In this network of pediatric practices, we found minimal evidence of each clinic, targeting the clinics specialty and the antibiotic agents used may be key to optimizing oral antibiotic use for pediatric outpatients. Dermatologists prescribed 58.7% of all tetracyclines (Figure 2). Three classes of third-generation cephalosporins, quinolones, and penicillins were 10.8% and 15.4% in primary care clinics and 23.4% and 5.4% in hospital, respectively. Otolaryngologists prescribed the most antibiotics to children at a rate 1.3 times higher than pediatricians (Figure 1). Of all antibiotic inappropriate diagnoses, 5,912 (5%) for AOM, 844 (1%) for sinusitis and 4,912 (4%) for bronchiolitis, upper respiratory infection) that were prescribed an antibiotic; (2) antibiotic prescribing: (1) percentage of antibiotic inappropriate diagnoses (bronchitis, sinusitis prescribed first-line antibiotics: (1) percentage of antibiotic inappropriate diagnoses (bronchitis, pharyngitis prescribed first-line recommended antibiotics (amoxicillin or penicillin). Children with a documented penicillin allergy or antibiotic prescriptions in the previous 30 days were excluded. Chi-square tests were used to compare prescribing between settings. Among 117,279 total visits examined, 16,760 (14%) were for antibiotic inappropriate diagnoses, 5,912 (5%) for AOM, 844 (1%) for sinusitis and 4,912 (4%) for pharyngitis. Only 3% (95% CI: 2.9–3.4) of antibiotic inappropriate diagnoses were prescribed antibiotics. The percent of visits for AOM, sinusitis, and pharyngitis prescribed first-line antibiotics ranged from 27% (95% CI: 21–33) for sinusitis in urgent care to 91% (95% CI: 90–92) for pharyngitis in urgent care (figure). Differences in appropriate prescribing by setting were observed for AOM (P < 0.01) and sinusitis (P < 0.01).

Conclusion. In this network of pediatric practices, we found minimal evidence of unnecessary antibiotic use for respiratory infections but substantial underuse of first-line therapy for sinusitis, especially in urgent care settings. Stewardship interventions designed to reinforce existing practices for antibiotic-inappropriate conditions and promote greater use of appropriate first-line therapies are planned for this setting.

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