patients had tolerated a β-lactam agent since the listed allergy. Overall, 70% of patients were hospitalized from the ED. Similar trends in antibiotic use were observed at admission - decreased FQs (38% pre vs. 27% post, P = 0.059), increased cephalosporins (24% pre vs. 38.4% post, P = 0.021). Two patients (1.6%) experienced a severe reaction within 24 hours of β-lactam administration post-allergy assessment.

Conclusion. Physician-driven PCN allergy assessment at the point of prescription in the ED was safe and effective at improving the use of guideline-preferred antibiotics and reducing FQ use.

Disclosures. All authors: No reported disclosures.

996. Impact of Penicillin Allergy Labels on Carbapenem Use in a Multi-Center Study
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Session: 129. Antibiotic Stewardship: Allergy Evaluation
Friday, October 4, 2019: 12:15 PM

Background. Antibiotic allergy labels lead to excess exposure to broad-spectrum antibiotics and can result in patient harm. We aimed to describe the prevalence of penicillin allergy labels (PAL) across a variety of hospital settings and its association with carbapenem exposure.

Methods. We performed a retrospective cohort analysis of inpatient admissions from 14 hospitals in the Duke Antimicrobial Stewardship Outreach Network (DASON) and Duke Health System from 2016 to 2018. Data were collected from the DASON central database which is derived from electronic health record extracts. PAL was defined from drug allergy documentation indicating any reaction to penicillin or its related agents, but did not include labels for other β-lactam agents (e.g., cephalosporins), exposures from β-lactam allergy assessment, and a β-lactam antibiotic therapy on the first day of hospitalization. We defined carbapenem exposure as at least one dose of meropenem, ertapenem, doripenem or imipenem on an inpatient unit.

Conclusion. PAL prevalence was defined as the percentage of inpatient admissions. Hospital-level carbapenem use rates were assessed as days of therapy (DOT) per 1000 patient-days and stratified by PAL to understand the portion of use associated with PAL.

Results. Of the 772,168 admissions included in this study, 84,033 (11.6%) patients had a PAL. The majority of admissions with documented PAL were in patients >65 years old (47.9%, n = 40,240) and female (57.8%, n = 41,472). PAL was associated with a 2-fold higher risk of receipt of carbapenem (adjusted odds ratio 2.13, 95% CI 1.89–2.40, P < 0.0001). PAL prevalence tiered among hospitals (median 14%, range 5–20%). Hospitals with antibiotic allergy-focused stewardship programs (ASP) had a similar PAL prevalence (median 13.8 vs. 15.9%, P = 0.08), but the percent of carbapenem DOT used in patients with PAL was similar (median 23% vs. 24%, P = 0.6).

Conclusion. PAL was associated with increased carbapenem exposure on the patient level. Allergy-focused ASP activities may affect PAL but it is unclear whether it reduces carbapenem use based on these observational data.

Disclosures. All authors: No reported disclosures.

997. Practical partnering of Antibiotic Stewardship and Allergy to address referrals to Penicillin allergy at a VA Medical Center
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Session: 129. Antibiotic Stewardship: Allergy Evaluation
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Background. The majority of Penicillin (PCN) allergies can be “debunked.” During acute medical care, opportunities to refer for formal evaluation are often overlooked, hampered by medication interactions and lack of time and resources for bedside testing. Frequently, inpatients are not referred for PCN debunking evaluations (PCN-DE). Antimicrobial Stewardship Teams (ASTs) who partner with Allergy Clinical Teams (ACTs) can work collaboratively to target those who would benefit from PCN debunking and are unlikely to otherwise be referred for formal evaluation.

Methods. The DCVAMC is an urban 240 bed 1a complexity acute and LTC teaching hospital with both on-site AST and well-established ACT. β-lactam allergy was tracked by the AST in inpatient, outpatient and long-term care setting utilizing a clinic surveillance system (TheraDoc, DDS Inc.) and allergy education was incorporated into prospective auditing rounds. PCN-DE involved face-face visit with an Allergist and careful history, chart/medication review. Option for skin testing (PrePen, ALK Abello) with/without oral challenge performed at the discretion of ACT. Referrals were allowed to reflect self-referral and engagement.

Results. We collaborated to develop a PCN-DE outpatient Allergy Clinic on the hospital campus. 2,564 designed β-lactam allergy alerts were identified as part of routine AST workflow prior to the initiation of the clinic in October 2017. Referrals resulted in 174 AST prospective to ACT and 153 agreement of historical allergy history among acute and LTC admissions. Providers, including trainees, were engaged through education and encouraged to place outpatient referrals at the time of discharge or upon follow-up. ACT evaluated patients in groups of 2–3/session, roughly one clinic/month. Mean age of patients tested 63.6y (24–80y) with 35% >65y; to date, (19/26) 73% have been successfully de-labeled.