

Table 2. Patient Outcomes

	No ID Consult (N=32)	ID Consult (N=195)	Overall (N=227)	p-value
Clearance blood cultures				< 0.001
Unknown	1	2	3	
No	5 (16.1%)	2 (1%)	7 (3.1%)	
Yes	26 (83.9%)	191 (99%)	217 (96.9%)	
Transthoracic echocardiogram				0.014
Unknown	0	1	1	
No	14 (43.8%)	45 (23.20%)	59 (26.11%)	
Yes	18 (56.2%)	149 (76.80%)	167 (73.89%)	
Transesophageal echocardiogram				0.005
Unknown	0	2	2	
No	32 (100%)	154 (79.8%)	186 (82.7%)	
Yes	0	39 (20.2%)	39 (17.3%)	
Antibiotic-related adverse event				0.550
Unknown	0	8	8	
No	31 (96.9%)	183 (97.9%)	214 (97.7%)	
Yes	1 (3.12%)	4 (2.1%)	5 (2.3%)	
In-hospital death				0.651
No	27 (84.4%)	158 (81%)	185 (81.5%)	
Yes	5 (15.6%)	37 (19%)	42 (18.5%)	
30-day mortality				0.643
Unknown	5	38	43	
No	25 (92.6%)	149 (94.9%)	174 (94.6%)	
Yes	2 (7.4%)	8 (5.1%)	10 (5.4%)	
30-day readmission				0.402
Unknown	6	47	53	
No	21 (80.8%)	108 (73%)	129 (74.1%)	
Yes	5 (19.2%)	40 (27%)	45 (25.9%)	
Median duration of therapy – endocarditis (range)	N/A	42 (3-59)	42 (3-59)	N/A
Median duration of therapy – no endocarditis (range)	14 (5-24)	14 (0-55)	14 (0-55)	0.444

N/A, not applicable

(Table 2). There were no significant differences in in-hospital mortality, 30-day mortality, 30-day re-admission rate, or duration of anti-Enterococcal antibiotics. **Conclusions:** These results support the conclusion that patients with Enterococcal bacteremia who received IDC were more likely to be managed according to currently recommended standards of care. In this cohort, IDC did not have a statistically significant association with differences in mortality, re-admission rate, or antibiotic duration. Patients with Enterococcal bacteremia are likely to benefit from IDC, especially as they frequently have significant life-limiting co-morbidities complicating their care. **References:** Vogel M, Schmitz RP, Hagel S, Pletz MW, Gagelmann N, Scherag A, Schlattmann P, Brunkhorst FM. Infectious disease consultation for Staphylococcus aureus bacteremia - A systematic review and meta-analysis. J Infect. 2016 Jan;72(1):19-28. doi: 10.1016/j.jinf.2015.09.037. Epub 2015 Oct 9. PMID: 26453841.

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Presentation Type:

Poster Presentation

Subject Category: Antibiotic Stewardship

Parental Perceptions of Penicillin Allergy Labels: Findings from a Multisite Survey at Two Pediatric Primary Locations

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Background: In children, penicillin allergy labels (PALs) are pervasive and persistent, despite linkage to suboptimal antibiotic selection with higher risk of side effects, increased length of hospitalization, and increased risk of harm throughout life. Up to 10% of children are labeled with PALs, yet

over 95% tolerate the medication when tested. Parents might not always know that PALs are over-reported or incorrectly diagnosed. We aimed to examine parent and guardian perceptions of PALs and their attitudes towards delabeling. **Method:** We invited all English and Spanish-speaking parents of children presenting to two pediatric primary care locations in the northeast U.S to participate in an online, investigator-developed survey. Survey recruitment was passive, with parents discovering the survey through English and Spanish posters in the waiting and examination rooms. The survey included an initial screening question to identify whether a penicillin allergy was present. If the parent answered “yes,” they were instructed to proceed with survey completion. The survey consisted of 32 questions (7 reaction history, 9 perceptions, 5 provider interaction, 4 general knowledge, 6 demographics and one open-ended). We used descriptive statistics to analyze the data. **Result:** After screening, we received 54 completed responses. Most respondents had a college degree or higher (75%). When asked about the reaction, the majority occurred in those ≤ 2 years of life (55%); the predominant symptom reported was rash (92%). Twenty-nine percent of patients were evaluated in an urgent care or emergency room. Parents reported being very concerned by the reaction to penicillin (79%). When asked if their child would have a reaction if re-prescribed penicillin, none disagreed. Only 38% did not think allergies were permanent. Most families had not been offered penicillin testing (82%), although 67% expressed interest in the testing process, and 64% planned to inquire about testing following our survey. The majority (89%) would not agree to removing PALs without testing, citing fear that the child would have an allergic reaction if given penicillin (60%) and needing more information (25%) as the reasons for lack of agreement with PAL removal without testing. **Conclusion:** Among this highly educated population, parents expressed concerns at the initial reaction, perceived the reaction would reoccur with future penicillin use, and stated interest in testing, but were reluctant to delabel from history alone. Parents are untapped partners in delabeling; interventions are necessary to enhance parental understanding of the impact of PALs and the potential for delabeling with low-risk allergies.

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Implementing a Comprehensive Antimicrobial Stewardship Program in a Global Healthcare Organization: A Phased Approach to Sustainable QI

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Background: Antimicrobial resistance (AMR) is a pressing global public health issue, and the limited development of new antibiotics necessitates robust Antimicrobial Stewardship Programs (ASP). As a global healthcare leader, IHH Healthcare successfully implemented ASP across 80 hospitals in seven countries (Singapore, Malaysia, India, Brunei, Hong Kong, China, and Turkey), aligned with the Centre for Disease Control and Prevention (CDC) Hospital ASP Core Elements, World Health Organization, and national guidelines. **Method:** A three-phase ASP strategy was developed following a crosswalk analysis of ASP practices across the seven countries (See Table 1): Phase 1 (2023): ASP committee establishment, terms of reference, and adoption of evidence-based guidelines. Phase 2 (2024): Guideline compliance audits, antibiogram development, resistance pattern monitoring, post-prescription audits, therapy optimization, and education. Phase 3 (2025): Antimicrobial preauthorization, infection-based interventions, and antimicrobial timeouts within 48–72 hours of initiation. Quarterly ASP meetings facilitated progress tracking and shared learning. Key metrics included guideline adherence, resistance trends, and antimicrobial utilization. **Results:** By 2023, all countries have established ASP committees and adopted guidelines for infections and surgical prophylaxis (see Table 2). In 2024, Phase 2 implementation (see Table 3) showed that: Guideline compliance: Regular audits monitored antimicrobial use for