

Results. 39,785 patients were identified including 2897 (7%) with BLA. The prevalence of BLA increased with age (Figure 1). 2459 (85%) patients with BLA were matched to a control. Patients with BLA had higher odds of receiving broader-spectrum antibiotics (OR 2.35, 95% CI: 2.07–2.67) and had greater antimicrobial costs (1.21-fold increase, 95% CI: 1.08–1.35) than nonallergic patients (Figure 2). There were no differences in LOS, total antimicrobial days, or 30-day readmission (Figure 2).

Conclusion. Pediatric patients with BLA are more likely to receive broader-spectrum antibiotics and incur higher antimicrobial costs than matched controls. De-labeling interventions could reduce unnecessary exposure to these agents and lower costs.

Fig 1. Prevalence of Beta Lactam Allergy by Age

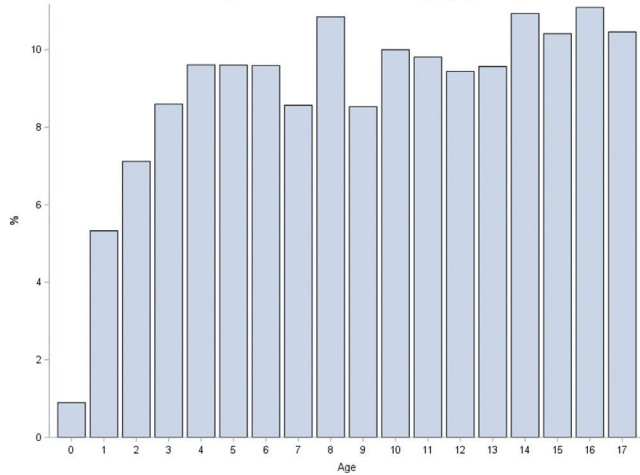
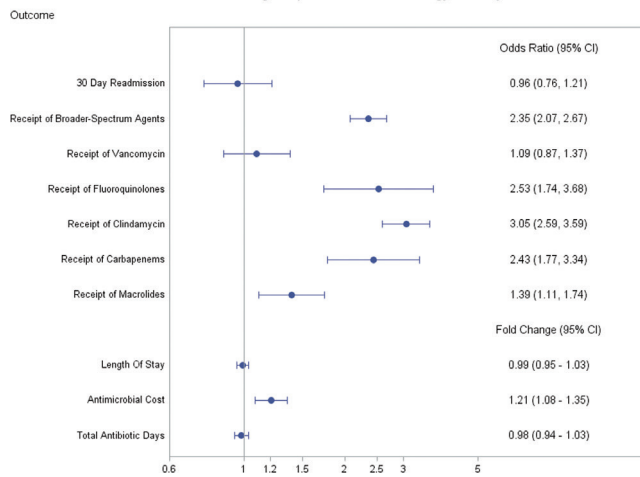


Fig 2. Impact of Beta Lactam Allergy on Study Outcomes



Disclosures. All Authors: No reported Disclosures.

1958. Assessment of Guideline-Concordant Antimicrobial Prescribing in Urgent Care Centers

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Background. In the United States in 2014, 266 million outpatient antibiotic prescriptions were dispensed. The Center for Disease Control and Prevention estimates that 30% of outpatient antibiotic prescriptions are inappropriate. These inappropriate prescriptions contribute to increased resistance, adverse events, and healthcare costs.

Methods. This was a retrospective study of patients presenting to 22 urgent care centers within a large healthcare system between September 1, 2018 and February 28, 2019. Data were collected from a dashboard designed to track antimicrobial prescribing data by indication, location, and provider. ICD-9 and -10 codes associated with otitis media, pharyngitis, sinusitis, cystitis, and upper respiratory infections (URI) were included. Guideline-concordant antimicrobial prescribing was determined based on compliance with national guideline recommendations, after taking patient allergies

into account. The URI category includes disease states in which antimicrobials are rarely appropriate (e.g., acute rhinitis, nasopharyngitis, and acute bronchitis).

Results. A total of 57,799 encounters were included in this analysis (19,242 pediatric and 38,557 adult) and 60% of patients received an antibiotic prescription. Overall antimicrobial guideline concordance was higher in pediatrics (84%) than adults (62%). Rates of guideline-concordant antimicrobial selection are shown in Table 1. The most common guideline-discordant prescriptions were tetracyclines (39%), amoxicillin/clavulanate (26%), and macrolides (17%) in adult patients with sinusitis, pharyngitis, or otitis media. In pediatric patients, the most common discordant prescriptions were macrolides (32%), third-generation cephalosporins (30%), and amoxicillin/clavulanate (19%). Unnecessary antimicrobial prescribing for URI occurred in 23% of pediatric patients and 36% of adult patients.

Conclusion. Guideline-discordant antimicrobial prescribing is common in urgent care centers, particularly in adult patients. In addition to encouraging utilization of order sets, emphasis on education and feedback may be important to improve and sustain guideline-concordant prescribing rates and reduce prescribing for URI.

Table 1: Guideline-Concordant Antimicrobial Selection

Diagnosis	Pediatric	Adult
Otitis Media	4045/4727 (86%)	1674/3040 (55%)
Pharyngitis	3553/4151 (86%)	2182/3828 (57%)
Sinusitis	969/1166 (83%)	8778/11715 (75%)
Cystitis	223/281 (79%)	1954/3012 (65%)
Upper Respiratory Infection	1067/4600 (23%)	4705/13162 (36%)

Disclosures. All Authors: No reported Disclosures.

1959. Parent Satisfaction and Antibiotic Prescribing for Pediatric Respiratory Infections by Telemedicine

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Background. Respiratory tract infections (RTIs) are a common reason for direct-to-consumer (DTC) telemedicine consultation. Antibiotic prescribing during video-only DTC telemedicine consults was explored for pediatric RTIs, focusing on correlates with visit duration and patient satisfaction.

Methods. Data on pediatric (age less than 19 years) RTI consults were obtained from a large DTC nationwide telemedicine platform and included patient, physician, and encounter characteristics. Mixed-effects regression was used to assess variation in antibiotic receipt by patient and physician factors, as well as the association between antibiotic receipt and visit length or patient satisfaction.

Results. Of 12,842 RTI visits with 560 physicians, 55% of patients received an antibiotic prescription. Antibiotic prescribing rates among telemedicine providers were high: sinusitis (92.1%), otitis media (96.0%), pharyngitis (76.7%), and bronchitis/bronchiolitis (62.0%). A provider was more likely to receive a 5-star satisfaction rating from the parent when the child was provided a prescription for an antibiotic (OR 3.38; 95% CI 2.84–4.02), an antiviral (OR 2.56; 95% CI 1.81–3.64) or a nonantibiotic (OR 1.93; 95% CI 1.58–2.36). Visit length (mean 6.4 minute) was associated with higher satisfaction only when no antibiotic was prescribed (OR 1.03 per 6 seconds; 95% CI 1.01–1.06). Compared with nonpediatricians, pediatric providers were less likely to prescribe antibiotics (OR 0.44; 95% CI 0.29–0.68); however, patients of pediatricians were more likely to be highly satisfied (OR 1.50; 95% CI 1.11–2.03).

Conclusion. During DTC telemedicine video consultations for RTIs, pediatric patients were frequently prescribed antibiotics, which correlated with visit satisfaction. Although pediatricians prescribed antibiotics at a lower rate than other physicians, their satisfaction scores were higher. Especially problematic, adherence to guideline-concordant criteria for diagnosing acute otitis media and streptococcal pharyngitis, which, respectively, require otoscopy and throat culture, is not possible during a video-only telemedicine consult. High rates of antibiotic prescribing to children with RTIs suggest a need for antimicrobial stewardship efforts during video-only telemedicine consultation.

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1960. Lost in Translation: Comparing Rates of Outpatient Antibiotic Use in Three Metrics

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Background. The Centers for Disease Control and Prevention (CDC) tracks US outpatient antibiotic use in prescriptions per 1000 persons (Rx/1000), while the World Health Organization uses defined daily doses per 1000 persons (DDD/1000), which are based on average adult dose, for global surveillance. A third metric, days of therapy (DOT)/1,000 persons, has not been previously evaluated at the national level. We aim to compare time trends in outpatient oral antibiotic use as Rx/1000, DDD/1000, and DOT/1,000 in the same data to inform ongoing CDC surveillance and facilitate international comparison.