

Score	Definition	CXR (%)	POCUS (%)
0	"Normal"	5 (10%)	3 (6%)
1	Consolidation ONLY	4 (8%)	0 (0%)
2	Consolidation AND non-consolidation (interstitial and/or effusion)	19 (39%)	20 (41%)
3	Non-consolidation (interstitial and/or effusion) ONLY	21 (43%)	26 (53%)

Figure 1. Scores Assigned Based on Imaging Findings for CXR and Lung POCUS

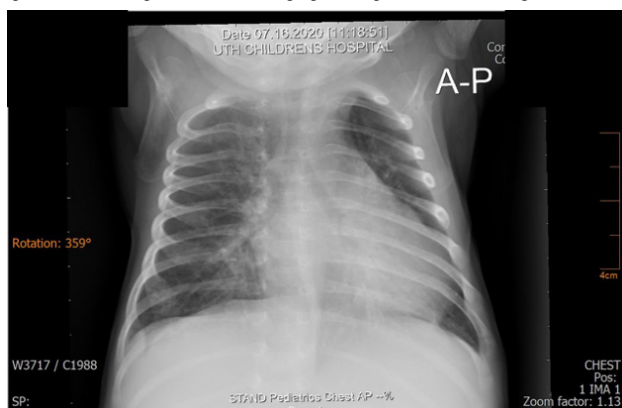


Figure 2. Chest X Ray Anterior Posterior (AP) view showing Bilarateral Interstitial Pattern

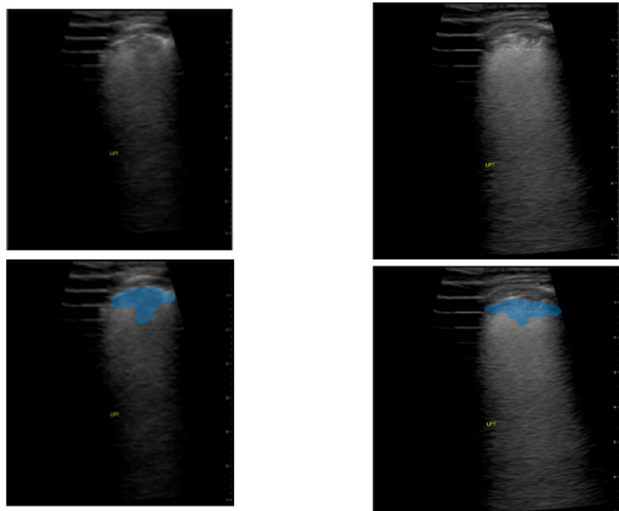


Figure 3. Lung POCUS (Point of Care Ultrasound) findings of bilateral Consolidation and non-consolidation pattern and bilateral interstitial pattern (only finding on CXR)

Conclusion. More children with clinical pneumonia had normal findings on CXR than on POCUS. POCUS was a better imaging technique to show consolidation and non-consolidation patterns than CXR. The higher proportion of children diagnosed with consolidation and non-consolidation patterns on POCUS suggest that CXR might not be the ideal gold standard to diagnose pneumonia in children.

Disclosures. All Authors: No reported disclosures

157. Impact of Pharmacist-Generated Oral Antimicrobial Test Prescription on Discharge Medication Access and Outcome

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Session: O-32. Stewardship in Ambulatory Settings

Background. Cost barriers to accessing discharge oral antimicrobials (ABX) may delay discharges and result in suboptimal discharge ABX. Use of electronic test prescriptions (eTP) or "price checks" is controversial due to potential for erroneous dispensing. This study evaluated discharge ABX access and outcome after implementation of a standardized, inpatient pharmacist-initiated ABX eTP process in collaboration with discharge pharmacy.

Methods. IRB approved, retrospective, cross-sectional cohort pilot-study. Inclusion: home bound adults admitted for ≥ 72 hours from 1/1/18-2/28/19 and discharged on oral ABX. Patients with an ABX eTP prior to discharge were compared to those discharged on ABX but no eTP. Data were reported using descriptive statistics and bivariate analysis. Primary endpoint: discharge delay after medical stability. Secondary endpoints: medication access, unplanned encounters, and % of patients discharged on first-line ABX.

Results. 84 patients included: 43 no-eTP and 41 eTP. 75 ABX eTP evaluated among 41 patients. Patients in the no-eTP group had higher Charlson comorbidity index ($P = 0.004$) and immunosuppression (24% vs. 12%; $P = 0.014$). Median length of stay, days: 6 (5 - 9) eTP vs. 8 (5 - 15) no-eTP ($P = 0.026$). Most common eTP requested by pharmacist: linezolid (17, 23%) and oral vancomycin (12, 16%) (Figure 1). eTP results were documented in the medical record in < 24 hours for 66 (88%) of inquiries. 49 (65%) prescriptions were approved by insurance; 16 (21%) had no out of pocket cost and 8 (11%) required prior authorization (PA) (Table 1). Linezolid (5, 35%) and public insurance (10, 71%) were frequently associated with barriers. 29 (70%) patients were discharged on the same ABX as the eTP. There were no discharge delays or erroneous dispensing. 14 (33%) no-eTP and 15 (37%) eTP patients experienced unplanned healthcare encounters after discharge. 9/84 (11%) patients were discharged on suboptimal ABX. Non-white race 8/9 (89%) $P = 0.047$ and public insurance 8/9 (89%) $P = 0.063$ were associated with suboptimal discharge ABX.

Figure 1. Oral Antimicrobial Test Prescription Pattern (n=75)

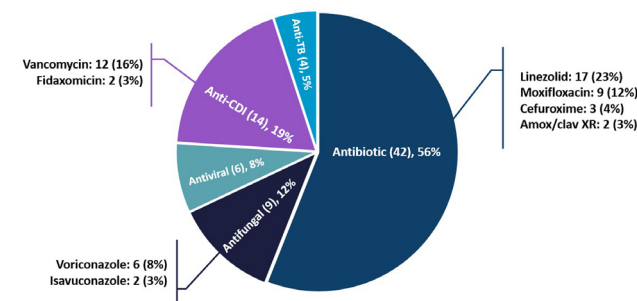


Table 1. Oral Antimicrobial Test Prescription Result (n=75)

ETP result	N (%)
Approved without an out of pocket cost	16 (21)
Approved with an out of pocket cost	33 (44)
Cost (median [IQR])	\$14 (\$4 - \$55)
Denied	14 (19)
Denied, PA required	8 (11)
Denied, other reason	6 (8)
Other barriers	12 (16)

Conclusion. A standardized eTP process appears to be a safe way to evaluate out of pocket cost without prolonging length of stay. Future work will focus on inequity in access to first line ABX.

Disclosures. Susan L. Davis, PharmD, Nothing to disclose Rachel Kenney, PharmD, Medtronic, Inc. (Other Financial or Material Support, spouse is an employee and shareholder)

158. Impact of Fluoroquinolone Cascade Reporting of Urine Samples on Antibiotic Prescribing Rates in a Network of Urgent Care Clinics

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Session: O-32. Stewardship in Ambulatory Settings

Background. Cascade reporting is a type of selective reporting in which susceptibility results of certain antibiotics (either with broader spectrum or cost) are only reported if an organism is resistant to other prespecified agents. This strategy has been successfully deployed in inpatient settings but its impact in outpatient settings is less well characterized. Therefore, we aimed to evaluate the impact of cascade reporting of the antimicrobial susceptibility of fluoroquinolones on prescribing rates of select antibiotics in a network of urban Urgent Care clinics.

Methods. On July 2019, the susceptibility reporting policies for urine cultures growing Enterobacterales were changed to routinely reporting a limited antibiotic panel including first and second generation cephalosporins, nitrofurantoin and