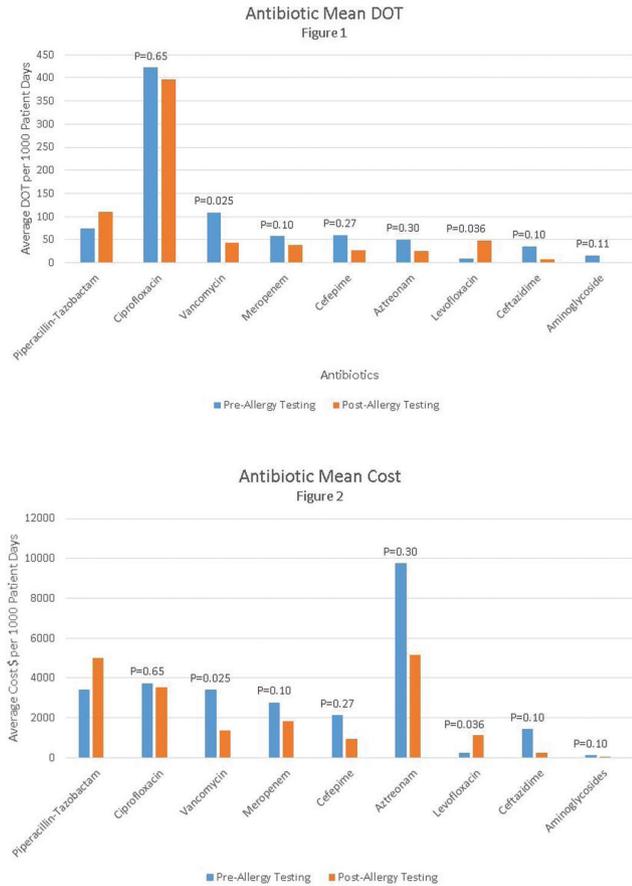


effective standard formulary agents when treating immunocompromised HCT patients at high-risk for infection. The impact of penicillin allergy de-labeling on *Clostridium difficile* infection and antibiotic resistance merits evaluation in future studies.



Disclosures. All authors: No reported disclosures.

735. Impact of an Antimicrobial Stewardship and Emergency Department Initiated Dalbavancin Guideline for Patients with Acute Bacterial Skin and Soft-Tissue Infections

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Background. Acute bacterial skin and skin structure infections (ABSSI) are one of the most common reasons for patient hospitalization. These admissions may be solely for receipt of intravenous vancomycin due to concern for resistance to alternative agents or failure of oral therapy, providing a niche for long-acting agents like dalbavancin. The objective of this study was to evaluate patient outcomes following initiation of a dalbavancin guideline for ABSSI in the emergency department (ED).

Methods. This was a single-center, case series study evaluating adult patients with ABSSI from April 2016 to May 2017 who were screened for receipt of dalbavancin. Candidates were identified by a dalbavancin guideline implemented in the ED in April 2016 with hours from 7 am to 7 pm. Patients were assessed for inclusion by an ED pharmacist and physician. If the patient qualified for receipt of dalbavancin, the ED pharmacist contacted the Antimicrobial Stewardship Team (AST) for final approval. The guideline was revised in January 2017 to lessen restrictions. Patients were contacted via phone by an ED pharmacist for follow-up and the interaction documented in the electronic medical record. Patient data were collected using REDCap™.

Results. Overall, 22 patients (15 males/7 females) were evaluated for inclusion to receive dalbavancin. The average age of the patients was 38 years old, ranging from 21 to 61 years. Of these 22 patients, 7 received a single dalbavancin dose of 1,500 mg over 30 minutes for ABSSI (cellulitis {n = 5} and shooter's abscess {n = 2}). The reasons for

exclusion were: lack of systemic signs of infection (n = 5), risk of Gram-negative infection (n = 2), outside guideline time period (n = 2), required hospital support (n = 2), immunocompromised (n = 1), severe hepatic disease (n = 1), bacteremia (n = 1), and diabetic foot infection (n = 1). All patients received a follow-up visit (n = 4) or phone call from the ED pharmacist (n = 3). Only 1 patient required a later hospital admission due to further complications.

Conclusion. A multidisciplinary team approach to treating ABSSI in the ED was highly successful at our academic medical center. Further expansion of guideline hours should enhance the utilization of this guideline.

Disclosures. All authors: No reported disclosures.

736. Antimicrobial Stewardship in the Neonatal Unit: A Quality Improvement Initiative

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Background. Antimicrobial stewardship is an important component of modern medical practice. Audit and surveillance of antibiotic use with feedback to prescribing clinicians is recommended as a high-impact core stewardship intervention. The aim of this study was to assess and reduce unnecessary antimicrobial use in a neonatal unit.

Methods. A prospective audit was performed to systematically assess compliance of antimicrobial prescribing with local antimicrobial guidelines in September 2016. Following this, educational interventions were applied to improve compliance with the guideline and electronic prescribing was introduced to the neonatal unit. There were two further re-audit periods in December 2016 and March 2017. The primary outcome was a reduction in days of antibiotic therapy per 1,000 patient days (DOT/1,000 patient days). Secondary outcomes were a reduction in prolonged antibiotic courses and improved compliance with the sepsis evaluation guideline.

Results. There were 312 neonatal admissions throughout the study. The number of admissions per day did not significantly change from the baseline to intervention period and the groups were comparable for gestation, birth weight and admission diagnosis. There was a significant overall reduction in the primary outcome of DOT/1,000 patient days from 572 to 417 DOT from September to March (P < 0.0001). This represents a 27% reduction in total antibiotic use. Prolonged antibiotic treatment >36 hours in negative PSWU cases were reduced from 82 DOT to 7.5 DOT (P = 0.0004). Similarly treatment courses >5 days for culture negative sepsis were reduced from 46.5 DOT to 7 DOT (P = 0.0009). Compliance with the neonatal sepsis evaluation guideline also improved with a 35% reduction in evaluations for indications not recognized in the guideline.

Conclusion. Anti-microbial stewardship plays an important role in the neonatal unit in ensuring that the appropriate drug, dose, route and duration of therapy are employed to ensure adequate treatment while minimizing the risks of unnecessary antibiotic use. Monitoring antibiotic prescribing data, as in this audit, can provide useful insights into the trends of antibiotic use and also inform clinicians of potential areas where antibiotic use may be safely reduced.

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737. Implementation of Antibiotic Stewardship: A South Indian Experience

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Background. Access to antimicrobials in India is unregulated. Retail data confirms antibiotic prescriptions have escalated in the last decade, contributing to antimicrobial resistance. Antimicrobial stewardship programs (ASP) are rare in India but, with government support, are gaining momentum. We describe implementation of an ASP in a 1,300-bed, private, tertiary-care center in India in Southern India.

Methods. An ASP was established in Feb 2016 consisting of an administrative champion, hospitalist, microbiologist, intensivist and 5 pharmacists. Daily post-prescriptive review of targeted antimicrobials was done, including polymyxins, carbapenems, tigecycline, and linezolid. Institutional guidelines for polymyxins were created and disseminated. Socioadaptive strategies included promoting culture change and empowering pharmacist champions. The ASP evaluated and tracked the appropriateness of antimicrobial administration, including loading and maintenance dose, frequency, route, duration of therapy, de-escalation and compliance with ASP recommendations. Economic impact of ASP post implementation (February–July 2016) was compared with a pre-implementation period (August 2015–January 2016).