Proportion of facilities implementing specific remdesivir allocation strategies from the time of the first US Food and Drug Administration (FDA) Emergency Use Authorization (EUA) through FDA approval

**Conclusion.** Pandemic response diverted routine ASP work and has not yet returned to baseline. Despite the reduction in pharmacy personnel due to the pandemic, the ASP pharmacy lead took on a novel and critical stewardship role throughout the pandemic exemplified by their involvement in novel treatment allocation for COVID patients.

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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 automated 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 of 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 (ABSSSI). 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 include patients at 30, 60, or 90 days. 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.

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

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 (Ped ASP) has been shown to optimize antimicrobial use, improve patient outcomes, and reduce ED Visit or Readmissions at 30, 60, or 90 Days

**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.

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