weekend report of blood culture result from microbiology department and stepping ordering antimicrobials beforehand for the next day. We compared days of therapy (DOT) during the post-implementation period (September 2017 to March 2018) with that of the pre-implementation period (March 2013 to August 2017).

Results. During the pre- and post-ASP implementations, 913 and 92 patients were evaluated to administer DOT (771,000 and 77,000 days) during the pre- and post-ASP implementations (P < 0.001) with 74.0% reduction of antimicrobial prescriptions. Mortality rates were 0.4% and 0.0% (P = 0.54), and 4.6% and 5.3% of patients had sepsis (P = 0.76), respectively. Weekend reports of blood culture result were performed in six patients and shortened their length of antimicrobial treatments during the post-ASP implementation period.

Conclusion. This ASP program was easily implemented in a NICU department of a community hospital and significantly reduced antimicrobial prescription. This kind of simple protocol may be successfully scaled up in resource limited community hospitals, without any pediatric infectious disease specialists or antimicrobial stewardship teams.

Disclosures. All authors: No reported disclosures.

267. Implementation and Evaluation of a Pharmacist-Managed Pediatric Vancomycin Protocol Christine Vu, PharmD; Karrine Brade, PharmD, BCPS; Camilla Farrell, PharmD, BCPS, BCPPS and Michelle Mancuso, PharmD, BCPS, BCPS; Boston Medical Center, Boston, Massachusetts

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Background. Pediatric patients admitted to NICU are often exposed to vancomycin due to the high incidence of infection in this population. Antibiotic prophylaxis and treatment are often initiated before cultures are obtained, and the majority of children received PTA beyond 48 hours which was not attributable to prolonged posttransplant fevers or positive cultures. We identified ASP opportunities, including limiting vancomycin use to 48-hour posttransplant therapy period, eliminating empiric vancomycin, restricting antifungals to MTP only, and limiting MTP PTA to 5 days.

Results. Thirty-eight children underwent a liver transplant during the study period and 29 (76%) received a broad-spectrum Gram-negative (GN) antibiotic for > 48 hours posttransplant. Half of the patients received vancomycin and 15 (40%) received MTP. Fever occurred in 21 (55%) of patients with a median duration of 7 days and none had a positive bacterial culture. No differences were detected in fever or culture proven posttransplant infection between patients who received ≤48 hours of GN antibiotics compared with those who received >48 hours.

Conclusion. The majority of children received PTA beyond 48 hours which was not attributable to prolonged posttransplant fevers or positive cultures. We identified ASP opportunities, including limiting vancomycin use to 48-hour posttransplant, eliminating empiric vancomycin, restricting antifungals to MTP only, and limiting MTP PTA to 5 days.

Disclosures. All authors: No reported disclosures.