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PRESCRIBING PATTERNS FOR DE-ESCALATION OF
THERAPY IN CULTURE NEGATIVE HEALTHCARE
ASSOCIATED PNEUMONIA (HCAP) (A1)

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HCAP is a relatively new term used to describe a subset of patients outside of the hospital who are at an increased risk of being infected with multi-drug resistant organisms. According to the 2005 ATS/IDSA HCAP guidelines, empiric treatment with broad spectrum antibiotics is necessary and de-escalation of therapy is warranted by day 2 to 3 when cultures return. However, when no microbiological pathogen(s) are identified, the decision to de-escalate is left up to clinical judgment. The primary objective of this study is to evaluate the difference in prescribing patterns for de-escalation of therapy in culture negative versus culture positive HCAP by documenting antibiotic regimens both inpatient and upon discharge. The secondary objectives include: time to de-escalation, length of hospital stay, readmission rate for pneumonia within 30 days, and total cost of care. De-escalation is defined as narrowing therapy within 14 days of antibiotic initiation. This is a retrospective chart review conducted at the University of California, San Diego Medical Center. Subjects will be identified if they have been treated for HCAP using a pneumonia computerized physician order entry (CPOE) orderset. Patients will be included if they are greater than 18 years of age and were admitted between July 2007 and February 2009. Risk

adjustments will be performed on both groups by calculating the pneumonia severity index. Data collection is currently in process and results will be discussed.