order sets and restrictions of complete respiratory panel ordering to ID physicians resulted in 33,760 saved.

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

### 1158. The Impact of Biofire FilmArray Respiratory Panel on Antibiotic Usage in the Emergency Department at an Academic Medical Center

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**Session:** 145: Diagnostics: Viral

**Friday, October 6, 2017: 12:30 PM**

**Background.** Biofire respiratory panel is a multiplex PCR test designed to detect 17 pathogens within 1 hour. It has greater sensitivity, specificity, and number of pathogens detected compared with older testing methods. The aim of this research was to evaluate the impact of Biofire respiratory panel on antibiotic usage in the emergency department (ED) of an academic medical center.

**Methods.** This was an observational chart review. Patients with positive RSV or influenza rapid antigen test or PCR test, and patients with a positive Biofire test were included. RSV or influenza tests were reviewed from July to December 2015, and Biofire tests were reviewed from July to December 2016. The primary outcome was to evaluate the duration of antibiotic therapy in patients with viral respiratory infections diagnosed with RSV and influenza rapid antigen and PCR testing compared with Biofire viral respiratory panel. Secondary outcomes included virus type, antibiotic prescription rates on discharge, number of addmissions, procalcitonin levels, and oseltamivir usage.

**Results.** In 2016, 67% (105/155) of biofire tests were positive. The most common pathogens detected were rhinovirus and enterovirus (42%). Of the positive results, 23/105 (22%) received antibiotics with 6 patients having antibiotics discontinued within 72 hours. Another 6 patients had bacterial coinfections. A total of 18/105 (17%) received antibiotic prescriptions on discharge. Median days of therapy (DOT) in hospital was 1 day and median DOT for prescriptions was 8.5 days. There were 5 procalcitonin tests and no oseltamivir usage. Overall 38/105 (36%) patients were admitted to inpatient. In 2015, 3% (20/1313) of RSV (14) and influenza (6) rapid antigen and PCR tests were positive. A total of 5/20 (25%) patients received antibiotics, with 3/20 (15%) patients receiving a prescription for outpatient antibiotics. Median DOT on the hospital was 3 days and median DOT for prescriptions was 10 days. There were 2 procalcitonin tests and 2 cases used oseltamivir. Overall 19 patients were admitted.

**Conclusion.** Antibiotics are withheld in the majority of patients with positive Biofire testing. Most patients were treated with supportive care measures only. Biofire continues to be a useful tool to identify candidates for antibiotic avoidance in the ED at our institution.

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### 1159. When to Order a Respiratory Viral Panel (RVP): Physician Use in Clinical Practice

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**Background.** Multiplex RVP assays are frequently offered at medical centers to screen for viruses using nucleic acid technology. The University of Pittsburgh Medical Center (UPMC) uses the Genmark eSensor RVP detecting 14 virus types/subtypes. This study evaluated how RVPs are used in a large medical center to better understand physician practices.

**Methods.** A 32 question, descriptive survey, created using the Qualtrics survey database, was sent via email to pediatric, emergency, internal, and family physicians at large academic hospitals in the UPMC network. The anonymous survey was sent 3 times between January 2017 and March 2017. Survey data were analyzed using the SPSS statistics software.

**Results.** 543/1265 (43%) survey responses were received; 492 were evaluable. 56% were female; 42% see children, 45% see adults, 13% see both; 16% see patients in the ED. Training levels included 51% residents/fellows and 49% attendings. Of doctors responding, 87% order RVP. Most (85%) have changed treatment decisions based on a RVP result; 53% changed management ~50% of the time.

**Conclusion.** Physicians order RVPs most frequently if they believe the results will change treatment. RVPs are ordered more for young and elderly patients, and those with underlying immunosuppression or chronic illness. DOT does not limit physician ordering and most are unaware of it. Suspected influenza or specific virus is also considered.

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