We performed a cluster-randomized, 2 period, crossover trial at 16 pediatric primary care centers. Prescriptions written for outpatient UTI from pediatric primary care centers. Durations frequently. Completed a 10-day course of antibiotics (381, 80%), followed by 7 days (66, 13.9%). Ciprofloxacin (24/27, 89%) and amoxicillin (33/64; 55%). The majority of patients were considered accurate if they were consistent with clinical guidelines and tertiary dosing references, allowing for 10% rounding in weight-based doses. Many errors in antibiotic dosing occurred with nearly one in four prescriptions written for outpatient UTI from pediatric primary care centers. Ensuring accurate pediatric antibiotic dosing is important to optimize outcomes while minimizing adverse drug effects. Ongoing stewardship efforts may help providers to improve clinical outcomes in future endeavors. These findings can inform design of outpatient stewardship interventions. Additional provider recruitment and analysis by provider and setting type is ongoing.

**Conclusion.** In all outpatient settings, providers caring for children cited clinical guidelines as the most important factor influencing antibiotic prescribing. Providers felt that adherence to guidelines had downstream benefits including standardization of prescribing practices which may shape parental expectations in a way that aligns with guidelines. Thus, improving guideline adherence in future endeavors may help in improving outcomes.

**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 adverse drug effects. Ongoing stewardship efforts may help providers to improve clinical outcomes in future endeavors. These findings can inform design of outpatient stewardship interventions. Additional provider recruitment and analysis by provider and setting type is ongoing.

**Conclusion.** In all outpatient settings, providers caring for children cited clinical guidelines as the most important factor influencing antibiotic prescribing. Providers felt that adherence to guidelines had downstream benefits including standardization of prescribing practices which may shape parental expectations in a way that aligns with guidelines. Thus, improving guideline adherence in future endeavors may help in improving outcomes.

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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.** Studies have showed that 30% of antibiotics prescribed in the outpatient setting are unnecessary. Acute UTI constitutes a significant health burden in outpatient pediatrics affecting ~2.8% of children every year. Antibiotics are often started empirically when diagnosing UTI making pediatric UTIs an ideal target for outpatient stewardship. The primary objective was to reduce the use of broad-spectrum empiric antibiotics with a secondary objective to study antibiotic discontinuation in culture negative cases.

**Methods.** The electronic medical records of two pediatric practices were screened for patients aged 2 to 18 years diagnosed with uncomplicated UTI using ICD-10 codes N39, R30 and R35. Patients 2 months-18 years were included if prescribed oral antibiotics for the treatment of uncomplicated UTI. The definition of a positive urine culture was > 50,000 CFU/ml. Positive blood cultures were defined as > 10,000 CFU/ml. The primary outcome was ambulatory CLABSI. Secondary outcomes included ambulatory mucosal barrier injury (MBI) CLABSI, secondary bloodstream 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