microbiology or infectious diseases teams compared to less than 1% in either Sri Lanka or Kenya. Pertinent culture data related to the primary indication for antimicrobials was present in 16.1% (Sri Lanka), 6.1% (Kenya), and 7.4% (Tanzania).

Conclusion: Unclear documentation for antimicrobial use was common in all three sites and most patients on antimicrobial therapy did not have pertinent culture data. Improving documentation and the capacity of the local microbiology laboratories could be initial targets for ASPs in these LMIC hospitals.

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159. A Novel Framework to Guide Antibiotic Stewardship Nursing Practice

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Session: P-6. Antimicrobial Stewardship: Program Development and Implementation

Background: In 2017, the International Council of Nurses - a federation of more than 130 national nurses associations, representing the more than 20 million nurses worldwide - issued a statement supporting the position that nurses "play a central role in patient care and interdisciplinary communication and, as such, are in a key position to contribute to reducing antimicrobial resistance and critical for the function of antimicrobial stewardship (AS) programs." Evidence suggests that frontline nurses are enthusiastic to participate in AS activities but lack context and a non-antibiotic prescriber frame of reference.

Antibiotic Stewardship Nursing Practice: The SCAN-P Framework®

Figure. Antibiotic Stewardship Nursing Practice: The SCAN-P Framework®

Methods: Drawing from a review of the antibiotic, environmental, and social sciences stewardship literature and interviews with AS thought leaders, we developed a framework to provide context and to guide AS nursing practice and education. Over a six month period, the framework was vetted with over 30 nurse and non-nurse clinicians and critiqued by frontline nurses engaged in AS patient care activities. The framework went through more than ten iterations, resulting in the SCANP framework (shown in Figure).

Results: The novel SCANP Framework consists of three concentric circles, sharing a common core to prevent patient harm and optimize antibiotic use. The outer circle - S - represents scope and standards of nursing practice and nursing code of ethics. Nursing practice is guided by individual country's standards and codes. The second ring - C - culture and context represents organizational culture and local-level social/behavioral context. The extent to which nurses can successfully engage in AS with their interdisciplinary colleagues is highly dependent on how nursing is positioned within the organization. The third ring - ANP - represents current and emerging AS Nursing Practices that support the safe and responsible use of antibiotics.

Conclusion: Recommendations to expand AS programs to include nurses have generated national and international support. But nurse engagement in AS has received limited contextual attention. To fill the gap, we created a practical, globally applicable AS organizing framework to guide nurses, and leaders charged with nursing development and education, foster interdisciplinary dialogue on advancing AS endeavors.

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160. A Pre- and Post-intervention Study to Implement a Successful Antimicrobial Stewardship Program in Palliative Care

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Session: P-6. Antimicrobial Stewardship: Program Development and Implementation

Background: In patients receiving palliative care, medical interventions are transitioned away from aggressive and curative attempts to less invasive and more comfort measures. Antimicrobial usage remains a challenging subject in palliative care decisions, where many physicians focus interventions on reduction of patient pain and discomfort, without consideration for adverse effects such as the development of antimicrobial resistance or patient-specific adverse drug events. With limited data on the comfort benefit, we aimed to assess antimicrobial use in patients at the end of life in our institution as well as the success of targeted stewardship interventions in palliative care patients.

Methods: Patients who expired between November 2018 and August 2019 were assessed retrospectively for antimicrobial use during their last 14 days of life. In January 2020, a prospective stewardship initiative began in collaboration with our institution's palliative care team to focus antimicrobial interventions on patients involved in goals of care discussions.

Results: In our retrospective review of 200 patients, 139 (69.5%) of patients received antimicrobials in their last two weeks of life, with 50% having formal palliative care consultations. The most commonly used antimicrobials were piperacillin-tazobactam (64.7%) and vancomycin (60.4%), with primary indications being pneumonia (34.5%) and empiric coverage/sepsis (24.5%). Of note, 46% of antimicrobial regimens were eligible for optimization through stewardship initiatives.

From January through February 2020, sixteen stewardship interventions were made on thirteen palliative care patients, with an 81.3% acceptance rate. Duration of therapy based on indication and discontinuation of antibiotics following transition to comfort measures only were the most frequent interventions made.

Table 1. Baseline Characteristics

	All (n = 200)	No antimicrobials (n = 61)	Received antimicrobials (n = 139)
Age, median (IQR)	74 (61 – 82)	74 (60 – 82)	74 (61 – 82)
Male, n (%)	91 (45.5)	29 (47.5)	62 (44.6)
Race, n (%)			
Black	177 (88.5)	52 (85.2)	125 (89.9)
White	11 (5.5)	5 (8.2)	6 (4.3)
Latino	3 (1.5)	0	3 (2.2)
Asian	2 (1)	0	2 (1.4)
Undisclosed	7 (3.5)	4 (6.5)	3 (2.2)
Code status on admission			
Full Code	160 (80)	46 (75.4)	114 (82)
DNR/DNI	40 (20)	15 (24.5)	25 (18)
Length of stay, median (IQR)	9 (6 – 16)	8 (5 – 14)	10 (6 – 17)
Palliative care consult, n (%)	100 (50)	34 (55.7)	66 (47.5)
Advancement of code status, n (%)			
To DNR/DNI	68	21	47
To CMO	40	14	26

Table 2. Antimicrobial Usage - Pre-intervention

Days of therapy (DOT), median (IQR)	9.5 (6 – 14)
Median DOT with palliative care consult	8.5 (6 – 13)
Median DOT without palliative care consult	10 (7 – 14)
Indications, n (%)	
Bacteremia	14 (10.1)
Cellulitis	10 (7.2)
Empiric/Sepsis	34 (24.5)
Intraabdominal	11 (7.9)
Osteomyelitis	2 (1.4)
Pneumonia	48 (34.5)
Urinary tract infection	20 (14.4)
Route of administration, n (%)	
Intravenous (IV)	138 (99.3)
Both intravenous (IV) and oral (PO)	10 (7.2)
Oral (PO)	1 (0.72)
Specific antimicrobials	
Ampicillin	1 (0.72)
Ampicillin-sulbactam	8 (5.8)
Azithromycin	26 (18.7)
Cefazolin	2 (1.4)
Cefepime	16 (11.5)
Ceftazidime	1 (0.72)
Ceftolozane-tazobactam	1 (0.72)
Ceftriaxone	33 (23.7)
Clindamycin	3 (2.2)
Daptomycin	2 (1.4)
Doxycycline	1 (0.72)
Fluconazole	5 (3.6)
Levofloxacin	8 (5.8)
Linezolid	5 (3.6)
Meropenem	11 (7.9)
Metronidazole	21 (15.1)
Micafungin	5 (3.6)
Nafcillin	3 (2.2)
Piperacillin-tazobactam	90 (64.7)
Vancomycin	84 (60.4)
Optimization of therapy	
Regimen optimal, n (%)	75 (54)
Regimen not optimal, n (%)	64 (46)
Potential interventions, n = 64	
Asymptomatic UTI	4 (6.3)
Choice of agent	11 (17.2)
De-escalation possible	21 (32.8)
Duplicate coverage	1 (1.6)
Duration	2 (3.1)
Empiric without indication	20 (31.3)
Unnecessary coverage	5 (7.8)