

in-person discussion with the most responsible physician of the attending team in order to optimize the prescription if deemed necessary. The objective of this study was to assess the effect of AMS provider role on PAF acceptance.

Methods. A 3 year retrospective review of all PAF events was undertaken. All audited prescriptions were included. Logistic regression was used to determine odds ratios for acceptance for individual AMS provider roles of pharmacist, physician, and supervised post-graduate physician trainee.

Results. Out of 1896 prescriptions audited, actionable feedback was provided to the most responsible physician in 731 (39%) cases. 677/731 (93%) of audited antibiotics were carbapenems. The overall acceptance rate was 82% (598/731). Acceptance rate and odds of acceptance based on AMS provider role were as follows: pharmacist alone 171/208 (82%), OR 1.04, 95% CI 0.70-1.59, physician alone 141/160 (88%), OR 1.85, 95% CI 1.12-3.20, pharmacist-physician duo 211/268 (79%), OR 0.73, 95% CI 0.50-1.07, and supervised post-graduate physician trainee 75/95 (79%), OR 0.81, 95% CI 0.48-1.41.

Conclusion. The overall acceptance rate was high. There was a higher odds of acceptance if an AMS physician was providing PAF alone, highlighting the importance of physician involvement.

Disclosures. Dima Kabbani, MD, AVIR Pharma (Grant/Research Support, Other Financial or Material Support, Speaker)Edesa Biotech (Scientific Research Study Investigator)Merck (Scientific Research Study Investigator)

118. Feasibility of a Proactive Amoxicillin Oral Challenge Program for Inpatients with Penicillin Allergy at the Miami VAMC

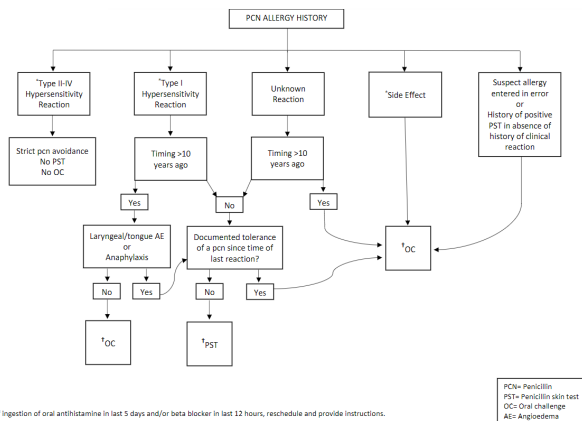
Michael J. Piazza, DO¹; Paola Lichtenberger, MD²; Lauren Bjork, Pharm.D.³; Alex Lazo-Vasquez, MD¹; Minh Hoang, MD⁴; Viviana Temino, MD⁴; ¹University of Miami Hospital / Jackson Memorial, Ocean, New Jersey; ²University of Miami Miller School of Medicine and the Miami VA Healthcare System and University of Miami, Miami, FL; ³Miami Veterans Affairs Healthcare System, Miami, Florida; ⁴Miami VA Medical Center, Miami, Florida

Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Background. Ninety percent of patients who report penicillin (PCN) allergy are not truly allergic. Penicillin skin testing (PST) followed by oral challenge (OC) with amoxicillin (AMX) can evaluate unconfirmed PCN allergy. PST is taxing and requires trained staff, while OC is an acceptable alternative in patients with low-risk histories, who can safely undergo OC without PST. OC is performed in the outpatient Miami Veterans Affairs Medical Center (MVAMC) setting. Collaboration between Allergy, Antimicrobial Stewardship Program (ASP), and Hospital Medicine identified patients with low-risk histories and offered OC to inpatients.

Methods. A daily report of MVAMC inpatients with PCN allergy was reviewed for appropriateness of OC (Fig 1). Hospice patients and those medically unstable or unable to consent were excluded. Appropriate consenting patients were challenged with AMX 500mg PO and observed for 60 minutes. If no reaction resulted, the PCN allergy label was removed. Epinephrine and diphenhydramine were available in case of adverse reaction. Those who were not OC candidates were offered outpatient PST (Fig 1).

Figure 1. Penicillin allergy history evaluation algorithm



Results. We evaluated 39 inpatients with PCN allergy from 3/10 - 5/27/21. Median age was 68 years; 94.9% were male (Table 1). The most common recorded reaction was unknown (Table 2). Thirteen (33.3%) did not qualify for OC, 7 (17.9%) refused, 2 (5.1%) were receiving a penicillin-derivative, 1 (2.6%) patient's primary team refused consult, 2 (5.1%) patients were discharged prior to OC. Fourteen (38%) patients underwent OC with 0 adverse reactions; 0 patients required epinephrine or diphenhydramine. After OC, 5 patients had changes to their antibiotic regimen as a result of a negative OC. Limitations included 5 patients on beta-blockers, and 5 patients unable to consent.

Table 1. Demographics of Evaluated Inpatients, N = 39 (%)

Median Age (years)	68
Interquartile Age (years)	62-74
Gender	37 male (94.9), 2 female (5.1)

Note that 1 patient out of the 39, underwent DPC with cefpodoxime 200mg PO instead of amoxicillin for a reported allergy to ceftriaxone.

Table 2. Reported Reactions, N = 41 (%)

Unknown	15 (36.6)
Generalized, non-specific rash	9 (22.0)
Urticaria	7 (17.1)
Swelling, non-specific	1 (2.4)
Angioedema or anaphylaxis	3 (7.3)
Nausea or vomiting	2 (4.9)
Bruising	1 (2.4)
Dyspnea	1 (2.4)
Diaphoresis	1 (2.4)
Syncope	1 (2.4)

Total N exceeds evaluated patient number as one patient reported multiple reactions to receiving penicillin.

Conclusion. Removing unnecessary PCN allergy labels using inpatient OC with AMX is safe and effective for those with low-risk allergy histories. Zero patients undergoing OC developed a reaction, suggesting that OC may be safely performed per our algorithm. Our protocol does not require specialized training and is reproducible in settings without an Allergy specialist. In the 3 months prior to this program there were 0 inpatient consults to evaluate PCN. Future plans include forming a multidisciplinary consult service.

Disclosures. All Authors: No reported disclosures

119. Performance of Infectious Diseases Specialists, Hospitalists, and Generalists in Case-Based Scenarios Illustrating Antimicrobial Stewardship Principles at 16 VA Medical Centers

Christopher J. Graber, MD, MPH¹; Alissa Simon, MA²; Yue Zhang, PhD³; Matthew B. Goetz, MD⁴; Matthew B. Goetz, MD⁵; Makoto M. Jones, MD MS⁵; Jorie M. Butler, PhD³; Ann F. Chou, PhD⁶; Peter A. Glassman, MBBS¹; ¹VA Greater Los Angeles Healthcare System/UCLA, Los Angeles, California; ²VA Greater Los Angeles Healthcare System, Los Angeles, California; ³University of Utah, Salt Lake City, UT; ⁴VA Greater Los Angeles Healthcare System and David Geffen School of Medicine at UCLA, VA-CDC Practice-Based Research Network, Los Angeles, California; ⁵Salt Lake City VA/University of Utah, Salt Lake City, Utah; ⁶Oklahoma University Health Sciences Center, Oklahoma City, Oklahoma

Session: P-07. Antimicrobial Stewardship: Program Development and Implementation

Background. As part of a project to implement and evaluate antimicrobial dashboards at selected VA facilities nationwide, we assessed provider attitudes and knowledge related to antibiotic prescribing among physicians working in inpatient settings at 16 VA facilities.

Methods. The online survey explored attitudes toward antimicrobial use and assessed respondents' management of four clinical scenarios: cellulitis, community-acquired pneumonia (CAP), non-catheter-associated asymptomatic bacteriuria (NC-ASB), and catheter-associated asymptomatic bacteriuria (C-ASB). Responses were scored by assigning +1 for an answer most consistent with guidelines, 0 for a less-guideline-concordant but acceptable answer and -1 for an incorrect answer. Scores were normalized to 100% correct to 100% incorrect across all questions within a scenario, and mean scores were calculated across respondents by specialty; differences in mean score per scenario were tested using ANOVA.

Results. One-hundred-thirty-nine physicians completed the survey (n=19 ID physicians, 62 hospitalists, 58 generalists). Attitudes were similar across the three specialties. There was a significant difference in cellulitis scenario scores (correct responses: ID=67.4%, hospitalists=51.2%, generalists=41.8% correct, p=0.0087). Scores were not significantly different across specialties for CAP (correct responses: ID 76.2%, hospitalists 63%, generalists 56.5%, p=0.0914) and NC-ASB (correct responses: ID 63%, hospitalists 55%, generalists 36.2%, p=0.322), though ID trended higher. Lowest scores were observed for C-ASB (ID 39.5% correct, hospitalists 4% incorrect, generalists 8.5% incorrect, p=0.12).

Conclusion. Significant differences in performance on management of cellulitis and low overall scores on C-ASB management point to these conditions as being potentially high-yield targets for antimicrobial stewardship interventions.

Disclosures. Matthew B. Goetz, MD, Nothing to disclose Peter A. Glassman, MBBS, US Pharmacopeia (formerly), PAG; Kaiser Permanente (current employee, spouse) (Advisor or Review Panel member, The above refers to USP (ended in 2020).)

120. Antimicrobial Prescribing Guidance and Communication Among Health Care Professionals in Five Guatemala Hospitals

Brooke M. Ramay, Pharm D.¹; Clara I. Secaira, Masters in Globalization and Development²; Nuria Chavez, n/a³; Mario Augusto Melgar Toledo, MD⁴; Randall M. Lou-Meda, md⁵; Nancy V. Sandoval, Infectious Disease MSc,MD, MIEPT⁶; Herberth G. Maldonado, MD⁵; ¹Universidad del Valle de Guatemala, Center for Health Studies, Paul G. Allen School for Global Health, Washington State University, Pullman, USA, Guatemala City, Sacatepequez, Guatemala; ²Centro de Estudios en Salud, Guatemala, Solola, Guatemala; ³Hospital Regional de Zacapa, Guatemala, Zacapa, Guatemala; ⁴Hospital Roosevelt, Guatemala City, Totonicapan, Guatemala; ⁵FUNDANIER, Guatemala, Sacatepequez, Guatemala; ⁶Unidad de Cirugía Cardiovascular de Guatemala, Guatemala, Quetzaltenango, Guatemala