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% 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. Pharmacists' post-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
Dorothy Ling, MBBS1; Jessica Seidelman, MD, MPH1; Elizabeth Dodds Ashley, PharmD, MHS2; Angelina Davis, PharmD, MS2; April Dyer, PharmD, MBA, MSCR1; Travis M. Jones, PharmD2; Melissa D. Johnson, PharmD, MHS1; Michael E. Yarrington, MD2; Deverick J. Anderson, MD, MPH1; Daniel J. Sexton, MD2; Robert Grant, MD, M Howe Center for Multidisciplinary Stewardship and Infection Prevention, Raleigh, North Carolina; 2Duke University, Durham, North Carolina; 3Duke Antimicrobial Stewardship Outreach Network, Durham, North Carolina.

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 allergy labels (PAL) across a variety of hospital settings and its association with carbapenem use.

Methods. We performed a retrospective cohort analysis of patient 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., cephalosporin, carbapenem) as a binary variable indicating receipt of a carbapenem. We compared PAL prevalence (at least one dose of meropenem, ertapenem, doripenem or imipenem on an inpatient unit).

Results. Of 72,168 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 varied 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 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.

Conclusion. PAL was associated with increased carbapenem exposure on the patient level. PAL labels (PAL) across a variety of hospital settings and its association with carbapenem use.

Disclosures. All authors: No reported disclosures.