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RETROSPECTIVE ANALYSIS OF POST-SURGICAL OUTCOMES IN MRSA COLONIZED PATIENTS TREATED WITH PROPHYLACTIC VANCOMYCIN VERSUS CEFAZOLIN (A1), Rachael Prusi, Ryan Young. SAVAHCS, Tucson, AZ (Rachael.prusi@va.gov) IRB approval received.

Post-surgical site infections (SSIs) can prolong hospitalizations, increase time spent in the intensive care unit, and double mortality. Centers for Disease Control recognize the colonization of MRSA as an independent risk factor for post-surgical site infections. The purpose of this study is to evaluate the therapy utilized by providers at a VA Medical Center for surgical prophylaxis for MRSA colonized patients and determine which, vancomycin or cefazolin, is appropriate based on antibiotic susceptibility and outcomes of the patients. A retrospective chart review of patients at the Southern Arizona VA Health Care System from July 1, 2006 to June 30, 2008 will be performed for patients who underwent a cardiovascular, orthopedic or neurosurgical procedure based on Diagnosis-Related Group (DRG). The charts of patients meeting inclusion criteria will be reviewed for clinical diagnosis or signs and symptoms of SSI as defined by Center for Disease Control (CDC) criteria, a physician diagnosis within 30 days post-procedure, or administration of antibiotics within 30 days of procedure. Results pending.