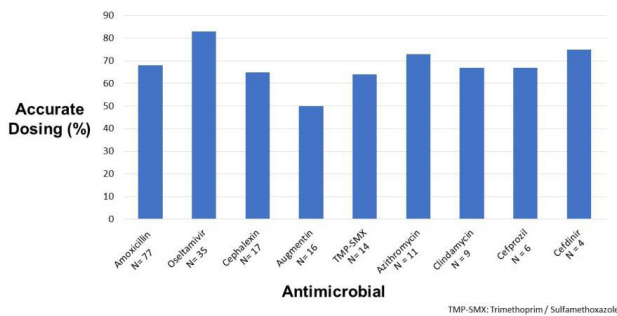


had inaccurate drug dosing. Nurse practitioners (NP) prescribed the most antibiotics. Appropriate prescribing did not vary by provider, but accuracy of dosing did; for example, NP dosing accuracy was 58%, vs. 73% for residents ($p < 0.04$), Figure 3.

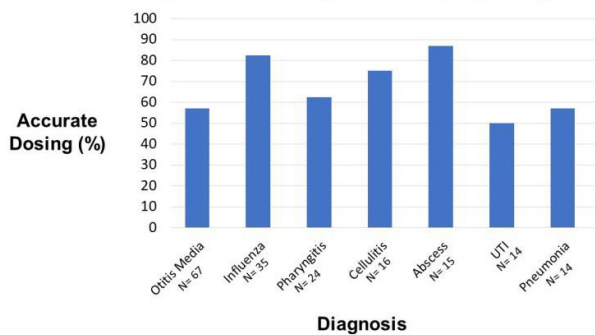
Dosing Accuracy of Antimicrobials

Figure 1. Dosing Accuracy of Prescriptions



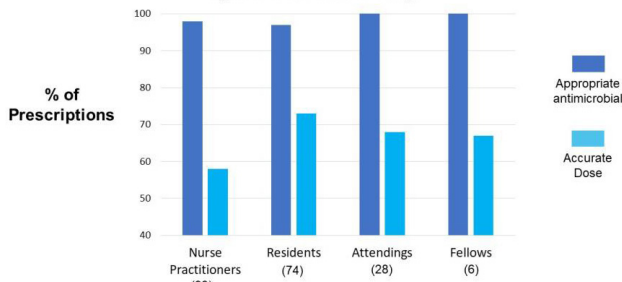
Dosing Accuracy by Diagnosis

Figure 2. Dosing Accuracy by Diagnosis



Appropriateness and Accuracy by Prescriber Group

Figure 3. Appropriateness and Accuracy by Prescriber Group



Conclusion: An eighth of pediatric ED visits resulted in an antimicrobial prescription. Inaccurate dosing occurred regularly for common infections; most notably underdosing of amoxicillin for OM and pneumonia. Education and audit related to specific drugs and providers promises to be of high stewardship impact in pediatric EDs.

Disclosures: All Authors: No reported disclosures

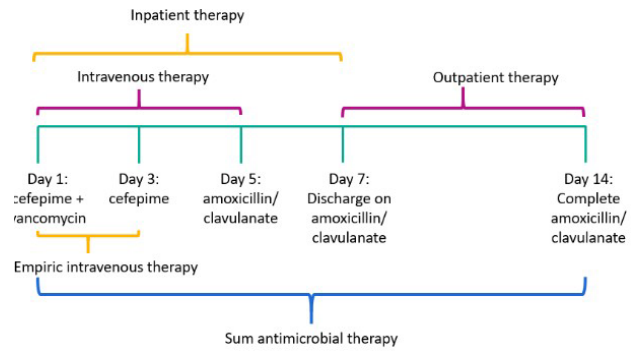
216. Are Automatic Antimicrobial Stop Orders an Effective Stewardship Tool for Urinary Tract and Intra-Abdominal Infections?

Christina Maguire, PharmD¹; Dusten T. Rose, PharmD, BCIDP, BCPS (AQ-ID), AAHVP²; Theresa Jaso, PharmD, BCPS (AQ-ID)³; ¹Ascension Seton, Austin, Texas; ²Seton Healthcare Family, Austin, TX; ³Ascension Texas, Austin, TX

Session: P-8. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

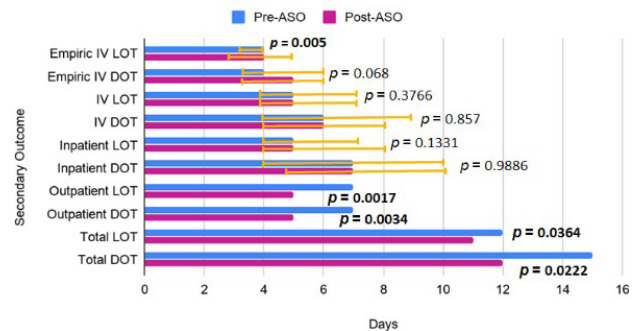
Background: Automatic antimicrobial stop orders (ASOs) are a stewardship initiative used to decrease days of therapy, prevent resistance, and reduce drug costs. Limited evidence outside of the perioperative setting exists on the effects of ASOs on broad spectrum antimicrobial use, discharge prescription duration, and effects of missed doses. This study aims to evaluate the impact of an ASO policy across a health system of adult academic and community hospitals for treatment of intra-abdominal (IAI) and urinary tract infections (UTI).

ASO Outcome Definitions



ASO Outcomes

ASO Secondary Outcomes



Methods: This multicenter retrospective cohort study compared patients with IAI and UTI treated before and after implementation of an ASO. Patients over the age of 18 with a diagnosis of UTI or IAI and 48 hours of intravenous (IV) antimicrobial administration were included. Patients unable to achieve IAI source control within 48 hours or those with a concomitant infection were excluded. The primary outcome was the difference in sum length of antimicrobial therapy (LOT). Secondary endpoints include length and days of antimicrobial therapy (DOT) at multiple timepoints, all cause in hospital mortality and readmission, and adverse events such as rates of *Clostridioides difficile* infection. Outcomes were also evaluated by type of infection, hospital site, and presence of infectious diseases (ID) pharmacist on site.

Results: This study included 119 patients in the pre-ASO group and 121 patients in the post-ASO group. ASO shortened sum length of therapy (LOT) (12 days vs 11 days respectively; $p=0.0364$) and sum DOT (15 days vs 12 days respectively; $p=0.022$). This finding appears to be driven by a decrease in outpatient LOT ($p=0.0017$) and outpatient DOT ($p=0.0034$). Conversely, ASO extended empiric IV LOT ($p=0.005$). All other secondary outcomes were not significant. Ten patients missed doses of antimicrobials due to ASO. Subgroup analyses suggested that one hospital may have influenced outcomes and reduction in LOT was observed primarily in sites without an ID pharmacist on site ($p=0.018$).

Conclusion: While implementation of ASO decreases sum length of inpatient and outpatient therapy, it may not influence inpatient length of therapy alone. Moreover, ASOs prolong use of empiric intravenous therapy. Hospitals without an ID pharmacist may benefit most from ASO protocols.

Disclosures: All Authors: No reported disclosures

217. Broad Spectrum Antibiotic use in Outpatient Parenteral Antibiotic Therapy (OPAT): Opportunities for Antibiotic Stewardship

Jessa R. Brenon, PharmD, BCPS¹; Stephanie Shulder, PharmD, BCIDP¹; Sonal Munsiff, MD²; Colleen Burgoyne, NP¹; Angela Nagel, PharmD, BCPS¹; Kelly E. Pillinger, PharmD, BCIDP¹; ¹University of Rochester Medical Center, Watertown, New York ²Univ. of Rochester, Rochester, NY

Session: P-8. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background: Broad-spectrum antibiotics are often chosen for OPAT due to the convenience of once daily dosing. Current literature suggests that at least 20–30% of these regimens could be narrowed, but this has not been well-defined.

Methods: This was a multicenter, retrospective cohort study of adult inpatients evaluated by the infectious diseases (ID) team with culture positive infections with susceptibilities (C&S) on select intravenous (IV) antibiotics (ampicillin, ampicillin-sulbactam, cefazolin, ceftriaxone, daptomycin, ertapenem, meropenem, nafcillin, penicillin, piperacillin-tazobactam, and vancomycin) enrolled in OPAT and discharged from January 1 - June 30, 2019. Susceptibilities were not required for *Actinomyces*, *Streptococcus* spp., *Haemophilus* spp., anaerobes, *Corynebacterium* spp., or coagulase-negative *Staphylococcus* spp. when considered a contaminant by ID. Patients were