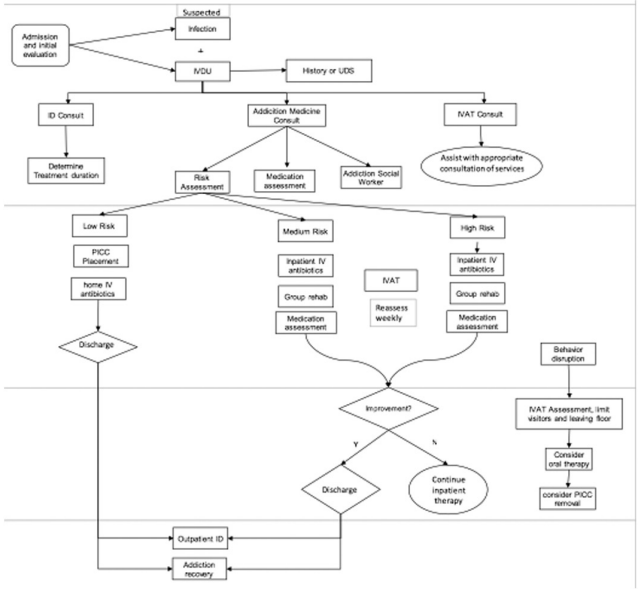
number of readmissions (51.4% pre; 32.4% post; $P = 0.10$). However, the median LOS was significantly reduced in the post implementation group (18. days vs. 42 days; P <0.001). There have been 418 hospital days saved post implementation.

Conclusion. Implementation of a standardized protocol with a multidisciplinary team and risk stratification to determine appropriate patients for discharge has led to improvement in LOS as well as improved addiction care for hospitalized PWID requiring long-term antibiotics.

Figure 1: Flow Diagram For PWID Requiring IV Antibiotics



Disclosures. **All authors:** No reported disclosures.

1115. Systematic Review of Professional Liability when Prescribing B-Lactams for Patients with a Known Penicillin Allergy

Meghan Jeffres, PharmD[1]; Elizabeth Hall-Lipsy, JD, MPH[2]; S. Travis King, PharmD, BCPS[3] and John Cleary, PharmD[4]; [1]Department of Clinical Pharmacy, University of Colorado Skaggs School of Pharmacy, Aurora, Colorado, [2]Department of Pharmacy Practice, University of Arizona, Tucson, Arizona, [3]University of Mississippi School of Pharmacy, Jackson, MS, [4]St. Dominic Hospital, Jackson, Mississippi

Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. Patients labeled as penicillin allergic are more likely to receive second line non-β-lactam antibiotics, experience higher rates of treatment failure, and incur higher antibiotic costs. Fear of litigation has been identified as a reason clinicians avoid using β-lactams in a patient with a penicillin allergy. The systematic review objective is to describe medical negligence and malpractice cases in which known penicillin allergy patients received a β-lactam and experienced an adverse reaction.

Methods. Lexis-Nexus and Google Scholar were used to identify relevant legal cases. Variables collected from each case included date of publication, legal jurisdiction, date of injury, plaintiff and defendant demographics, health care setting, plaintiff clinical outcome, and legal outcome.

Results. Twenty-seven unique cases met inclusion criteria. The earliest case was published in 1959 and the most recent in 2013. The highest number of cases filed ($n = 7$) occurred in the most recent 10 year segment, from 2005 to 2015. Eighteen cases involved the receipt of a penicillin-based antibiotic; of these cases with a known legal outcome, the plaintiff (patient) prevailed or settled in 3 cases and defendants (providers) prevailed in 7 cases. Seven cases involved the receipt of a cephalosporin; of these cases with a known legal outcome, the plaintiff settled with physicians prior to trial in 1 case and defendants prevailed in 3 cases. Two cases involved the receipt of a carbapenem. Defendants prevailed in 1 case and the legal outcome of the other case is unknown. In cases where the defense successfully moved for summary judgment, judges cited a lack of scientific evidence demonstrating that a cephalosporin or carbapenem were contraindicated for a patient with a penicillin allergy.

Conclusion. The cases with published legal outcomes found limited professional liability and identify clear precedence for clinicians who prescribed cephalosporins or carbapenems to a patient with a known penicillin allergy. These results should decrease litigation fears of providers and risk managers within healthcare systems.

Disclosures. **All authors:** No reported disclosures.

1116. Adverse Drug Reactions Among Patients Enrolled in an Outpatient Parenteral Antimicrobial Therapy (OPAT) Program 2015–2016 at UNC Medical Center

Vahini Chundi, MD[1]; Anh Eichholz, PA-C[2]; Onyeka Nwankwo, MD[3]; Alan Kinlaw, PhD[4]; Wesley Kufel, PharmD[2]; Tenesha Medlin, RN[2]; Lisa Fletcher, PharmD[5]; Ashley Marx, PharmD[6] and Claire Farel, MD, MPH[7]; [1]University of North Carolina, Chapel Hill, North Carolina, [2]UNC Medical Center, Chapel Hill, North Carolina, [3]University of North Carolina School of Medicine, Chapel Hill, North Carolina, [4]Sheps Center for Health Services Research, Chapel Hill, North Carolina, [5]UNC Medical Center, chapel Hill, North Carolina, [6]Practice Advancement and Clinical Education, UNC Eshelman School of Pharmacy, Chapel Hill, North Carolina, [7]130 Mason Farm Rd CB 7030, University of North Carolina at Chapel Hill Division of Infectious Diseases, Chapel Hill, North Carolina

Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. The UNC Medical Center OPAT program was started in 2015 to provide multidisciplinary monitoring and management of patients discharged on parenteral antimicrobials. We examined characteristics of incident adverse drug reactions (ADRs) observed in our initial cohort of OPAT patients.

Methods. We abstracted electronic health records for the first 250 patients enrolled in the OPAT program. 223 patients with sufficient recorded data for entire OPAT course were included in the analysis. ADRs meeting criteria as detailed in Table 1 were collected and further stratified by antimicrobial regimen.

Results. 57 patients (26%) experienced at least one ADR during OPAT therapy. The frequency of specific ADRs associated with OPAT therapies are provided in Figure 1. B-lactam regimens were most frequently associated with liver dysfunction, while combinations of β-lactams and vancomycin were associated with kidney dysfunction. Median days on OPAT regimen was 19 days (IQR: 10–29) for patients who experienced an ADR compared with 39 (IQR: 30–44) for patients who did not experience an ADR.

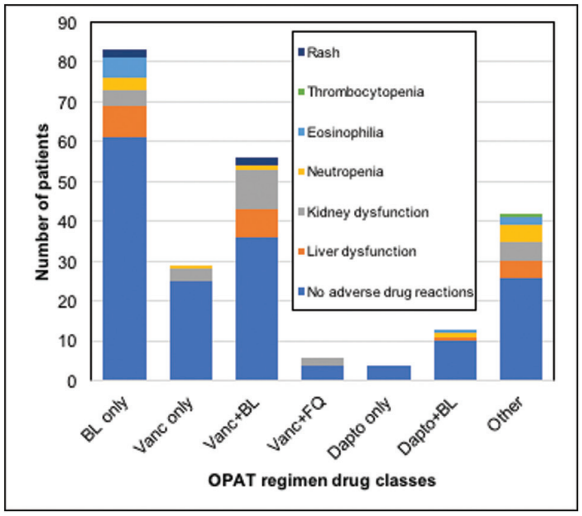
Conclusion. ADRs were most commonly observed within the first three weeks of therapy, particularly for patients receiving vancomycin and a β-lactam antimicrobial in combination. These results underscore the critical role of a multidisciplinary team in providing laboratory monitoring and response to abnormal results for OPAT patients. In addition, closer monitoring within the first three weeks of therapy may provide opportunities for regimen changes or dose adjustment to avoid toxicities.

Table 1. Type of ADR experienced by OPAT patients[a] at UNCMC, 2015–16

Type of ADR	No. of Patients ($n = 57$)	% of ADRs
Liver dysfunction (ALT>100)	20	30
Kidney dysfunction (SCr increase >50%)	24	36
Neutropenia (<1000 cells/mm^3)	10	15
Eosinophilia (>500 cells/mm^3)	8	12
Thrombocytopenia (<100 x 10^{3}and decrease >50%)	1	1
Rash	4	6

[a]166/223 (74%) OPAT patients did not experience an ADR
Of 57 patients with at least 1 ADR during OPAT, 8 had 2 types, and 1 had 3 types; ADR patient counts therefore sum to 67.

Figure 1. Type of ADR experienced by OPAT drug class 2015–16.



Disclosures. **All authors:** No reported disclosures.

1117. Variation in Reporting of Penicillin Allergy and its Consequences: an Evaluation of 13 Hospitals

Florian Daragjati, PharmD, BCPS[1] David Silver, PharmD, BCPS[2]; Roy Guharoy,