

Impact of Clinician Specialty on the Use of Oral Antibiotic Therapy for Definitive Treatment of Uncomplicated Bloodstream Infections

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BACKGROUND:

- Few guidelines for transitioning from IV to oral definitive therapy in uncomplicated bloodstream infections (uBSIs)

METHODS

- A web-based 17 question survey was disseminated to Nebraska Medicine clinicians that care for hospitalized patients and broadly via social media

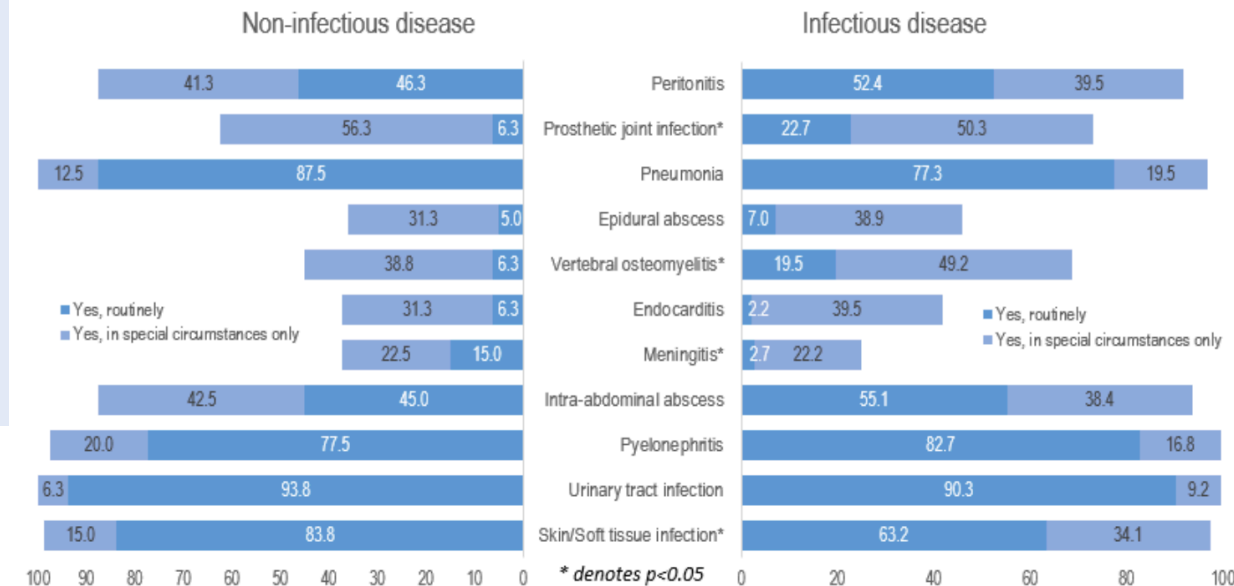
RESULTS:

- 275 responded
- 71% of respondents were infectious disease clinicians (physicians and pharmacists)
- 51% responded via social media

Sample survey question:

In a clinically stable, hospitalized patient with resolved bacteremia secondary to a defined source of infection, please choose which clinical conditions you would typically be comfortable using oral antibiotics to complete a course of treatment for bacteremia:

Clinician reported comfort with using oral antibiotic therapy (OAT) to treat bacteremia due to specific syndromes



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ABSTRACT



12% of ID clinicians reported being comfortable with using OAT to complete treatment for *S. aureus* bacteremia vs 31% of non-ID clinicians

79% of ID clinicians reported being comfortable with using OAT to complete treatment for Enterobacteriaceae vs. 64% of non-ID clinicians. 84% of ID clinicians vs. 72% of non-ID clinicians for gram negative anaerobes.

DESPITE SOME TREATMENT EVIDENCE, THERE IS CONSIDERABLE VARIATION BETWEEN ID CLINICIANS VS. NON-ID CLINICIANS. THIS HIGHLIGHTS VALUE OF ID CONSULTATION!