outcomes, adverse drug reactions (ADRs) and unplanned hospitalizations during OPAT were collected. Clinical success was defined as clinical cure or improvement at completion of OPAT. Patients were included who were hospitalized for <7 days and subsequently completed OPAT. ADRs leading to hospitalization or discontinuation of OPAT were deemed serious. Descriptive statistics were used for distribution of variables.

Results. SBI patients included BJI (n = 175), bacteremia/endocarditis (n = 60) and CNS infections (n = 15) as described in Table 1. Successful clinical outcomes were reported in 224 patients (89.6%) after a mean duration of OPAT of 32±20 days. Of these, 122 patients (68.7%) were hospitalized during OPAT and returned to the POIC with a successful clinical outcome. Clinical success rates for BJI, bacteremia/endocarditis and CNS infections were 89.1%, 91.6% and 86.7%, respectively. The primary reason for nonfavorable outcomes was worsening of infection (15/26, 58%). Serious ADRs were reported in 12 patients (4.8%) with 6 (2.4%) leading to hospitalization. Unplanned hospitalizations during OPAT occurred in 33 patients (13.2%) with the majority (21/33, 64%) related to disease. ADRs and hospitalizations compare favorably to data previously reported. (Schmidt et al OPID 16, 4, 2017).

Conclusion. Patients with serious bacterial infections had high success rates when treated by an ID physician in infusion centers. Adverse events and unplanned hospitalization rates were low.

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751. Study on Daptomycin Prescription Suitability as a First Step Towards an Antimicrobial Stewardship Program
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Background. Daptomycin use has increased since its approval and has often been nonadequate. Our objective was to assess daptomycin real use in an institution and subsequently complete OPAT. ADRs leading to hospitalization or discontinuation of OPAT were deemed serious. Descriptive statistics were used for distribution of variables.

Methods. Observational, retrospective study including all patients treated with daptomycin during 2017 in a tertiary hospital. Clinical variables were collected in a pre-established protocol including demographics, comorbidities, infection type, microbiological results, adverse events (AE), outcomes, and treatment adequacy (selection, dosage, microbiological adjustment and duration). Daptomycin prescription is not restricted at our institution. The dosages were considered adequate according to clinical guidelines.

Results. Overall 176 patients (62% men, median age: 70.7 years) started treatment with daptomycin, 58% of them on empirical bases. Main uses were: skin and soft tissue infections (37.5%), fever without obvious source (21.8%) and osteoarticular infections (12.5%). Sixty-three patients (35.8%) had concomitant bacteremia. An etiological diagnosis was reached in 89.2% patients and S. aureus was the most frequently isolated microorganism (n = 58, and 10 MRSA), followed by CoNS (n = 35). Overall, 77.7% of patients evolved satisfactorily. Five patients discontinued treatment due to AE (uric aciduria, cholestasis, increased CPK and rhabdomyolysis). Infection-related mortality was 7.4%. Daptomycin was correctly selected in 94.3% patients, length of therapy was adequate in 87.4%. However, only 47.1% of patients received adequate dosage (under-dosing in 22.8%) and in 9.8% of patients, the treatment was not adjusted according to microbiological results. The prevalence of daptomycin use was 3.7 patients/1,000 admissions.

Conclusion. Daptomycin is often prescribed empirically, using nonadequate dosages and duration of therapy needs an improvement. The follow-up of patients treated with daptomycin should be considered a priority intervention within an Antimicrobial Stewardship Program.

Table 1. Characteristics of OPAT for Serious Bacterial Infections Managed in ID Physician Office Infusion Centers

Table 1. Baseline characteristics of the study population.

Table 2. Risk factors for 7-day mortality of patients with sepsis

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752. Timing of Antibiotics Administration in Emergency Department and Mortality in Sepsis by Sepsis-3 Definition
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Background. Even after the introduction of the Sepsis-3 definition, there is still debate on the ideal antibiotic administration time in patients with sepsis. This study was performed to evaluate the association between the timing of antibiotic administration and mortality in sepsis patients who visited the emergency room.

Methods. A prospective cohort study was conducted on patients who were diagnosed as sepsis with Sepsis-3 definition among patients who visited the emergency department (ED) of Korea University Ansan Hospital from September 2017 to January 2019. The timing of antibiotic administration was defined as the time in hours from ED arrival until the first antibiotic administration. Cox logistic regression analysis was used to estimate the association between time to antibiotics and 7-, 14-, and 28-day mortality.

Results. During the study period, a total of 251 patients were enrolled with a 7-, 14-, and 28-day mortality of 16.7%, 36.3%, and 57.4%, respectively. The median time to antibiotic administration was 247 minutes (interquartile range 72 – 202 minutes). The mean age was 72 ± 15 years old and 122 patients (48.6%) were female. The most common site of infection was respiratory infection. The timing of antibiotic administration was not associated with 7-, 14-, and 28-day mortality. Female (adjusted hazard ratio [HR] 2.06 [95% confidence interval (CI) 1.21 – 3.53]; P value = 0.008), SOFA score (aHR 1.17 [95% CI 1.05 – 1.31]; P = 0.005), and initial lactate level (aHR 1.13 [95% CI 1.05 – 1.12]; P = 0.001) increased the risk of 7-day mortality. Female (aHR 2.07 [95% CI 1.48 – 2.89]; P = 0.001), Charlson comorbidity index (aHR 1.14 [95% CI 1.02 – 1.14]; P = 0.005) increased the risk of 14-day mortality. Female (aHR 1.95 [95% CI 1.50 – 1.54]; P = 0.001) increased the risk of 28-day mortality in patients with sepsis.

Conclusion. The timing of antibiotic administration did not increase the risk of mortality in the treatment of sepsis patients who visited ED. Rather, the SOFA score, lactate, female, and comorbidity increased the mortality associated with sepsis.

Table 2. Risk factors for 7-day mortality of patients with sepsis

Abbreviations: CI, Confidence Interval; SOFA, Sequential Organ Failure Assessment.

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