immunocompromising disease or medication. Of the cases in which it was a clinically appropriate option, clinicians selected daptomycin for definitive treatment in 81% of S and 71% of SDD cases (p = 0.46, Chi-square). Median daptomycin dose prescribed was 10mg/kg for both interpretations; dose range was 6-12mg/kg for S and 9.5-12mg/kg for SDD isolates. No temporal trend in prescribed dose noted over the 4-year study period. Repeat blood cultures performed in 50/56 (89%). Within 90 days, rates of relapse were low but mortality was 26/56 (46%).

Table 1. Infection and Treatment Characteristics

| Characteristic                  | No. (%) |
|--------------------------------|---------|
| Age, mean (SD)                 | 59 (11) |
| Sex                            |         |
| Male                           | 33 (59%)|
| Female                         | 22 (41%)|
| Proportion with Obesity (>150% BW) | 29 (53%)|
| Immunosuppressing condition    |         |
| Malignancy                     | 24 (43%)|
| Solid Organ Transplant         | 7 (13%) |
| Hematologic Stem Cell Transplant | 2 (4%)  |
| Autoimmune Disease             | 1 (2%)  |
| Immunosuppressing medication   |         |
| None                           | 29 (52%)|
| Active chemotherapy            | 25 (45%)|
| Chronic allograft use          | 6 (11%) |
| Calcium channel inhibitor      | 4 (7%)  |
| Source of infection            |         |
| Unknown                        | 25 (45%)|
| Central Venous Line            | 7 (13%) |
| Endocarditis                   | 2 (4%)  |
| Intrabdominal                  | 16 (29%)|
| Pneumocyst                     | 1 (2%)  |
| Osteomyelitis                  | 2 (4%)  |
| Skin and Soft Tissue Infection | 1 (2%)  |
| Urinary Tract Infection        | 2 (4%)  |
| Enterococcal isolates          |         |
| E. faecium                     | 51 (91%)|
| E. faecalis                    | 5 (9%)  |
| Daptomycin interpretation      |         |
| Susceptible                    | 37 (68%)|
| SDD                            | 14 (25%)|
| Intermediate                   | 5 (9%)  |
| Definitive treatment           |         |
| Daptomycin                     | 44 (79%)|
| Linoleoid                      | 12 (21%)|
| Repeat blood cultures          | 50 (89%)|
| Duration of bacteria, days median (range) | 2 (0.75-11.32) |
| Clinical outcomes              |         |
| Relapse within 90 days         | 3 (6%)  |
| Death within 90 days           | 26 (46%)|

Chart 1. Frequency of prescribed daptomycin dose (mg/kg) for susceptible (A) and SDD (B) enterococcal BSI isolates.

Results. A total of 2229 patients were included (591 received aminoglycoside cement,1638 did not). Aminoglycoside impregnated cement implantation was not associated with an increased incidence of AKI (1.5% versus 2.3%, P = 0.25). After controlling for covariates, amikacin impregnated cement was not associated with development of AKI (adjusted OR 0.68, P = 0.32).

Disclosures. All Authors: No reported disclosures

Conclusion. The results of this study suggest aminoglycoside impregnated foreign body implantation was not associated with a greater incidence of AKI development compared to implantation of foreign bodies lacking aminoglycosides. It is possible that development of AKI post-discharge was not identified in patients with uncomplicated procedures due to omission of lab draws once discharged. Patients admitted for longer durations were more likely to have multiple serum creatinine labs drawn during hospitalization, and likely had multiple comorbid conditions or complications, innate biasing and predisposing AKI development.

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167. Incidence of Acute Kidney Injury with Aminoglycoside Impregnated Foreign Body Implantation

Kelly Royster, PharmD1; Dominic Chan, PharmD, BCPS1; Cheyenne Regional Medical Center, Sherwood, Oregon; Legacy Health, Portland, OR

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

Background. During orthopedic surgeries, antibiotic impregnated cement is sometimes used to prevent infection. Elevation from these cements can lead to systemically detectable levels of aminoglycosides, a known adverse effect of which is nephrotoxicity. The purpose of this study is to determine if the implantation of aminoglycoside impregnated cement is associated with subsequent development of Acute Kidney Injury (AKI).

Methods. A retrospective chart review from 1/1/2018-1/1/2021 was conducted to identify a relationship between aminoglycoside impregnated cement and subsequent development of AKI. Data were extracted from Electronic Health Records (Epic) and SAP Business Objects Webi. All patients with knee or hip arthroplasty or hardware removal procedures conducted at a Legacy Health facility during the specified time frame were included. Patients were excluded from the study if < 2 serum creatinine levels were drawn during that hospitalization, AKI occurred prior to the procedure, or dialysis was required at baseline. The primary outcome was development of AKI, a > 150% increase from baseline serum creatinine according to the Acute Kidney Injury Network (AKIN) criteria. The power level was set to 80% with an alpha level of 0.05. A multiple regression analysis was conducted to control for confounding variables.

Results. A total of 2229 patients were included (591 received aminoglycoside cement,1638 did not). Aminoglycoside impregnated cement implantation was not associated with an increased incidence of AKI (1.5% versus 2.3%, P = 0.25). After controlling for covariates, amikacin impregnated cement was not associated with development of AKI (adjusted OR 0.68, P = 0.32).

Disclosures. All Authors: No reported disclosures

168. Syndrome-Based Analysis of Oral Antimicrobial Stewardship Opportunities at Hospital Discharge

Jessica Cunningham, PharmD1; Shawn Binkley, PharmD1; Tanya Uritsky, PharmD, BCPS1; Stephen Saw, PharmD1; Sonal Patel, PharmD1; Tiffany Lee, PharmD1; Keith W. Hamilton, MD1; Kathleen Degnan, MD1; Lauren Dutcher, MD, MSCE1; Vuilios Athans, PharmD, BCPS, BCIDP1; Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

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

Background. Suboptimal oral antibiotic prescriptions (OAPs) are prevalent at discharge and contribute to treatment failure, resistance, toxicity, and excess costs. Syndrome-specific prescribing patterns have not been widely described at discharge, nor have specific reasons for excessive treatment durations (the most commonly cited prescribing error).

Methods. Retrospective cohort of patients discharged from a general medicine service at an academic hospital with ≥1 OAP for urinary tract infection (UTI), skin and soft tissue infection (SSTI), or lower respiratory tract infection (LRRTI). Study period varied to include a random sample of encounters occurring after the most recent institutional guideline update for each syndrome. Exclusions: multiple infectious indications, discharge against medical advice, parenteral antibiotics at discharge, pregnancy, cystic fibrosis, and immunocompromising conditions. Discharge OAPs were assessed for suboptimal selection, dose, frequency, or duration according to institutional guidelines (with secondary adjudication).

Results. A total of 2229 patients were included (591 received aminoglycoside cement,1638 did not). Aminoglycoside impregnated cement implantation was not associated with an increased incidence of AKI (1.5% versus 2.3%, P = 0.25). After controlling for covariates, amikacin impregnated cement was not associated with development of AKI (adjusted OR 0.68, P = 0.32).

Disclosures. All Authors: No reported disclosures

Conclusion. No difference detected in rate of daptomycin use nor median prescribed dose based on microbiologic interpretation. While the majority of doses were adequate (10mg/kg) based on current guidance for enterococcal BSI, the use of a directive comment to guide dosing and ID consultation may have recused outliers. Additional data is needed to characterize the impact of specific microbiologic interpretations on clinician prescribing and determine the most effective messaging strategies.