hospital discharge. Antimicrobial stewardship programs should continue to explore ways to capture and intervene on antimicrobials prescribed at discharge.

Disclosures. Hayden T. Schwenk, MD, MPH. Nothing to disclose
Methods. We employed a mix method approach, first distributing a survey to all
full-time prescribers. We then followed up with qualitative interviews (12 of 22
prescribers) which was conducted by a single, trained interviewer using a standardized
guide. Interviews were recorded and transcribed verbatim. Each transcription was
independently reviewed and coded by two blinded investigators using standardized
templates to adjudicate for stability, robustness, and interrater reliability. Individually, researchers identified and coded key themes and statements.

These themes were then discussed as a group and combined where they shared meaning.
This project was reviewed and deemed to be non-human subjects research by the
Stanford University School of Medicine Panel on Human Subjects in Medical Research.
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Results. A total of 20 of the 22 prescribers (13 MDs and 9 APPs) completed the survey (91% response rate). Notably, only 25% of prescribers agreed that COVID-19 had changed their antibiotic prescribing practices for patients with respiratory infec
tions despite objective data that all prescribed less. In the qualitative interviews, we
identified four major themes impacting the appropriateness of antibiotic prescribing
practices as shown in Table 1.

161. Fluocytosine Utilization and Dosing Practices at an Academic Medical Center
Molly M. Miller, PharmD1; Emily Krekemeier, MPH, PharmD, BCPS1; Erica J. Stobs, MD, MPH1; Trevor C. Van Schooneveld, MD, FACP2; Scott J. Bergman, PharmD, FCCP, FIDSA, BCPS, BCIDP1; Jessica Miller, MD, FACP2; Byrd Eason, PharmD3; Kate Dzintars, PharmD3; Scott J. Bergman, PharmD, FCCP, FIDSA, BCPS, BCIDP1; Jessica Miller, MD, FACP2; Byrd Eason, PharmD3; Kate Dzintars, PharmD3

Methods. All inpatient fluocytosine orders for adults from 1/1/2015 through 10/31/2020 were retrospectively evaluated. Doses, weight used, fluocytosine levels, ad
verse events, and potential cost savings associated with IBW dosing were characterized.

Results. During this period, 35 patients received fluocytosine. The most common indications were cryptococcal meningitis (73%), pulmonary cryptococcosis (14%), and candidiasis (11%). Most patients were receiving concurrent liposomal amphotereicin B (54%). Only 17% of patients were overweight or obese (60%). Actual body weight was used for initial dosing in most cases (81%). Fluocytosine peak monitoring was performed in 51% of cases. Initial peak levels were supratherapeutic in 10/19 cases (53%). For those 10 patients, 70% were overweight/obese, and 60% would have received a lower initial dose if a IBW had been used with dose rounding to the nearest 500mg capsule.

Conclusion. Most fluocytosine orders were not dosed using IBW, which may have led to supratherapeutic levels. Using IBW for dosing in overweight patients may lead to supratherapeutic levels. Using IBW for dosing in overweight patients may lead to excess antibiotics at discharge, and the total duration of antibiotics from pre-admis
tion to telemedicine-based encounters, and changing epidemiology. These shifts could be explained by a recent increase in MIC50 and MIC90 of seven antibiotics for four of the most common pathogens were compared using standardized breakpoints. As

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Conclusion. The results of this study showed that patients were often prescribed excess antibiotics at discharge, and the total duration of antibiotics from pre-admis
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Disclosures. Kate Dzintars, PharmD. Nothing to disclose

163. MIC Shifts in Response to Increased Antibiotic Utilization During COVID-19

Session: P-09. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background. The typical dose of fluocytosine is 25 mg/kg/dose every 6 hours for severe infections due to Candida and Cryptococcus. Many hospital protocols use ideal body weight (IBW) for initial dosing to achieve a goal peak serum concentration of 30-80 mcg/mL, but this is supported by very limited data. Our objective was to evaluate fluocytosine dosing strategies, describe safety concerns, and explore financial benefits associated with using IBW.

Methods. An initial 500mg capsule. Adverse events for all patients included new onset cyto

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Conclusion. Urgent care prescribers attributed a decrease in antibiotic prescrib
ing during COVID-19 to changes in patient expectations and knowledge base, a switch to telemedicine-based encounters, and changing epidemiology. These shifts could be utilized by outpatient antimicrobial stewardship efforts to lower prescribing rates for conditions in which antibiotics are generally not indicated.

Disclosures. Marisa Holubar, MD, MS. Nothing to disclose

163. MIC Shifts in Response to Increased Antibiotic Utilization During COVID-19

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Disclosures. Kate Dzintars, PharmD. Nothing to disclose