

POSTER ABSTRACTS

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**144. Unexpected Intramuscular Ceftriaxone Prescribing Patterns in a Multi-campus Ambulatory Care Health System**

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**Background.** Intravenous ceftriaxone (CTX) is commonly used due to its broad spectrum activity and convenient dosing. Intramuscular (IM) CTX has a more limited role and is primarily used to treat sexually transmitted infections (STI). We noted an unexpectedly high number of IM CTX prescriptions in our ambulatory care system and initiated a quality improvement project to investigate its use.

**Methods.** In July 2013, retrospective chart reviews were conducted for IM CTX prescriptions issued between June 2012 and June 2013. 556 prescriptions were identified and 20% of charts from each campus were reviewed to identify indications for therapy. Based on the results, in August 2013 an intervention that included clinic stock adjustment and staff education was completed. A post-intervention review was conducted for IM CTX prescriptions issued between October 2013 and March 2014 to evaluate the impact of the intervention.

**Results.** IM CTX prescriptions decreased by 63.9% in the 6 months following the intervention (227 vs 82). Many patients received a one-time CTX dose in clinic and were also prescribed an oral antibiotic to complete the treatment course. The most common indications in the pre-intervention period were skin and soft tissue infections (SSTI) (34.2%), lower respiratory tract infections (20%) and STI (18.3%) compared with STI (44.4%) and SSTI (38.9%) in the post-intervention period. Pre-intervention, one campus was identified as an outlier with over 3-fold the number of prescriptions of any of the other campuses. Although that campus remained the highest user, total IM CTX prescriptions decreased 76.7% post-intervention, with one provider accounting for 28.6% of prescriptions.

**Conclusion.** Even with very familiar and frequently prescribed agents such as ceftriaxone, opportunity exists for improved antibiotic utilization. As IM CTX requires administration, most often by nurses, improved prescribing practices may also reduce unnecessary utilization of nursing resources. Prescriber and pharmacist education and adjustment of CTX clinic stock can be successful antimicrobial stewardship strategies to decrease inappropriate antimicrobial utilization in the outpatient setting.

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