107. Impact of Penicillin Allergy Assessment During Pre-Anesthesia Testing (PAT) on Beta-Lactam Surgical Prophylaxis in Bariatric Surgery Patients

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Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Background. Due to utilization of alternative antibiotics, documented penicillin (PCN) allergies are associated with an increased risk of surgical site infections, cost, and infections caused by resistant organisms. In October 2019, a community hospital implemented a beta-lactam (BL) allergy assessment service in a pre-anesthesia testing (PAT) clinic without access to allergy specialists or PCN skin testing (PST). In phase 1, the surgeon was contacted to change surgical prophylaxis for BL eligible patients based on the assessment. In phase 2, an automatic protocol was implemented to allow advanced practice providers (APPs) to switch from alternative antibiotics in BL eligible patients. The objective of this study was to assess the impact of the PCN assessment service and protocol on BL surgical prophylaxis.

Methods. This retrospective cohort study included bariatric surgery patients who visited PAT clinic with a documented BL allergy between Jun 2019-Sept 2019 (control), Nov 2019-Feb 2020 (phase 1), and Nov 2020-Feb 2021 (phase 2). Patients with procedures not requiring surgical prophylaxis were excluded. Patients were determined to be eligible for BL surgical prophylaxis if: intolerance or mild-moderate reaction to PCN, previously tolerated cephalosporin, intolerance to cephalosporin, or surgeon deemed it appropriate. The primary outcome was overall utilization of BL surgical prophylaxis.

Results. This study included 38 patients in the control group, 14 in the phase 1 group, and 17 in the phase 2 group. Overall utilization of BL surgical prophylaxis significantly increased with 16% in the control group, 43% in the phase 1 group, and 65% in the phase 2 group (p<0.001). In the BL eligible patient subgroup, BL surgical prophylaxis significantly increased with 35% (n=6/17) in the control group, 50% (n=6/12) in the phase 1 group, and 92% (n=11/12) in the phase 2 group (p< 0.001). There were no reported surgical site infections or adverse drug reactions.

Conclusion. Overall utilization of BL surgical prophylaxis significantly increased after implementation of a PCN allergy assessment service with an automatic protocol for patients determined as BL eligible. This service and protocol demonstrates successful optimization of surgical prophylaxis when allergy specialists or PST is not available.

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108. Evaluation of the Impact of Dalbavancin Usage on Clinical Outcomes, Cost-Savings, and Adherence at a Large Safety Net Hospital

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Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Background. Dalbavancin is a long-acting second-generation lipoglycopeptide antibiotic with potent activity against Gram-positive organisms. Dalbavancin is currently FDA approved for acute bacterial skin and soft tissue infections (ABSSITIs). Growing evidence suggests that patients can be successfully treated with dalbavancin for indications outside of skin and soft tissue infections which include bacteremia and osteomyelitis (OM) with significant cost savings and reduced length of stay. We developed a protocol for the use of dalbavancin in patients who required intravenous antibiotics for serious bacterial infections but did not qualify for outpatient parenteral antibiotic therapy (OPAT). During the COVID-19 pandemic, we expanded the protocol to reduce the amount of clinical contact required for all patients.

Methods. In this retrospective observational study, we reviewed all patients that received at least one dose of dalbavancin in either inpatient or outpatient setting at Parkland Hospital from July 2019 through February 2021. Patient demographics, type of infection, and rationale for dalbavancin were collected at baseline. Clinical response was measured by avoidance of Emergency Department (ED) visits or hospital readmissions at 30, 60, and 90 days. In addition, a separate analysis was conducted to estimate hospital, rehabilitation, or nursing home days saved based on their diagnosis and projected length of treatment.

Results. Twenty-eight patients (24 inpatient, 4 outpatient) were included in the study. The majority were uninsured (89%), homeless (64%), or had active intravenous drug use (IDU) (60%). Indications for use included SSTI (42.9%), bacteremia (64.3%), and OM (42.6%). Clinical failure was observed in 4 (14%), 1 (3.5%), and 2 (7.1%) patients at 30, 60, or 90 days (respectively). Nonadherence to medical recommendations, lack of source control, and ongoing IDU increased risk of returning to the hospital. Dalbavancin use saved a total of 381 days of inpatient/rehab/facility stay.

Conclusion. Dalbavancin showed similar rates of success with improved length of stay and cost savings. The use of long acting lipoglycopeptides are desirable alternatives to traditional OPAT for patients that otherwise would not qualify for OPAT or desire less hospital contact.

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109. Develop and Implement a Novel Pediatric Antimicrobial Stewardship Program in a Non-Freestanding Children's Hospital Located in an Adult-Centered Community Hospital in San Joaquin Valley, California

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Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Background. A pediatric-specific antimicrobial stewardship program (Pedi ASP) has been shown to optimize antimicrobial use, improve patient outcomes, and reduce
110. MRSA nasal swab as a stewardship tool to guide IV Vancomycin in diabetic foot infections

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Conclusion. We identified overutilization of IV vancomycin in patients with a diagnosis of DFU in our institution. Also, our NPV of the MRSA-nasal screening to rule out MRSA infection in DFU was high at 93%, with a sensitivity of 98%. We recommend implementing a local ASP protocol using MRSA nasal swab results to decrease unnecessary use of IV vancomycin.

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