1175. Tandem Heart-Associated Fevers: Does the Fever Signify Infection? Mustafa Hasan, MD; Sandhya Nagarakanti, MD; Eliabu Bubah, MD; Newark Beth Israel Medical Center, Newark, New Jersey

**Session:** 142, HAI, Device-Associated: Vascular Devices  
**Friday, October 4, 2019: 12:15 PM**

**Background.** Tandem Heart (TH) is a percutaneously inserted ventricular assist device, unique device connects an extracorporeal axial flow pump to a catheter that crosses the atrial septum and aspirates blood from the left atrium which is returned to the femoral artery. TH is used as a bridge to transplantation or to another surgically inserted device. Fever was noted in patients after TH insertion. The objective of this study was to evaluate whether the fever after TH insertion is associated with an infection.

**Methods.** A retrospective review in a 680-bed tertiary care hospital from 2013 to 2016. Patients with TH were included. Data were collected on demographics, clinical presentation, onset and duration of fever, type of infections when present, and outcome. Student t-test was used for analysis.

**Results.** TH was inserted in 52 patients: males 41 (79%), mean age 56 years (range 25–80) Indication for TH was an acute exacerbation of congestive heart failure in 37/52 (71%) and cardiogenic shock with acute cardiomyopathy in 15/52 (29%). Mean duration of TH 9.4 days (Range: 1–29). Comorbidities were DM 19 (37%), hypertension 23 (44%), chronic kidney disease (CKD) 13 (25%), smoking 10 (19%). Fever within 72 hours of TH insertion was noted in 23/52 (44%), of these 6/23 (26%) had a documented infection. Pneumonia in 3, *Clostridium difficile* colitis 1, candida line infection 1 and 1 patient had both pneumonia and Enterobacter bacteremia. The fever lasted an average of 127 hours in patients with a documented infection vs. 45 hours in patients without a documented infection. *(P = 0.08).* The duration of TH in patients with infection was 14 days (range: 6–22 days) and in patients without infection was 8 days (range: 1–29 days) *(P = 0.07).* Mortality was noted in 5/6 (83%) patients with infection and in 5/17 patients (29%) without infection *(P = 0.28).* No clear etiology was found in patients with fever without a documented infection.

**Conclusion.** In our patients with TH, fever was a prominent clinical feature; however infection was seen in only a quarter of patients after TH insertion. Fever duration was significantly longer in patients with a documented infection and their device was present for a longer duration. The mortality was higher in patients with fever and infection. The reason for fever without a documented infection remains obscure and requires further investigation.

**Disclosures. All authors:** No reported disclosures.

1176. Antibiotic Prophylaxis Strategies Prior to Left Ventricular Assist Device Implantation: A Survey of Practice  
Ahmad Mourad, MD; Muath Bishawi, MD, MPH; Sana Arif, MBBS; Rachel Miller, MD; Rachel Miller, MD; Stacey Maskarinec, MD, PHD; Duke University Medical Center, Durham, North Carolina; Duke University, Durham, North Carolina

**Session:** 142, HAI, Device-Associated: Vascular Devices  
**Friday, October 4, 2019: 12:15 PM**

**Background.** Short duration, single-agent antimicrobial prophylaxis with anti-staphylococcal activity is recommended at the time of left ventricular assist device (LVAD) placement to prevent infection-related complications. Despite consensus guidelines, there continues to be wide variability in antimicrobial regimens among implantation centers. The aim of this study was to characterize current peri-operative antimicrobial prophylactic strategies at different LVAD implantation centers.

**Methods.** A survey study was conducted from September 26, 2017 to October 25, 2017. Surveys were distributed electronically to both LVAD coordinators and infectious diseases specialists at 75 US medical centers identified as having an LVAD program. Data collection included information about antimicrobial selection, duration, MRSA screening and decolonization procedures.

**Results.** We received 29 survey responses. The majority of surveys were completed by infectious diseases physicians (72.4% (21/29)). Most responding centers reported LVAD programs established for >10 years (20/29 (69%)). Cardiac transplantion was performed in 28/29 (96%) centers. Of centers reporting a defined antimicrobial prophylaxis regimen for nonpencillin allergic patients [97% (28/29)], 17.9% (5/28) reported a four-drug regimen, 35.7% (10/28) reported a three-drug regimen, and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen. Empiric fluconazole was common [50% (14/28)] and 96.4% (27/28) and 46.4% (13/28) reported a two-drug regimen, while no centers reported a single-drug regimen.

**Conclusion.** Our survey results indicate a wide variation in the peri-operative antimicrobial prophylaxis regimens among participating LVAD centers. These results highlight the need for further studies evaluating the utility, toxicity, and stewardship implications of multi-drug regimens and whether specific clinical factors that prolong antimicrobial duration impact post-operative LVAD-related infection rates.

**Disclosures.** Rachel Miller, MD, Synexis: Research Grant.